

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 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.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: OR-505 - Oregon Balance of State CoC

1A-2. Collaborative Applicant Name: Community Action Partnership of Oregon (CAPO)

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Oregon Housing and Community Services (OHCS)

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	No
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	Yes	No
Hospital(s)	Yes	No
EMS/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	No
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
N/A		

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)

To solicit and consider opinions from organizations and persons with interest in preventing or ending homelessness, CoC communicates regularly via email blasts and with informational update and submissions to newsletters and other outreach materials within CoC geography. Whether opportunity is presented during monthly CoC meetings, the annual in-person full membership meeting, workgroups, or tag-a-longs in other organizations' meetings, CoC welcomes and encourages input and opinions from community members, providers, local government, foundations, federal and state partners, among others. CoC has begun offering local opportunities for communities to participate in CoC information-sharing, data and needs collection, and localized projects planning based on HMIS data, need and local community input. CoC Consultant/Coordinator continues participating on statewide planning workgroups, such as Homeless and Runaway Youth Advisory Committee and Statewide Supportive and Supported Housing Workgroup, to ensure not only connection to broader information and partnership opportunities but also to build larger and direct CoC community partnerships for potential collaborations going forward. As CoC continues moving forward building partnerships including RHY and DV, it is not only providing greater and more focused opportunities to consider different points of view about many topics generally about homelessness. It is quickening its ability to respond to collaborative funding opportunities beyond its CAA partners and about specialized priorities.

**1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)**

CoC's open invitation process for soliciting new members includes regular communication via monthly email blasts including reminders to forward communications out to community members and other interested providers, reminders of easy and free CoC membership applications, and opportunities to participate in CoC strategic planning and data review, among others. To ensure maximum inclusiveness, CoC grantees continue to involve/invite a variety of local providers/community members with specialized knowledge/interest regarding homeless issues (school liaisons, faith-based, youth/veteran

outreach, victim services). Grantees also participate on a variety of statewide/local community Boards/Commissions to gather varied opinions, represent stakeholders, and invite CoC participation. With respect to special outreach, in the last year, CoC consultant/coordinator has participated in engagement opportunities with not only lived-experience adults through a local housing first PSH project and its monthly participants' all-are-welcome social/community conversations but also RHY participating as members of a newly formed Youth Action Board.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

CoC first noticed the public of availability of new CoC funds via the 2018 funding competition Thursday, July 5, 2018, via email blast regarding internal competition process, scoring criteria docs, informational webinars, and availability of e-snaps project applications. The next full informational communication was delivered Tuesday, July 17, 2018, and included links to shared folders with internal application information, announcement of new funding including DV Bonus, two website addresses where information is available. Included in the website postings and email communications were next steps and documents titled: BLANK 2018 CoC Funding Application; BLANK 2018 CoC Priority Listing; 2018 CoC Funding NOFA; 2018 CoC NOFA Changes and What's New; OR-505 BOS CoC – 2018 Competition New Funding RFP – FINAL; and OR-505 BOS CoC – 2018 Competition NOFA Review, Options – FINAL.

Additionally, CoC monthly meeting notices are sent to a 28-county-wide, more-than-150-count diverse email group, CoC's collaborative applicant which is also the CAA association, SSVF programs with encouragement to forward to any an all interested community members, providers, potential collaborators and partners throughout the geography.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Not Applicable
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	No
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

1. Oregon Housing and Community Services (OHCS) is the state ESG grantee which delivers ESG funds directly and only to Community Action Agency subrecipients through Oregon Revised Statute requirement (CoC includes 8 of 17 CAAs statewide); no competitive or collaborative process exists. CoC-

partner CAAs cite various levels of direct community engagement and conversation (and data review) leading into refinement of planned ESG use locally, including some pass-through granting to local providers. Local partnerships may include DHS Child Welfare, DHS Self Sufficiency, the Public Housing Authorities, Food Banks; DV providers, Employment Departments, Veteran's Services Officers, mental health providers, Social Security representatives, local community medical centers, etc. To date, CoC as a planning body is not invited into these planning opportunities (nor allocating) for ESG funds singularly or in partnership with CoC funds, even as the CAA's leadership organization serves as CoC's collaborative applicant. Despite best efforts to participate as a partner in systems planning, CoC is only marginally unsuccessful.

2. OHCS as ESG grantee continues to monitor its CAA subrecipients independent of direct CoC involvement and does not invite CoC into the process nor share information relevant to both ESG and CoC programs post-monitoring. Post-2018-competition, CoC will finalize its internal CoC-ESG monitoring process to include community input via direct solicitation and a combination of monitoring tools copies directly from HUD's own monitoring toolkits specific to ESG and CoC. That said, CoC projects are evaluated annually during the funding competition's internal review and ranking process using objective scoring criteria using HUD performance measures, collaborative capacity, HMIS and data quality. Shared CoC-ESG subgrantees which have ESG subrecipients report annual monitoring for correct use of funds and overall project performance.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

- (1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and**
 - (2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.**
- (limit 2,000 characters)**

CoC's CAA-CoC-ESG grantees utilize the VAWA protocol developed and implemented by OHCS to address services and systems specific to DV victims. Equity is applied to all program funds including CoC and ESG to ensure all DV

survivors are protected and receive additional assistance they may need to remain safe. These actions include creating transfer plans that can be implemented quickly to maintain safety. Referrals for assistance may be submitted from these agencies to assist the victims into safe housing. Program participants have opportunity to select housing of choice in areas where they feel safe; location and participant information are kept confidential to help insure safety. Local DV leads provide technical assistance and training to ensure best practices and efforts related to victim support are utilized. Annual needs assessment integrates information on DV data and resulting guidance.

Households staying in shelter/fleeing or attempting to flee are given option to provide information through the coordinated entry process if it is safe to do so; households will not be denied housing assistance because information cannot be entered in to HMIS or the community's master list. Case managers complete coordinated entry assessments in a private office setting so that shared information is not overheard by other staff or participants. Case managers also conduct coordinated entry assessments and/or entry into RRH programs at DV shelters if needed to maximize participant safety. Local CoC-ESG providers are given monthly client demographic ONLY reports from DV shelters, including monthly household count and numbers served. Additionally, some DV shelter staff regularly participate in local homeless system planning efforts.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

Currently the CoC as a planning body coordinates more indirectly with DV and victim services providers, though burgeoning partnerships brought about by the DV Bonus funds available in the CoC NOFA are encouraging and appropriate. Hence, targeted focused annual and reciprocal training is an important work in progress. That said, many of the CoC-ESG grantees do work closely with local DV and victim services providers (monthly, quarterly) collaboratively to develop safe housing plans, receive/conduct advocacy training, developing housing stability plans, coordinated entry and housing navigation, homeless verifications, fair housing, case conferencing, trauma-informed care, data collection and data quality (independent of HMIS).

CoC began formal coordinated entry May 1, 2017, with HMIS policy that lead agencies begin assessing Category 1 homeless through the HMIS coordinated entry provider; protocols related to DV person/data safety are TBD. Ability to access/analyze a comparable DV database is on the workplan, and bringing DV into CoC's CE system is planned for Phase 2 in 2018-2019 timeframe. The CE assessment collects 100 data points per household; when DV information is collected and vulnerability determined, referrals are made. DV providers share information once a signed release is in place.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

As this factor of CoC policy and planning is currently an early work in progress, it is possible to describe information currently available and processes by which the information was obtained. Following that description, the current partnership opportunities of one of CoC's communities will be described. According to CoC's Canned APR specifically run for CES, 38% of program participants said they had history of domestic violence and which 42% specifically stated they were fleeing domestic violence. On a higher level statewide and including all other homeless funding sources not available directly to CoC, of the 21% of adults reporting history of DV, total adults with history of fleeing is 7% while total percent reported with history of fleeing is 34% including children (this reporting also includes information not directly included in CoC's HMIS).

Currently data related to DV and victim services is collected through CoC's designated HMIS, through other homeless funds reporting to Oregon Housing and Community Services (OHCS), and through other databases in use with partnering local and statewide DV services and technical assistance providers (including crisis line, walk-ins, social media, and support groups).

In the past year, one CoC-ESG grantee partner has created partner letters and conducted 15 in-person meetings with partners of the local homeless services system to engage partners with the CES. Providers were trained on online CES portal to ensure persons staying in DV shelters and those seeking walk-in services are assessed in CES and referred for housing services in a timely manner. In late 2018 a formal monthly shelter providers alliance group that will begin meeting to further system wide goals, including stronger referral system, increased data collection and use, system wide trainings on topics such as Fair Housing, and case conferencing on long-term, high-barrier shelter participants.

**1C-4. DV Bonus Projects. Is your CoC Yes
 applying for DV Bonus Projects?**

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	<input checked="" type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input type="checkbox"/>

1C-4b. Applicants must describe:
 (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
 (2) the data source the CoC used for the calculations; and
 (3) how the CoC collected the data.
 (limit 2,000 characters)

ROCC, comprised of 28 mostly rural and frontier counties, holds 81% of Oregon's land mass within its geography, 36% of its population, and 16% of its total DV population as counted in the 2017 PITC. Within the CoC's referenced

DV population, 43% of those counted comprise the communities targeted in the 2018 priority listing submitted as both DV Bonus and New DV projects. Further, these DV-specific project applicant communities collectively are only 2nd to Multnomah County/Portland MSA in total numbers and are further broken down as 67% (Columbia, Tillamook, Clatsop), 32% (Yamhill), and 1% (Marion, Polk) of ROCC's counted total DV population.

According to CoC's Canned APR specifically run for CES, 38% of participants said they had history of domestic violence which 42% specifically stated they were fleeing domestic violence. On a higher level statewide and including all other homeless funding sources not available directly to CoC, of the 21% of adults reporting history of DV, total adults with history of fleeing is 7% while total percent reported with history of fleeing is 34% including children (this reporting also includes information not directly included in CoC's HMIS).

Data is collected through CoC's designated HMIS, through other homeless funds reporting to Oregon Housing and Community Services (OHCS), and through other databases in use with partnering local and statewide DV services and technical assistance providers (including crisis line, walk-ins, social media, and support groups. According to the Center for Disease Control, 37% of women in Oregon have been victims of domestic violence, sexual assault or stalking in their lifetime. This means even with this high number of contacts, programs are still not able to reach every victim in our communities.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;**
 - (2) data source the CoC used for the calculations; and**
 - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

Obviously, given the high percentage of persons entering coordinated entry, ROCC's current DV services are completely inadequate to meet needs in a timely way. Through its CAA CoC-ESG grantee partners, all persons entering coordinated entry fitting the DV definitions are referred to DV shelters, where available, but most are always at 100% capacity. Overflow may sometimes be served in other shelters, but most of ROCC's geography doesn't have emergency shelter at all let alone specific to DV with adequate capacity. These overflow situations are not really set-up as DV shelters as locations are known to the communities. I would say the permanent housing and immediate response resources are not adequate for current DV survivors coming through coordinated entry.

According to the 2018 PIT, ROCC's targeted DV communities Yamhill counted 31% of the CoC's unsheltered DV population; Columbia, Clatsop, and Tillamook counted 68%; and Marion and Polk counted 1%. Example: in Yamhill County, 157 individuals (87 adults and 70 children) received emergency housing through a confidential emergency shelter and motel voucher program. These individuals stayed a total of 5,633; the average stay in shelter was 35.88 nights and is more than double average stay from just a few years ago. Clients are finding it increasingly difficult to find available and affordable housing.

Data is collected through CoC's designated HMIS, through other homeless funds reporting to Oregon Housing and Community Services (OHCS), and through other databases in use with partnering local and statewide DV services and technical assistance providers (including crisis line, walk-ins, social media, and support groups. According to the Center for Disease Control, 37% of women in Oregon have been victims of domestic violence, sexual assault or stalking in their lifetime. This means even with this high number of contacts, programs are still not able to reach every victim in our communities.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
 - (2) quantify the unmet need for housing and services for DV survivors;**
 - (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
 - (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
- (limit 3,000 characters)**

ROCC's current CES is inadequate to address the needs of DV survivors in three primary and significant ways: current SSO for CE grant is small and shares a CE specialist 50%-50% with one of its 2-county grantees: this is a former SSO and was reallocated in 2015 to support both CoC and current SSO grantee abilities to move forward on CE (grantee serves ROCC's only urban community); to date CoC has been unable to gain significant DV partnership (though this is changing with building of DV Bonus SSO for DV CE application with statewide DV TA provider): ROCC continues to struggle to gain entry into partnerships supportive of and also serving its many populations; no current alternative database exists in CoC for capturing wealth of DV data through the CES: the project applicant submitting the DV Bonus SSO for DV CE is a statewide DV TA provider and building of a soon-to-be released alternative database. This organization has established partnerships with DV providers in all of CoC's 28 counties.

Currently, and until more solid partnerships and data-sharing systems and agreements are in place specifically for DV, unmet needs are most directly qualified through HMIS reports (especially on coordinated entry providers), PIT reports, and anecdotal evidence from providers including one with more than 45 years of DV service. Example: Yamhill's DV shelter regularly turns away folks due to lack of space and only motels persons if the situation is very lethal. The number one barrier for survivors of violence throughout ROCC is housing; we estimate about 75% of the survivors struggle to access permanent housing.

If awarded the SSO for DV CE funding, CoC, through this DV CE provider and its other DV-related projects will be able to more closely monitor statistics on the unmet need for housing by the survivors in service and post-program completion.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors.

(limit 2,000 characters)

Through delivery of multiple federal and state housing programs (included CoC-funded), ROCC has determined anecdotally that the DV population does require additional, specific supportive services and potential barrier removals that DV Bonus projects would significantly enhance by the specialization, such as increased understanding of housing counseling (reasonable accommodations for DV survivors, removal of evictions and credit issues related to DV); maintaining strong communication and partnership with DV providers on support groups, counseling, and legal services (restraining orders/custody etc.). Additionally, CoC's overall CES will become more well-centered and inclusive through not only DV-specific CES with trauma-informed tools and trained staff but also delivery of RRH throughout CoC's highest-DV-needs communities.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
- (2) rate of housing retention of DV survivors;**
- (3) improvements in safety of DV survivors; and**
- (4) how the project applicant addresses multiple barriers faced by DV survivors.**

(limit 4,000 characters)

As part of ROCC's overall CES work, phase 2 of the plan, set in motion July 1, 2018, is set to engage and build into the overall CES standards both RHY and DV partners and unique processes. While it is disappointing that to date global partnerships (beyond CoC) are not yet sufficiently established to determine exact rates of housing placement and retention specific to DV populations, it IS possible to show CoC's overall rate of PH placement at 45% and overall rate of PH retention at 91%. Additionally, due to lack of available resources to survivors served within CoC (CoC, ESG, other state funds, SSVF), we're typically not able to move more than 25% into housing. Should CoC be granted the ability through awarded DV Bonus funds to assist survivors with application fees, deposits, rent and support from an advocate focused on overcoming barriers to housing, we know this number will increase significantly.

Improvements in survivor safety: for CoC's DV Bonus and New DV project applicants which are specific DV providers, contact and support is available 24-hours a day, 365 days a year and safety plans are developed with victims and survivors and focus individual situations. Additionally, children in shelter develop safety plans with Children's Advocates (where possible). Feedback is collected from survivors about whether sense of safety and access to resources has increased by working with the programs. For one DV shelter and services provider, more than 90% of the respondents state they agree or strongly agree safety has increased.

CoC's DV partner agencies' staff are highly trained in working with the multiple barriers faced by DV survivors with many advocates completing more than 50 hours of initial and continuing training regarding mental health, drugs and alcohol, trauma-related, and co-occurring issues. CoC's DV partners work closely with community partners to increase DV participant access to supportive services, medical care, mainstream benefits, and employment opportunities, in addition to housing.

Community Action Team (CAT), CoC's submitted DV Bonus RRH project, proposes to cover three of CoC's rural coastal counties which comprise 68% of CoC's DV unsheltered fleeing population in the 2018 PITC. In addition to CoC funds currently, this three-county collaborative also delivers ESG, SSVF, and other state-guaranteed homeless serving funds. Typically all CoC applications, whether renewal or new to address specific populations, CH and RHY, perform and score well; members from all three communities participate heavily in CoC HMIS and CE workgroups and even Executive Committee. Great community partnerships and inclusion. Highest scoring submitted new project application overall and with DV Bonus specifically.

Oregon Coalition Against Domestic and Sexual Violence (OCA-DSV), CoC's submitted SSO for DV CE project, proposes to partner with CoC Consultant/Coordinator, regular CE staff, HMIS workgroup, and other ad hoc providers as needed, to ensure phase 2 of CoC's CE plan is developing and moving toward implementation and seamless inclusion in CoC's regular CE by implementation of SSO for DV CE funding award July 2019. OCS-DSV is currently funded through Department of Justice (VAWA) among other sources and is nearing roll-out of a statewide DV providers' data and reporting system. Accordingly, their partnerships and connections to national DV trainers and best-practice developers are broad, solid, and prepped for integration within CoC's only CE and services planning toolbox. OCA-DSV will be a most welcomed and new provider/partner into the CoC. One of their greatest capacities will be ability to introduce and connect CoC policy work into their own communities.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Housing Authority of the City of Salem	12.00%	Yes-Both	Yes
Linn-Benton Housing Authority	16.00%	Yes-HCV	No
Housing Authority of Yamhill County	3.00%	Yes-Both	No
Northwest Oregon Housing Authority	20.00%	Yes-Both	No
Housing and Urban Renewal Agency of Polk County	1.79%	Yes-Public Housing	Yes

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach

documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

While all five of the PHAs listed above include some measure of homeless preference within the administrative rules or basic intent, many of CoC's remaining 13 PHAs do not partner with the CoC nor include/support specific homeless preferences. To that end, CoC continues to engage PHA staff and leadership – one PHA director is on CoC's Board and R&R Workgroup and another PHA program manager also serves on CoC's Board to discuss ways CoC can support PHA data needs and how PHAs might partner with CoC local agencies to a greater degree, including preferences and voucher set-asides. In some cases, even without preferences, PHAs have begun offering HUD-VASH for homeless Veterans and considering homeless population needs as emergent as needs of elderly and disabled populations. In the community of CoC's shared CE staff, City, CoC-ESG grantee, and PHA are partnering together to provide permanent vouchers and housing supports for 100 of the highest scoring, most chronic, most vulnerable population as determined by CE. To date, that partnership has seen nearly two-thirds move into housing and maintain nearly 1 year later.

CoC will continue to engage leadership of all 20 PHAs in its geography and work with CAA network and PHA association to gain more intentional entry into opportunities where CoC might better learn how to best support PHAs and where CoC-wide data and resulting need might be shared with PHAs.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? Yes

Move On strategy description. (limit 2,000 characters)

While the CoC hasn't yet fully developed and adopted a formal move-on strategy covering the full 28-county geography, many of its local CoC-ESG grantee partners do develop strategies with housing providers, HUD-VASH, and PHAs, among others to ensure program participants are prepared with next steps strategies to not only gain PH but to retain going forward. In one community, local PHAs have been partners in screening efforts and bridging rental assistance programs to permanency by practice, demonstrating a path ultimately to changing policy, i.e. efforts made to review PHA wait list to expedite contact to homeless households to not lose communication. In another community, a housing advisory council and a housing impact task group related to United Way both practice ongoing discussion, identification and implementation when able to prioritize housing needs for each community. In yet another community, an MOU exists which covers and ESH-CoC grantee's

four counties that give CoC-funded clients preference upon program exit via placement at the top of the waiting list for Section 8. Finally, in one rural community, the PHA operates multiple program to which the ESG-CoC grantee makes ongoing referral including Home Tenant Based, Self- Sufficiency programs and ready to rent classes. The grantee agency staff works with the Family Reunification Programs (FUP) and meets monthly with Child Welfare and Tribe to help with funding and housing stability planning for multiple families. One agency’s program has partnered with the local PHA to help families with homes that have failed an HQS to make repairs and negotiate with landlords to make the units/housing viable for Section 8 program. In most cases, ESG-CoC grantees work with program participants as well as non-program participants to ensure applications are completed and households maintain status low-income and subsidized waitlists.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

CoC has been working fairly regularly with a local contractor hired through Department of Human Services and Fair Housing Council of Oregon to understand and implement considerations and supports for the LGBTQ population. In addition to three CoC-wide relevant trainings conducted during the annual meeting and regular monthly CoC meetings, CoC grantees also provide and participate in regular relevant training opportunities including Gender Bias, training for shelter providers on Fair Housing Law, including rules involving equal access to shelters for those who identify as LGBTQ, and how to ensure the housing rights of protected classes, including LGBTQ clients, are being met. Local Fair Housing trainings are offered for local landlords that provide education on protected classes, including sexual orientation and gender identity. Many CoC grantee staff attended HUD’s Equal Access and Gender Identity rule training to ensure local CoC compliance with this rule.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?	No

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of

homelessness in the CoC’s geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC’s standard assessment tool.
(limit 2,000 characters)

Area: CES covers full 28-county geography under local coordination (also CoC, ESG, SSVF grantees): Columbia, Clatsop, Tillamook:Community Action Team; Yamhill:Yamhill Community Action Partnership; Marion, Polk:Mid-Willamette Valley Community Action; Linn, Benton, Lincoln:Community Services Consortium; Coos, Curry:Oregon Coast Community Action; Douglas, Josephine:United Community Action Network; Hood River, Sherman, Wasco:Mid-Columbia Community Action Council; Gilliam, Wheeler, Morrow, Umatilla:Community Action Partnership of Eastern Oregon; Union, Baker, Grant, Wallowa:Community Connections of Northeastern Oregon; Malheur, Harney:Community in Action; Klamath, Lake: Klamath Lake Community Action Services. Agencies are primary access for all individuals/households seeking services: veterans, RHY, DV. Agencies provide in person or phone assessment and entry into CES and ensure the following will be completed/covered: informed consent to HMIS/interest list; mutual respect, anti-discrimination, client autonomy, dispute resolution policies; base assessment; VI_SPDAT. Individuals/households fleeing DV have access to all services including CES without exposing location/demographics. Access: agencies have access to paper assessments for use in any location; plans to include mobile electronics currently underway. ROCC CES staff trains agencies to connect to community partners and outreach teams for training.

ROCC requires agencies to have safety plans in place so individuals/households not comfortable with releasing information are still able to access services.

Prioritization: use of above-listed assessment process and assessment tools: the VI-SPDAT, used to screen single individuals assessed as homeless, chronically homeless, or fleeing DV, and the F VI-SPDAT, used to screen similar families. Information is not used to screen out individuals/ households due to perceived barriers such as too little/no income; criminal history; evictions; poor credit; resistance services.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the 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. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

(limit 2,000 characters)

While all areas of the rural 28-county geography are severely needy based solely on affordable housing concerns, low vacancy rates, and relief from rents beyond FMRs, both CoC as a body and the CoC HMIS Data Workgroup/R&R Team consider unique barriers faced by subpopulations and resultant impact on outcomes. Annual PITC and local data analyses regarding extent of homelessness among veterans, families, youth, and the chronically homeless subpopulations continue informing priority considerations, and CoC continues building relevant performance criteria and supports into the overall performance evaluation and R&R processes. Among prevalent concerns about increased barriers to stability are the chronically homeless with mental health/substance abuse issues; youth, especially LGBTQ; ex-offenders/sex offenders; and folks with chronic health concerns. Chronic homelessness and low and no income were factors considered in the 2018 R&R process, especially relating to families and youth, while high incidences of persons with history of and/or currently fleeing DV were factors in determining priority projects for DV Bonus during final R&R determinations.

1E-3. Public Postings. Applicants must indicate how the CoC made public:

- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
- (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
- (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:

- (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**
- (2) rejected or reduced project application(s)—attachment required; and**
- (3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes

(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes
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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: TBD
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Mediware

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Statewide HMIS (multiple CoC)

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	1,495	183	269	20.50%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	1,165	159	208	20.68%
Rapid Re-Housing (RRH) beds	1,015	0	972	95.76%
Permanent Supportive Housing (PSH) beds	687	0	317	46.14%
Other Permanent Housing (OPH) beds	190	0	167	87.89%

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

For housing types confirming less than 84.99% coverage, the following strategies in progress: 1. continue engaging CAA/state ESG partners for active inclusion in planning for use, allocation of ESG and other state funds, specifically options to support ES and TH. Especially in rural/frontier areas where new housing development opportunities are not readily available, focused supportive strategies are needed. While CoC no longer counts TH within its inventory, many current emergency shelters operate often as TH and bridge housing until available PSH is identified. Therefore, another step toward increasing TH is, 2. encouraging development of more PSH where local need dictate. This can be completed in conversation with local developers, where possible, and/or in larger conversations during development of RFPs and scoring criteria in offerings for multi-family, tax-credit affordable housing projects, i.e., set-asides, additional credits, preferences, acceptance of project-based vouchers, etc. 3. HMIS: CoC continues working to bring paid licenses and TA to local community ES and TH providers who provide services all year around but are only counted within HMIS during PIT. Criminalization of homelessness creates additional barriers, i.e. ES is dramatically impacted by inability to provide warming/cooling centers and shelter activities due to local government restrictions and codes, so 4. increasing engagement of local officials to ensure allowability of warming/cooling sheltering options.

Among units planned in the next year are the following: potential new CoC projects including 47 beds and 69 units, of which 4 are PSH. Plans are underway in one CoC-ESG grantee’s communities for 40 units of low-income housing by 2019 followed by 110 units of low-income housing by 2020. In another CoC-ESG grantee community, TH beds are being increased for pregnant/parenting mothers and serving 7 households, while 35 units of PSH and 176 units of PH will be soon opening.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 4

2A-7. CoC Data Submission in HDX. 04/18/2018
Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/31/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/29/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results.
 (limit 2,000 characters)**

While no significant changes or updates to CoC’s PITC methodologies were put into place with great planning, final review of the 2018 PIT process and remaining questions post-submission and work with HUD TA produced a few a-ha’s and opportunities for conversation and planning ahead of the 2019 PITC. Among the considerations will be training: CoC provides recorded training of the final CoC PITC form, but more focused training especially with community providers not generally accustomed to working with the homeless populations is a solid idea. Additionally, further pre- and post-PITC community education will be developed to ensure common words and definitions are more universally understood, i.e. ensuring both questions relating to chronic homeless are asked and answered so that CH is properly identified in HMIS. Two providers serving three of CoC’s 28 counties have implemented the HUD Youth Addendum’s short form; CoC will be adding this form, and other questions specific to RHY and Veterans into the 2019 count form and processes. Data quality continues to improve even as other-provider-engagement continues to varying degrees of success.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? No

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory No

**because of funding specific to a
 Presidentially declared disaster, resulting in a
 change to the CoC’s 2018 sheltered PIT
 count?**

**2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the
 number of beds that were added or removed in 2018 because of a
 Presidentially declared disaster.**

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable. No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

**2C-5a. If “Yes” was selected for question 2C-5., applicants must describe:
 (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
 (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
 (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
 (limit 2,000 characters)**

CoC grantees reached out to local youth services providers to obtain enhanced information including designing youth-specific questionnaires to supplement the regular PIT form. CoC grantees worked with youth providers to identify places where homeless youth congregate and sent volunteers to engage and sponsored special events (movies, pizza nights) to attract homeless youth for education about the PIT count process. Other CoC grantees worked with the foster care system, school homeless liaisons, counselors, juvenile departments, and other community partners such as Job Corps, DHS and Mental Health Providers. Additionally, agencies conducted surveys at homeless-youth-serving agencies, and some agencies served on PIT count steering committees and held leadership roles. In many cases, homeless youth who have solid relationships with staff served as street outreach guides to volunteers who were going into camps etc. and assisted in the planning and facilitation of magnet events. As CoC’s RHY involvement continues to grow via 100-day Challenge to

End Youth Homelessness, development of YHDP proposals (and necessary community planning), RHY workgroup, and engagement of local and CoC-wide Youth Action Board(s), prep for the 2019 PITC and certainly the 2020 PITC will be greatly enhanced with more on-the-ground accuracy and community youth participation.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

- (1) individuals and families experiencing chronic homelessness;**
- (2) families with children experiencing homelessness; and**
- (3) Veterans experiencing homelessness.**

(limit 2,000 characters)

The SSVF master list was used to identify veterans not counted during the PIT; CoC grantee staff reached out to everyone on the list on night of the count to confirm homeless status. Law enforcement and community resource officers were engaged to assist in locating individuals and families in parks, river banks, etc. Some communities attempted the PIT count in conjunction with a Community Connect/Veteran's Stand Down event, but in Eastern Oregon, snowfall made it difficult, and volunteers who would have normally participated were unable to do so. Detailed instructions were provided to volunteers, including a CoC-produced video, so collected data was more accurate even as numbers were not showing the true picture. Expanded outreach was made to rural areas not previously covered, targeting high-density camping locations, and engagement with community partners who serve the population most often, i.e. DHS, WIC, Head Start, homeless liaisons, was enhanced.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	6,944
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3A-1a. Applicants must:

- (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;**
- (2) describe the CoC’s strategy to address individuals and families at risk of becoming homeless; and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)**

1. CoC engages providers on an on-going basis regarding risk factors leading to first-time homelessness. Discussions occur in the CE Workgroup, HMIS Workgroup, Executive Committee, Board, and full CoC meetings. Risk factors include history of mental health, loss of employment/income, substance abuse (rise in opiate use), domestic disputes, single-parent families. ‘Doubling up’ with family and friends is a marker for folks identifying as first time homeless. Finally, CoC continues to refer to national literature and rely on feedback from local providers to identify relevant risk factors for first time homelessness. 2. Homeless outreach teams visit local dining halls and talk with staff about any new people in need of services. CoC grantees and RHY partners are working closely with local RHY and Children Service providers regarding youth aging out of foster care and opting out of additional ‘independent living’ supports and housing options. CoC-ESG grantees all have non-housing program participants who are at high risk of homelessness and for whom prevention services are provided such as: healthcare, behavioral healthcare, vocational training and benefits assistance. 3. Responsibility for overseeing this work extends to CoC’s HMIS Data Workgroup (incorporating CoC Executive Committee, HMIS leadership team, and R&R team), CoC Board, and CoC Consultant/Coordinator. Additionally, ESG subgrantees and OHCS share responsibility for ESG input and participation. As part of its evolving CES, CoC hopes to utilize a diversion screening tool currently in use in its pilot CES provider (CES staff) as part of the coordinated entry process to collect data on at-risk individuals and households seeking housing assistance but who are not currently homeless. Homeless prevention projects funded through ESG entitlement should focus on reducing the number of first-time homeless households, and SSVF also provides homeless

prevention for veterans in all 28 of the CoC's counties.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

The average length of time persons are homeless in ES, SH, and TH projects is 52 bed nights, a reduction of 1 night from 2016. The average length of time persons are homeless in ES, SH, and TH projects based on the adjusted entry date is 184 bed nights. CoC's strategy to reduce lengths of time homeless is centered around the CES and increasing RRH. CoC's CES access points are intended to be low barrier and housing focused, including emergency shelters. Quick and immediate access to shelter with a focus on connecting individuals and families to appropriate PH and supportive services options will ultimately reduce the LOT homeless for those who engage the system. The CoC's SPDAT assessment tools collect this information as it is a prioritization factor overall; HMIS data may also be used to determine length of time homeless when applicable. Responsibility for overseeing this work extends to CoC's HMIS Data Workgroup (incorporating CoC Executive Committee, HMIS leadership team, and R&R team), CoC Board, and CoC Consultant/Coordinator. Additionally, ESG subgrantees and OHCS share responsibility for ESG input and participation.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	39%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	91%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals

**and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
 (limit 2,000 characters)**

91% retained permanent housing; the number of returns to homeless after 24 months is 9% or 213 individuals. CoC encourages grantees to continue to work with program participants that exit to permanent housing to assist with the transition and increase sustainability; participants are encouraged and often assisted with signing up for Section 8 assistance to maintain PH stability. The chronically homeless have more barriers than those that are first time homeless, and CE's VI-SPDAT helps identify the barriers so case managers can work with participants in addressing issues to increase housing retention. CoC will continue to emphasize a Housing First approach in which clients are not terminated from projects unreasonably. This approach, paired with appropriate services and case management, will ensure that households are not discharged from PSH into destinations that are not permanent. CoC also encourages follow-up on clients exiting projects to ensure that they are able to maintain housing after discharge. Responsibility for overseeing this work extends to CoC's HMIS Data Workgroup (incorporating CoC Executive Committee, HMIS leadership team, and R&R team), CoC Board, and CoC Consultant/Coordinator. Additionally, ESG subgrantees and OHCS share responsibility for ESG input and participation.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	2%

3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
- (2) describe the 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 the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
 (limit 2,000 characters)**

The CoC identifies common factors of individuals and families who return to homelessness based primarily on HMIS data. The availability of data for analyzing this is increasing, as CES furthers in implementation and since the standard assessment tool, the VI-SPDAT, has been added to HMIS. CoC hopes to mine data gathered on this assessment tool to further understand most common factors presenting risks of returns to homelessness. CoC is developing a system-wide performance plan which will be based on the HUD SPMs; this plan will allow the CoC to identify projects struggling with this measure, analyze common risk factors, and provide targeted technical assistance. While the CoC's rates of returns to homelessness have slightly increased over the last year most likely due to continuing struggles with economic stability and

availability of affordable housing (rent increases), CoC will to build strong community networks through local CES planning efforts and partnerships. Housing First and appropriate supportive services will continue to be emphasized throughout the system to minimize the chances of a household exiting in to a situation that would likely result in a return to homelessness. The CoC also encourages follow-up case management to monitor households and provide necessary support after project exit to identify and assist households that may be at risk for returning to homelessness. Positions responsible for overseeing this work are the HMIS Data Workgroup (incorporating CoC Executive Committee, HMIS leadership team, and R&R team), CoC Board, and CoC Consultant/Coordinator. Additionally, CoC has requested and will receive technical assistance to improve this measure.

3A-5. Job and Income Growth. Applicants must:

- (1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;**
 - (2) describe how the 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 the CoC’s strategy to increase job and income growth from employment.**
- (limit 2,000 characters)**

CoC-ESG grantees work with program participants to connect them with mainstream resources and appropriate employment supports. For youth, CoC is developing a strategy to engage workforce development through the CoC's RHY Workgroup and Youth Action Board to increase employment opportunities. Local CES planning brings appropriate mainstream and employment-related agencies into the planning process whenever possible. On a project level, case managers discuss employment or non-employment cash sources with program participants, as appropriate, and referrals are made based upon their wants. Projects work with local agencies to assist in engaging program participants in employment; those with work experience are provided local job openings. Program participants without employment history are referred to Vocational Rehab, Catholic Community Services, Goodwill for vocational training, and/or other similar employment assistance centers. Lastly, if someone is not able to work due to a disability, SOAR-trained or other application-assisters are deployed to work with participants in completing applications for social security benefits. Positions responsible for overseeing this work are the HMIS Data Workgroup (incorporating CoC Executive Committee, HMIS leadership team, and R&R team), CoC Board, and CoC Consultant/Coordinator. Additionally, CoC has requested and will receive technical assistance to improve this measure.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/30/2018

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
 - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	6
Total number of beds dedicated to individuals and families experiencing chronic homelessness	24
Total	30

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Applicants must:

- (1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
 - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
 - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

Housing inventory is severely limited within the 28-county CoC and so does not allow for this action to be realistic. Housing inventory remains at 1% or less consistently; therefore, homeless households have limited access to permanent housing. However, CoC has implemented Housing First practices and prioritization standards in its CES to rapidly rehouse families within 30 days of becoming homeless. Effective CE advertising and outreach, paired with a low-barrier, housing-focused approach to service provision, is expected to be included in the local CES implementations and is reflected in the CoC's CES written standards. The CoC and statewide ESG program are partnering in the coming year to provide Housing First and rapid re-housing training. All CoC-ESG-SSVF projects within the CoC will have opportunity to attend training which will review core principals of Housing First including the intersection of child protection issues and supportive housing for parents with active SUDs or cooccurring disorders. CoC CE staff provide training and ongoing technical assistance to local CES staff as needed/requested. Providers are encouraged to use funding for housing search and placement and to have staff dedicated to landlord engagement, housing navigation, etc. RRH providers are also encouraged to work with local faith-based organizations and other nonprofit organizations to identify additional resources such as deposit money, moving costs, and furniture to facilitate a faster move into permanent housing. RRH providers are encouraged to maintain case management services with clients after rental assistance ends, based on individual household needs, to maintain permanent housing placements. Oversight includes HMIS Data Workgroup (CoC Executive Committee, HMIS leadership team, R&R team), CoC Board, grantee agencies, CoC Consultant/Coordinator.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

**3B-2.6. Applicants must describe the CoC's strategy to increase:
 (1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
 (2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
 (limit 3,000 characters)**

Currently only 5/28 counties receive funds for RHY housing/supports, though the state's RHY Advisory Workgroup (CoC Consultant/Coordinator is member) continues lobbying Oregon legislature for funding for basic RHY services to all counties. CoC applied unsuccessfully for the 2016 HUD youth demonstration grant; that failed attempt produced another opportunity for which CoC WAS selected, the 100-day challenge to end youth homelessness. One local area uses host home housing; offering a small incentive/stipend to help with the youth's expenses is helpful. Another local area has a full CoC for RHY including FYSB Street Outreach, Basic Center, and Transitional Living Program grants. 93% of youth safely exit shelter, and only 19% of youth have repeated incidents of homelessness after participating in the TLP 6 months or longer. Measures used to calculate outcomes include satisfaction surveys, interviews, and pre/post-tests.

Through the CoC's RHY workgroup and partnership with its new Youth Action Board, CoC will continue working to develop an overall CoC strategy to more directly and effectively address youth homelessness. Included in the RHY workgroup are not only CoC and ESG grantees but RHY providers, youth shelters, juvenile justice, DHS, education, and other agencies serving youth. The RHY workgroup and Youth Action Board will drive strategy around youth homelessness with the overall goal of obtaining YHDP funding from HUD in the next one to two years. Included in pending RHY strategic planning conversations will be discussions to pursue additional public and foundation funding for youth efforts, methods for data collection specific to youth, including a youth-specific PIT count addendum deployed during the 2019 PITC. During the 2018 NOFA competition, the CoC prioritized projects dedicated to serving unsheltered youth through bonus points, intended to increase the availability of housing for unsheltered youth.

3B-2.6a. Applicants must:

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**
 - (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**
 - (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**
- (limit 3,000 characters)**

The CoC will primarily use HMIS data to analyze and evaluate strategies designed to increase availability of housing services to homeless youth. Specifically, the CoC will analyze the number of youth presenting and being referred through CES to evaluate if an increased number of youth are receiving services. Additionally, the CoC is in the initial stages of planning youth specific PIT count information-gathering as there is very little existing data youth who meet HUD's homeless definition. Through participation in the 2018 MANY/CELC cohort working to develop local youth-appropriate CES process and tools, CoC also plans to begin using the TAY-VI-SPDAT as an assessment tool for youth. Data from this assessment tool may also be mined in the future to determine more specific demographic and other factors applying to youth accessing housing services in the CoC. The CoC will initially evaluate the number of youth accessing housing services. It is expected that, if an increased number of youth are identified in the youth PIT count, a commensurate increase in youth accessing services would be observed. Once this data set is built out, more specific performance measures will be developed to evaluate housing placement, housing stability, and other factors related to SPMs for youth. This evaluation planning process will be part of the CoC's overall strategic plan to address youth homelessness. The CoC believes that this is an appropriate way to measure its youth strategies because it begins with the building of a data set that does not currently exist. It will then elaborate on the analysis of that data set to ensure that services are right sized to the youth population, and performance contributes to overall SPMs.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**

**(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)**

One CoC goal moving forward is to continue building solid partnerships locally with school homeless liaisons to better determine true numbers of youth homelessness. Working in tandem with area school districts, CoC grantees work to prioritize youth education providers' referrals and provide wrap-a-round care where possible. School outreach is conducted by program staff to middle, high, and alternative schools weekly, in many cases, and staff connect with liaisons and other school personnel for referrals and updates on at-risk or RHY youth needing or accessing services. In one grantee community, the youth shelter advocate has regular communication with homeless youth service agencies, and presence on site, to assist with access to supports such as job training and life skills.

CoC continues to operate the RHY Workgroup which will seek membership and input from education agencies serving youth throughout the CoC. Each CES planning group, 11 total, is expected to collaborate with youth education providers, local education agencies, and school districts in the local area. Additionally, the education policy adopted by the CoC requires that all CoC and ESG funded providers have a designated staff person available to coordinate with the local McKinney-Vento Education Liaison. CoC staff, partner agencies, and representatives from CES planning groups regularly attend homeless coalition meetings throughout the CoC. These meetings often include representation from local education systems and McKinney-Vento Local Education Liaisons.

**3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)**

CoC's education policy has been in place since early HEARTH Act implementation and requires all CoC-ESG grantees to maintain regular contact with local school liaisons and other community education representatives to ensure families receive immediate services and that schools provide additional support as needed. The policy also requires designation of specific staff within each agency to ensure participants are informed of their educational rights and children and youth have access to appropriate education services. Agencies are required to ensure that families have the ability to exercise rights to choose when selecting educational opportunities. Agencies are required to contact the local homeless liaison to access services for families with school aged children upon program intake. Due to significant variation in structure and processes set forth by homeless liaisons across the 28-county CoC, agencies are instructed to always respect local procedures.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No",

from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	Yes
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

The SSVF program operates in all of CoC's 28 counties, and, in some cases, the SSVF programs transcend CoC boundaries and share CoC grantee/provider agencies. CoC-SSVF programs work closely with local VA providers, VASH case managers, and, in one community, the only Grant Per Diem grantee, to place homeless veterans utilizing SSVF and state veteran assistance housing funding. Veterans benefit from CoC's CES, VI-SPDAT, and SSVF threshold screening to determine program suitability based on needs and current situation. Agencies work with local housing authorities if HUD-VASH is available and can assist with transportation and short-term rental assistance; VSOs are often co-located within CoC grantee offices. In the case of CoC's CE pilot agency, veterans who have been assessed through VI-SPDAT and higher mental health needs are connected through partnership with Oregon Health Authority for placement into Veterans Rental Assistance Program (VRAP). Homeless individuals are added to a local Veteran master list and referred to the closest SSVF provider offering services. The SSVF provider will screen the Veteran and make the appropriate referral for VASH or other housing/services utilizing a VI-SPDAT or other tools. VA funded providers, led by SSVF organizations in the CoC, participate in the Veterans Workgroup to discuss policy, case conferencing, and maintenance of master lists. Included in next steps will be negotiation and completion of Data Sharing Agreements between VA medical centers, VASH, and other similar providers. The goal for this is that VA will begin to regularly provide data to the CoC on persons in their system which will be entered into HMIS with the individual's permission so that all providers can access this information. Agencies funded by non-VA funds refer identified homeless veterans to the SSVF provider nearest them; these referrals include faith-based organizations, CoC funded agencies,

municipalities, and other private charitable organizations.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? No

3B-5. Racial Disparity. Applicants must: Yes
 (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
 (2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input checked="" type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>

The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
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.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	No	No
Non-Profit, Philanthropic:	No	No
Other: (limit 50 characters)		

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

As a result of CE screening and VI-SPDAT, participants are given referrals to DHS, local addiction providers, Senior/Disability Services, Vocational Rehab, and other agency programs. Case managers know SNAP, TANF and local substance abuse programs and regularly assist households in accessing needed services. Shared learning includes food stamp training hosted by DHS, disability applications work with SOAR-trained partners, and DHS Fresh Start program. Other partners include Northwest Senior/Disability Services (in-home care) and local Social Security offices for SS claims/disability applications, and county HHS offices for mental health and chemical dependency services. Most agencies also maintain local resource guides. Positions responsible for overseeing this work are the HMIS Data Workgroup (incorporating CoC

Executive Committee, HMIS leadership team, and R&R team), CoC Board, program staff, and CoC Consultant/Coordinator.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	35
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	35
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC’s outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC’s geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

Street outreach, provided as part of CoC, ESG, SSVF and other state-funded programs, cover 100% of CoC’s 28 counties. Regular outreach is conducted at congregate meal sites, food pantries, warming stations and homeless encampments via specialized housing advocates. Because of the expanse of some rural communities, CoC relies heavily on community partners such as mental health professionals, churches, and libraries. In one of CoC’s larger, more urban/suburban counties, youth street outreach is conducted 2x/week, CE street outreach often is conducted once a month, and VAT outreach is conducted several times a month. Another CoC grantee hired an outreach specialist who provides survival supplies, housing assessments, and connection to other supportive services to anyone living unsheltered. This continues to be a CoC work in progress. CoC also leverages outreach teams employed by other partners and service providers (mental health, justice). While most partnered outreach teams operate informally, other relationships between agencies are more formally defined by MOA/MOU. Dedicated outreach teams cover respective geographies on a consistent basis and provide transportation to housing and services, and often assist those least likely to request assistance. Grantees receive training, and 211 assists those who cannot travel to an intake or service site; translation services are provided as needed, along with TDD.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

Adherence to Fair Housing regulations is an expectation of all CoC-participating agencies. Written standards specific to CES, including provisions requiring compliance with fair housing regulations, have also been adopted. Fair Housing Council of Oregon provides to CoC annual fair housing training to ensure that marketing plans are developed in an informed manner. Pending completion of an internal and collaborative monitoring plan, CoC staff will monitor funded agencies and CES sites to ensure fair housing compliance. In addition, the CES standards require participating agencies to communicate effectively with persons with disabilities and limited English proficiency. Agencies must ensure that communications are understandable by persons with disabilities, including providing necessary auxiliary aids and services such as sign language interpreters and written materials in alternative formats when requested. Individual CoC grantees have developed policies on affirmatively furthering Fair Housing and Limited English Proficiency. TTDY is utilized for those who are hearing impaired, and Language Link is utilized for those who do not speak English. Marketing materials and other release forms and paperwork have been translated into Spanish. CoC grantee staff will make accommodations as possible including form completion, in-home visits, a different format to accommodate a disability i.e. Braille, large print, etc. CoC grantee staff receive fair housing training annually, and many operate Ready to Rent® education opportunities so program participants/tenants understand tenant rights and responsibilities.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	67	187	120

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	2018 OR-505 BOS C...	09/16/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes		
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes		
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes		
1E-4. CoC's Reallocation Process	Yes		
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes		
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes		
1E-5. Public Posting–Local Competition Deadline	Yes		
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes		
2A-2. HMIS–Policies and Procedures Manual	Yes		
3A-6. HDX–2018 Competition Report	Yes		
3B-2. Order of Priority–Written Standards	No		

3B-5. Racial Disparities Summary	No		
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: 2018 OR-505 BOS CoC PHA Plans

Attachment Details

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Attachment Details

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Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/17/2018
1C. Coordination	09/17/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/17/2018
2A. HMIS Implementation	09/17/2018
2B. PIT Count	09/17/2018
2C. Sheltered Data - Methods	09/17/2018
3A. System Performance	09/17/2018
3B. Performance and Strategic Planning	09/17/2018
4A. Mainstream Benefits and Additional Policies	09/17/2018
4B. Attachments	Please Complete

Submission Summary

No Input Required

NOHA Homeless Preference Section of Admin Rules

12. Households applying for the Homeless preference must be certified by a social service agency before the preference will be applied to their application on the waiting list. The household must meet the following definition of homeless to be eligible for this preference (PIH Notice 2013-15 (HA)).

a. **Category 1** – Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: i. (i) An individual or family with a primary nighttime residence that is a public or private place not meant for human habitation;

ii. (ii) An individual or family living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or

iii. (iii) An individual who is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

b. **Category 2** – Individual or family who will imminently lose their primary nighttime residence, provided that: i. (i) Residence will be lost within 14 days preceding the date of application for homeless assistance;

ii. (ii) No subsequent residence has been identified; and

iii. (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

c. **Category 3** – 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. (i) Are defined as homeless under the other listed federal statutes;

ii. (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;

iii. (iii) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and

iv. (iv) Can be expected to continue in such status for an extended period of time.

d. **Category 4** – Any individual or family who: i. (i) Is fleeing, or is attempting to flee, domestic violence;

ii. (ii) Has no other residence; and

iii. (iii) Lacks the resources or support networks to obtain other permanent housing.

RE CoC Information Request for Funding Application - LBHA

From: Jennifer Sanders <jennifer@l-bha.org>

Sent: Monday, September 18, 2017 7:48 AM

To: jzimmer@comcast.net

Subject: RE: CoC Information Request for Funding Application - Time

Sensitive

Good morning,

LBHA has HCV only, no Public Housing.

There is no preference for homeless families, with the exception of a preference for families who participate in the Supportive Housing Program through CSC (which requires homelessness as an eligibility criteria.) Here is our policy with preferences:

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

PHAs are 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 PHA to establish other local preferences, at its discretion.

Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

1) Terminally Ill: (a.) A household member who is likely to die within two years in spite of medical treatment.

2) Supportive Housing Program: Families who successfully complete (see Supportive Housing Program guidelines directory) the Supportive Housing Program will be given a preference on the Section 8 Housing Choice Voucher waiting list and offered a voucher when funding is available. This waiting list preference can be revoked if at any time the family fails to comply with the SHP rules and guidelines.

3) Families with minor children living with them 50% of the time or more, pregnant or a disabled member, and singles who are elderly, disabled, or handicapped shall be offered assistance before any non-elderly, non-handicapped/disabled single, or any family without children or a disabled member.

Win-Benton
Housing
Authority
2
pages

LBHA

RE CoC Information Request for Funding Application - LBHA
Between September 2016 and now, the percentage of families homeless at admission is 22%.

Thank You,

Jennifer Sanders
Chief Operations Officer
Linn-Benton Housing Authority
541-918-7330

FW INPUT REQUESTED PHA Input to CoC Consolidated Application Polk
From: Jimmy Jones <jimmy.jones@mwvcaa.org>
Sent: Tuesday, September 19, 2017 10:03 AM
To: jozimmer@comcast.net; Breezy Aguirre; Leeann Marx; Diane Merry
Subject: FW: INPUT REQUESTED: PHA Input to CoC Consolidated Application

More information.

From: CEdeblute [mailto:CEdeblute@wvpha.org]
Sent: Tuesday, September 19, 2017 9:58 AM
To: Jimmy Jones <jimmy.jones@mwvcaa.org>
Cc: CSLagle <CSLagle@wvpha.org>
Subject: RE: INPUT REQUESTED: PHA Input to CoC Consolidated Application

*Housing and
Urban Renewal
Agency of Polk
County*

Jimmy,

Yes, hanging in there. I will get you some numbers by the end of the day. We have talked about establishing a preference for veterans, but have not fully embraced the potential of establishing a homeless preference. We already offer a transitional housing preference that has essentially served a role in getting some of those identified as homeless from temporary housing to more permanent housing.

Thanks,

Christian

RE INPUT REQUESTED PHA Input to CoC Consolidated Application - YCAP
From: Mandy Gawf [mailto:MandyG@yamhillcap.org]
Sent: Monday, September 18, 2017 9:04 AM
To: Jo Zimmer <jozimmer@comcast.net>; Kate Stokes - YO <kate@yoservices.org>; Kate Stokes <KateS@yamhillcap.org>
Subject: RE: INPUT REQUESTED: PHA Input to CoC Consolidated Application

Jo,

I did put the percentage of HCV new admissions homeless at entry into the consolidated application I sent. Sorry I missed the part that an excerpt is also needed. I checked with them and it has not changed from last year- included below

*Housing Authority
Yamhill County
2 pages*

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)]. Local Preferences [24 CFR 982.207; HCV p. 4-16] PHAs are 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 PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA uses the following local preference system:

- * The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.
- * Families who are current participants in a HAYC project based program or HAYC owned property who administratively need to transfer to a tenant based program.
- * Special needs households who will be participating in HAYC-sponsored affordable housing/supportive services projects (Bridges, Homeport, Sunnyside, Hendricks Place).
- * Families who are working undercover with Yamhill County police departments and need housing in order to continue undercover work.
- * Families referred from the Yamhill Community Action Partnership (YCAP) who are currently homeless (up to a maximum of 20 available vouchers).
- * Families referred from the Yamhill County Community Corrections (YCCC) who meet the criteria established in the interagency Memorandum of

*Yamhill
HA*

RE INPUT REQUESTED PHA Input to CoC Consolidated Application - YCAP Understanding (up to a maximum of 15 available vouchers).

*** Families referred from the Yamhill County Health and Human Services (YCHHS) who meet the criteria established in the interagency Memorandum of Understanding (up to a maximum of 30 available vouchers).**

*** Families referred from the Yamhill County Veteran's Services who meet the criteria established in the interagency Memorandum of Understanding (up to a maximum of 20 available vouchers).**

*** Disaster Displacement. "Disaster" in this case is defined as a "catastrophic event",**

such as fire, flooding and/or other natural occurrences that cause a family to be displaced from their home. Proof of displacement, such as referral from the Red Cross, FEMA or other official entity is required for issuance of a Voucher in these instances. Disaster Displacement Vouchers will be used for families currently residing in Yamhill County, and those moving into our jurisdiction from other areas in the United States affected by catastrophic events. Income eligibility and all other HAYC eligibility criteria apply. Up to a maximum of 10 Vouchers available.

*** Residency Preference:**

o Preference for applicants who reside in Yamhill County, or

o Preference for applicants who work or have been hired to work in Yamhill County. Also applies to graduates of, or active participants in education and training program in Yamhill County if the programs are designed to prepare individuals for the job market.

o The residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.

*** Working Family Preference:**

o Can only be applied after agency income targeting requirements have been met.

o Applies to working families whose head or spouse is employed for 20 hours a week or more or in which the head or spouse is actively participating in a job search or education and training program if the program is designed to prepare individuals for the job market. The head or spouse currently receiving state authorized unemployment benefits will be considered as meeting this criteria since active job seeking is required to receive such benefits.

o This preference also applies to families whose head, spouse, or sole member is age 62 or older or is a person with disabilities.

6 pages

- (b) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or
- (c) Has none of the impairments defined in paragraph (1) of this section but is treated by a recipient as having such an impairment.

SHA Policy

A family will be considered to have met the definition of disability if they are receiving SSI or SSA.

Single Veterans: As a local preference, single veterans will be considered disabled for eligibility purposes only. As such a single veteran will not be eligible for the disabled allowance or for other benefits such as medical allowances. The definition of a single veteran is found in Chapter 4 page 13.

Chronically Disabled Homeless individuals who have physical or mental impairments that substantially limits one or more major life activities.

NWHS - Chronically disabled homeless individuals nominated through Northwest Human Services- SHA will provide a local preference to a maximum of ten (10) households will receive this preference. Additional slots will not be made available until a participant who was nominated through Northwest Human Services has left the program and slot has been created. At that time the next nominated individual will receive the additional points based on the date and time of their referral from Northwest Human Services.

Victims of Domestic Violence - SHA will provide up to three (3) Housing Choice Vouchers each month for victims of domestic violence that have been nominated from the either Women's Crisis Center and/or the Marion or Polk County District Attorney's Office when vouchers are available and will be ranked on the waiting list per the chart below.

Request for SHA's Homeless or domestic violence vouchers will be selected based on a lottery system where SHA will draw names that have been submitted during the preceding month.

Families not chosen to receive a local preference voucher will have their names placed on the HCV waiting list based on the date and time of the referral.

If a family is not selected the community partner may re-submit a new request for the next month's drawing as long as the family continues to meet the definition of a victim of domestic violence. A victim of domestic violence must meet the criteria found in the administrative plan.

Once the initial drawing has been made for each local preference SHA will complete an initial review to determine if the family is eligible for assistance based on SHA's administrative plan.

Drug Court participants - who are not classified as "other singles" will be given negative points per the chart below until they have successfully completed their program at which time the negative points will be removed and they will be placed in date and time order according to the applicable ranking below.

Family Unification Program (FUP) applicants are referred to the FUP program by the Oregon State Department of Human Services (DHS) and they are placed on the waiting list in date and time order of their referral from DHS.

Fast Track Housing - SHA will provide up to a total of 50 vouchers for the "Fast Track Housing" initiative as authorized under a memorandum of understanding between SHA and its partner. SHA will authorize no more than 5 vouchers per month until the maximum numbers of 50 vouchers are issued and under lease.

Once the maximum number of referrals is received SHA will not accept additional referrals until a fast track vouchers becomes available. SHA will notify its partner when a fast track voucher becomes available.

SHAs partner will be responsible to keep a waiting list of those individuals or families that they desire to refer to SHA for a fast track voucher.

All of the potential fast track voucher applicants may apply for the regular housing choice voucher program.

the street, or in immediate danger of losing their housing assistance. To be housed the family must meet all other requirements found in this administrative plan. Once the initial drawing has been made for each local preference SHA will complete an initial review to determine if the family is eligible for assistance based on SHA's administrative plan.

Emergency Housing Network members who refer a family for the Homeless Voucher lottery must certify that they will provide/coordinate on-going services for the families as well as conduct initial assessments regarding basic HCV program eligibility prior to nominating the family for the Homeless voucher lottery.

Moderate Rehabilitation: Appleblossom applicants are placed on the waiting list by date and time of SHA's receipt of their completed application.

Moderate Rehabilitation SRO applicants are placed on the waiting list by date and time of SHA's receipt of their completed application; with priority being given to single homeless women. See chart below.

Program Transfers Current participants in a SHA administered 1937 Housing Act program who are over/under housed and/or are needing to move from their current unit due to domestic violence and/or as a reasonable accommodation; and SHA determines that there is no unit available in the program for which they are currently residing; will be placed on the Housing Choice Voucher waiting list; after being approved by the Section 8 Housing Services Supervisor or their designated representative; in the date and time order of the approval of the request.

Choice Mobility:

Under the RAD program SHA must offer the tenants who reside at Robert Lindsey Tower, and who were in place as of June 1, 2014, a tenant-based voucher within 24-month of the effective date of the RAD HAP contract.

Tenants of Robert Lindsey Towers who moved initially into their rental unit after June 1, 2014 is not eligible for this type of assistance.

On a quarterly basis SHA will notify the top five (5) families based on their original move -in date and offer these families an opportunity for a Choice Mobility voucher. If the family does not respond to the offer within 14-days the offer will be withdrawn and the family will not be eligible in the future for a Choice Mobility voucher. The family would remain eligible for the regular Section 8 voucher waiting list and their eligibility would be determined when their name comes to the top of the regular Section 8 waiting list based on the date and time order that the family applied.

If SHA is over-leased and unable to offer Choice Mobility vouchers during any quarter during the 24-month period starting with June 1, 2014, SHA may offer those at the top of the Choice Mobility waiting list a voucher once the issuing of vouchers has resumed.

After all of the original families at Robert Lindsey Towers have been offered and either accepted or rejected a Choice Mobility voucher; the local preference will end.

Department of Human Services (DHS) Family Self-Sufficiency (FSS) preference:

SHA will provide a total of 25 vouchers (19 from an existing FUP program and 6 from our regular voucher program) to the Department of Human Services; to refer homeless at-risk families or qualified youth who meet the definitions of the program parameter

Single veterans who met the definition of disabled per the United States Department of Veteran Affairs, will be given a 5-point preference that is issued to all eligible families except for those listed above; however unless they are able to verify they meet HUD's definition of "disabled"; if they are not age 62 or older they will not be eligible for medical expense deductions per this Administrative Plan. This applies to single veterans who are not referred by the VA for a project based or tenant based VASH voucher.

SHA will provide assistance to single veterans that meet the United States Department of Veterans Affairs definition of "Disabled Veteran" and who can provide such documentation that they meet this definition; they must be able to provide the following.

The single veteran must have a VIC, an identification card issued to a verified eligible veteran for the specific purpose of identifying the veteran when seeking VA health care benefits; and must be enrolled in the priority groups 1, 2, or 4.

Group 1: Veterans with service-connected disabilities rated 50% or more Disabling.

Group 2: Veterans with service-connected disabilities rated 30% or 40% disabling or

Group 4: Veterans who are receiving aid and attendance or housebound benefits, veterans who have been determined by VA to be Catastrophically Disabled (Individuals who have a severely disabling injury, disorder, or disease which permanently compromises their ability to carry out the activities of daily living to such a degree that they require personal or mechanical assistance to leave home or bed or require constant supervision to avoid physical harm to self or others.

Family Breakups – See Chapter 3 I-C

SHA termination of assistance due to lack of funding:

Households whose assistance was terminated from the HCV program due to insufficient program funding; will receive the first HCV(s) that become available; with the following exceptions i.e. Veterans Assistance Supportive Housing and Family Unification.

Ranking Chart:

Ranking #'s	What they mean	Applicable to what waiting list?
3	Homeless Single Women	MOD SRO only
2	Non-Homeless Single Women	MOD SRO only
4	Singles who are not Eld/Dis	Section 8 - Regular Allocation

Chapter 18

PROJECT-BASED MODERATE REHABILITATION

PART 1-- ESTABLISHING AND MAINTAINING THE WAITING LIST

FAMILY PARTICIPATION

- a. At last forty percent (40%) of all initial applicants must meet the "Extremely Very-low Income" limit as established by HUD. The remaining applicants must meet the "Very-low Income" limit as established by HUD.
- b. For the one, two and three-bedroom units; applicant must meet the definition of Family as defined in the Glossary.
- c. For the SRO units; applicants must meet the definition of homeless individual as defined in the glossary, or be a single non-homeless female.
- d. All applicants must disclose and verify social security numbers assigned by the Social Security Administration.
- e. All applicants must sign HUD form 9886 – Authorization for Release of Information as well as SHA's general release forms.

PRIORITIES ON WAITING LIST

- a. Zero, one, two and three-bedroom applicants will be listed by date and time order of application.
- b. SRO unit applications (zero-bedroom) – will be listed by date and time order of application in the following order:
 1. Single homeless women;
 2. Single non-homeless women

ESTABLISHING AND MONITORING THE WAITING LIST

- a. Applications will be accepted from all of those who are apparently eligible, unless it is determined that there is an adequate supply of applicants on the list for the next 12-month period.

City of Salem
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Chapter 19

Eligibility Screening:

After the VMAC refers an eligible homeless veteran to SHA, SHA will determine income eligibility and screen for lifetime sex-offender registrants'. No other eligibility factors will be made for participants or their family members on the VASH program.

Portability – Under the VASH program a receiving PHA may only screen for income eligibility if the veteran family is an applicant and only for lifetime sex-offender status, no other screening criteria is allowed.

Landlord screening is not affected by this rule, landlord may determine whom they will rent an eligible unit to, based on their screening criteria and in accordance with fair housing and landlord tenant law.

SHA does not have any role in determination of the veteran family's homeless status, only the VMAC coordinator will make the determination of homeless status.

Adding new family members to the household after the initial lease-up:

The provisions of 24 CFR 982.551 (h) (2) applies when a family member is added to the assisted VASH household after initial occupancy. Other than birth, adoption or court-awarded custody of a child, any other family member must be approved by SHA in accordance with its policies.

Calculation of Annual Income:

Benefits received under the Veterans Affairs Incentive Therapy and Compensated Work Therapy programs are included as income per 24 CFR 5.609(c) (1) through (17).

Initial Placement of VASH participants:

When a VASH applicant is referred to SHA for assistance, SHA will take the following steps to determine initial eligibility and to issue a voucher to the veteran family.

- Complete the eligibility screening to determine if any family member is a required lifetime registrant as a sex offender.

If the veteran family is determined eligible, SHA will send to the VMAC coordinator all of the additional paperwork needed to complete the eligibility certification, including but not limited to:

Cover Sheet (addressing required documentation) which includes the following:

Absent Parent Documentation
Asset Verification
Pension / Disability/ Retirement

EIV Innomé Vérification
Social Security Award Verification
Verification Day Care verifications