

Rapid Re-Housing

ESG 2017-2018

Georgia Department of
Community Affairs

Rapid Re-Housing

- **Rapid Re-Housing** projects are designed to help those who are homeless transition into permanent housing. The primary goal is to stabilize a project participant in permanent housing as quickly as possible and to provide wrap-around services after the family or individual obtains housing. Households receiving this funding must have an income level at or below 50% AMI.

Eligibility Criteria-Housing Status

- Individuals and families defined as Homeless under the following categories are eligible:
 - CATEGORY 1 – Literally Homeless
 - Includes individuals exiting institutions if stay was less than 90 days and he/she was literally homeless before entering
 - CATEGORY 4 – Fleeing/Attempting to Flee DV
 - *if CATEGORY 1 already met

Eligibility Criteria

- At or below 50% AMI and literally homeless
- Eligibility must be re-assessed every 90 days and annually for those enrolled in the program 1 year after initial enrollment date
 - DCA Household Recertification form
- To meet eligibility at annual re-certification, must be below 30% AMI
- Income Eligibility spreadsheet on Grantees Only website
- CPD Income Eligibility Calculator on HUD Exchange
<https://www.hudexchange.info/incomecalculator/>

Homeless Verification

CATEGORY 1

An individual or family who lacks a fixed, regular, and adequate nighttime residence.

- **Third party written:** A written referral or official communication from another housing or service provider. Third party written documentation must be on official agency stationery, and must be signed and dated by an appropriate agency representative.
 - **Alternate requirement:** Third party verification may be documented on DCA Third Party Verification form if not otherwise available.
- Completed DCA Staff Certification of Homelessness form documenting oral third party statement or staff observations
- Completed DCA Self Certification of Homelessness form

Homeless Verification

CATEGORY 1

Exiting an institution where he or she resided for 90 days or less and fit the above criteria immediately prior to entering:

- One of the forms of evidence on the previous slide, **and** ONE of the following:
 - Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution. All oral statements must be recorded by the intake worker on the DCA Staff Certification of Homelessness form; **or**
 - (B) Where the evidence listed above in (A) is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in (A) and a certification by the individual seeking assistance that states he/she is exiting or just exited an institution where he/she resided for 90 days or less. This is documented on the DCA Self Certification of Homelessness form.

Homeless Verification

CATEGORY 4

Is fleeing, or is attempting to flee some form of family violence, has no other residence; **and** Lacks the resources or support networks, e.g., family, friends, faith based or other social networks, to obtain other permanent housing:

- If services are provided by a victim services provider:
 - DCA Staff Certification of Homelessness **or**
 - DCA Self Certification of Homelessness
 - Third party documentation (law enforcement, referrals, etc.) should be obtained whenever possible

Homeless Verification

CATEGORY 4

- If services are not provided by a victim services provider:
 - DCA Staff Certification of Homelessness **or**
 - DCA Self Certification of Homelessness
 - Where the safety of the individual/family is not jeopardized, the client's statement must be verified by the intake worker or a written referral.

Homeless Verification CATEGORY 4

- ❑ Applicants for RRH in Category 4 must also meet the qualifications for Category 1.
- ❑ Documentation for Category 1 homelessness must also be included in the client file.

DCA Housing Status Verification Form

| VERIFICATION OF HOMELESSNESS Rapid Re-Housing | | | |
|---|--|---|---|
| Participant Name: | Participant HMS #: | | |
| ESG Project Entry Date: | | | |
| <p>Instructions: Identify the housing status applicable to the participant household below and indicate the attached documentation for that housing status. Complete the Chronic Homeless Information section for each applicant.</p> <p>Unless otherwise noted, the general order of priority for obtaining evidence is third-party documentation first, intake worker observations second, and certification by the person seeking assistance third.</p> | | | |
| CATEGORY 1: LITERALLY HOMELESS | | | |
| Housing Status | Documentation Attached | | |
| <input type="checkbox"/> Living on the street or sleeping in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (including a car, park, abandoned building, bus station, airport, or camp ground) | <input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority) | | |
| <input type="checkbox"/> Living in a shelter designed to provide temporary living arrangements (including congregate shelters, transitional housing*, and hotels/motels paid for by a charitable organization or government program) <i>*Agencies must receive permission from DCA prior to providing RRH services to an applicant residing in transitional housing.</i> | <input type="checkbox"/> Written referral from previous shelter staff, charitable organization, or government program (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> HMS shelter record OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority) | | |
| <input type="checkbox"/> Exiting an institution where the applicant resided for 90 days or less and resided in a place not meant for human habitation immediately before entering the institution | <p style="text-align: center;"><i>Documentation must include any item from each column below</i></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Homeless Status Prior to Institution <input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3rd priority) </td> <td style="width: 50%; vertical-align: top;"> Institutional Stay Documentation <input type="checkbox"/> Discharge paperwork or written referral from institution showing dates of institutional stay OR <input type="checkbox"/> Completed DCA Staff Certification form verifying institutional stay (2nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form verifying institutional stay (3rd priority) </td> </tr> </table> | Homeless Status Prior to Institution <input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority) | Institutional Stay Documentation <input type="checkbox"/> Discharge paperwork or written referral from institution showing dates of institutional stay OR <input type="checkbox"/> Completed DCA Staff Certification form verifying institutional stay (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form verifying institutional stay (3 rd priority) |
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Documenting Homeless Status

HUD prefers this order for homeless verification:

1. Third Party verification
 - ❑ Written, including documents already available
 - ❑ Oral
 2. Intake Staff Observations
 3. Self-Certification (with staff certifying due diligence)
- ❑ Lack of third party documentation **MUST NOT** prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider.

Written Third Party Verification

- ❑ Written verification from a third party must be an official communication on agency stationery from a housing or homeless services provider.
- ❑ The written communication must be signed and dated by an appropriate agency representative.
- ❑ If the verification is from an emergency shelter, the shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).
- ❑ If the certification is for unsheltered homelessness, the certifying agency must be recognized by the local CoC as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.).

DCA Third Party Written Homeless Verification

Georgia Department of Community Affairs

THIRD PARTY WRITTEN HOMELESS VERIFICATION

If documentation on agency stationery is not available, this document may be used by housing and service providers (such as emergency shelters, transitional care facilities, police officers, business owners, etc.) to document the housing status of a homeless applicant for DCA ESG services. Only an authorized individual from the agency that provided the housing or services to the applicant can complete this form. Complete [Option 1](#) OR [Option 2](#).

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

Option 1: Documentation of Stay at a Facility/Program

Verification of Stay:
 I certify that the above named individual(s) resided at our facility as follows:
 Entry Date: _____ Exit Date: _____ or Currently staying at facility/program

Facility or Program Type:
 This facility or homeless service program is classified as one of the following:
 Emergency shelter
 Transitional Housing
 Institutional care facility (e.g. jail, substance abuse or mental health treatment facility, hospital, or other similar facility; stay must be less than 90 days)
 Other (describe): _____

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

Option 2: Documentation of Unsheltered Living Situation

I certify that the above named individual(s) were currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g. a car, park, abandoned building, bus station, airport, or camp ground).

Description of current living situation: _____

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

Verifying Agency/Person
 I certify that the information documented above is true and accurate.

| | |
|---------------------|----------------------|
| Printed Name: _____ | Signature: _____ |
| Date: _____ | Title: _____ |
| Organization: _____ | Address: _____ |
| Phone: _____ | Email Address: _____ |

- This form is required for third party written verification when sufficient written verification is not otherwise available.

DCA Staff Certification of Homelessness and Domestic Violence

- This form is required for homeless certification by oral third party statements or staff observation.

Georgia Department of Community Affairs

STAFF CERTIFICATION OF HOMELESSNESS / DOMESTIC VIOLENCE

This document is required for DCA ESG sub-grantees verifying homelessness and/or domestic violence status through oral third party verification or staff observation. Complete [Option 1](#) OR [Option 2](#).

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

Option 1: Third Party Oral Verification

I understand that securing third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance, but cannot obtain source documents. Below I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete.

Oral verification by the relevant third party was made on _____ (date) through a conversation with _____ (relevant Third Party Representative).

Verification of homelessness was provided:
 Over the phone in person

The following information was provided regarding the ESG applicant's homeless status, victim status, and available resources:

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

Option 2: Staff Observation Verification

I have observed the following conditions which serve as evidence related to the applicant's housing status, victim status and available resources. Due to the following factors I certify this applicant's eligibility for ESG assistance:

DCA Self Certification of Homelessness and Domestic Violence

| | |
|--|--|
| Georgia Department of Community Affairs | |
| SELF CERTIFICATION OF HOMELESSNESS / DOMESTIC VIOLENCE | |
| This is to certify that the below named individual or household is currently homeless based on the check mark, other included information, and signature indicating their current living situation. The entire form must be completed. | |
| ESG Applicant Name: | |
| <input type="checkbox"/> Individual without dependent children (complete one form for each adult household member) | |
| <input type="checkbox"/> Household with dependent children (complete one form for each adult household member) | |
| Number of persons in the household: | |
| Self-Certification | |
| ESG applicant check only one: | |
| <input type="checkbox"/> I [and my children, if applicable] am/are currently homeless and living on the street (e.g. a car, park, abandoned building, bus station, airport, or camp ground). | |
| <input type="checkbox"/> I [and my children, if applicable] am/are the victim(s) of domestic violence and am/are fleeing from abuse, have not identified a subsequent residence, and lack the resources or support networks, e.g. family, friends, faith-based, or other social networks, needed to obtain housing where my/our safety would not be jeopardized. | |
| <input type="checkbox"/> I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next 14 days. | |
| I certify that I have insufficient financial resources and support networks, e.g., family, friends, faith-based or other social networks, immediately available to obtain housing or to attain housing stability without ESG assistance. I certify that the information above and any other information I have provided in applying for ESG assistance is true, accurate and complete. | |
| ESG Applicant Signature: _____ Date: _____ | |
| ESG Staff Due Diligence | |
| I understand that third-party verification is the preferred method of certifying homelessness/risk for homelessness/victim status for an individual who is applying for ESG assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third-party verification. | |
| Documentation of attempts made for third-party verification: | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| ESG Staff Signature: _____ Date: _____ | |

- ❑ This form is required for client self declaration of homelessness or domestic violence.

Chronic Homelessness Documentation

- ❑ Chronic homelessness must be documented, even if the agency or project does not specifically target the chronically homeless.
- ❑ Documenting chronic homelessness is vital to ensure that the individual or family maintains the proper homeless status for other service options.

DCA Verification of Income

- This form must be used to verify income for households entering the program.

Georgia Department of Community Affairs

VERIFICATION OF INCOME

ESG Applicant Name: _____

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

Please return this form to:
 Name & Title: _____ Phone: _____
 Address: _____ Fax: _____
 Email: _____

Employment Income

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

Employer representative to complete this section:
 The person named above is employed by _____ since _____ He/She is paid \$ _____ on a _____ basis and is currently working an average of _____ hours per _____.

Additional compensation please specify (if any): _____
 Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date: _____
 Address and Phone: _____

Payments and/or benefits income (complete one form for each distinct source of income for each adult member of household and attach supporting evidence to this form in case file)

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

ESG Applicant Release: I hereby authorize the release of the following payment and/or benefits information.
 ESG Applicant Signature: _____ Date: _____

Payment source representative to complete this section:
 Payments or benefits in the amount of \$ _____ are paid on a _____ basis. The expected duration of the payments or benefits is _____.

Authorized Payment Source Representative Signature: _____ Date: _____
 Address and Phone: _____

DCA Income Self Declaration

- This form may be used for clients to declare income **ONLY** if other documentation is not available.

Georgia Department of Community Affairs

SELF-DECLARATION OF INCOME

ESG Applicant Name: _____

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawal of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from social security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SS, SSI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section

I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____
 Source: _____ Amount: _____ Frequency: _____
 Source: _____ Amount: _____ Frequency: _____

ESG Applicant Signature: _____ Date: _____

I certify, under penalty of perjury, that I do not have any income from any source at this time.
 ESG Applicant Signature: _____ Date: _____

ESG Staff Verification *This section MUST be completed.
 I understand that third party verification is the preferred method of certifying income for ESG assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third party verification:

ESG Staff Signature: _____ Date: _____

DCA Household Recertification

- This form must be used to recertify households every 90 days and annually.

Georgia Department of Community Affairs

HOUSEHOLD RECERTIFICATION FORM

Households receiving ESG Prevention and Rapid Re-Housing assistance must be recertified every 90 days. At the end of each recertification the case manager must attach the new evidence to this form demonstrating the household is still eligible for the program. It is not acceptable to reattach the evidence from previous eligibility decisions.

**NOTE: Recertification criteria for rapid re-housing and prevention programs are different. See the DCA ESG Guidebook for further details.*

ESG Client Name: _____

Client is enrolled in:

- Prevention Program and must have household income below 30% AMI
- Rapid Re-Housing Program and must have household income at or below 50% AMI
- Rapid Re-Housing for one year and must have household income below 30% AMI

Date of entry into program: _____ Case Manager: _____

Number of months (including arrears) household has received assistance: _____

Date of this Re-Certification: _____

List the members of this household.

| Adult(s) | Children (under 18) |
|----------|---------------------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

Status

Please update the household's current housing status AND attach the appropriate documentation.

- Literally homeless
- Imminently losing housing
- Unstably housed and at risk of losing housing

Documentation list:

1. _____
2. _____
3. _____

Income

Please update the household's current income (EBL) AND attach the appropriate documentation.

- Household income meets AMI requirements for program
- Household income does not meet AMI requirements for program

Documentation list:

1. _____
2. _____
3. _____

Households that do not meet the AMI requirements are no longer eligible to receive ANY ESG SERVICES. They must be discharged from the program.

Financial Services

- Moving costs
- Rent application fees
- Security deposit
- Last month's rent
- Utility deposit
- Utility payments

Housing Relocation and Stabilization Services

- Housing Search & Placement
- Housing Stability Case Management
- Mediation
- Legal Services
- Credit repair

Rental Assistance

- Short-term – Up to 3 months
- Medium-term – More than 3 months, up to 24 months (BoS CoC Written Standards generally limits to 12 months)
- Rental arrears – One-time payment for up to 6 months of arrears
- May be tenant-based or project-based
- Total monthly rent must not exceed FMR

Case Management Requirements

- ❑ At least 1X per month
- ❑ Changes in income/household composition
- ❑ Re-certification every 90 days (No advances)
- ❑ Re-cert annually
- ❑ Housing stability plan at discharge
- ❑ Increase incomes and acquisition of mainstream benefits (Georgia Gateway)

Property Related Items

1. Lease (in client name)
2. Rent reasonableness
3. Fair Market Rent (FMR) assessment
4. Habitability inspection
5. Lead based paint if: financial assistance and
 - ❑ Built before 1978
 - ❑ Child under 6 or pregnant woman
6. Rental assistance agreement

Rent Reasonableness Form

Georgia Department of Community Affairs

RENT REASONABLENESS CHECKLIST AND CERTIFICATION

The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private, unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units. Rent reasonableness can be assessed by comparing properties from http://www.gadca.org/publications/03_04

| | Proposed Unit | Unit #1 | Unit #2 | Unit #3 |
|---|---------------|---------|---------|---------|
| ADDRESS | | | | |
| NUMBER OF BEDROOMS | | | | |
| SQUARE FEET | | | | |
| TYPE OF UNIT/CONSTRUCTION | | | | |
| HOUSING CONDITION | | | | |
| LOCATION/ACCESSIBILITY | | | | |
| AMENITIES: UNIT: SITE: NEIGHBORHOOD: | | | | |
| AGE IN YEARS | | | | |
| UTILITIES (TYPE) | | | | |
| MONTHLY UNIT RENT | | | | |
| HANDICAP ACCESSIBLE? | | | | |

A. Compliance with Payment Standard:
 Contract Rent _____ Utility Allowance _____ Proposed Gross Rent _____
 Approved rent does not exceed applicable Payment Standard of \$_____.

B. Rent Reasonableness: Based upon a comparison with rents for comparable units, I have determined that the proposed rent for this unit:
 is reasonable. is not reasonable.

Name: _____ Signature: _____ Date: _____

- ❑ This form must be used to document rent reasonableness.

Fair Market Rent (FMR)

- ❑ For the FMR comparison, rent includes the lease price plus the utility allowance for utilities not included in the rent and are paid separately by the client.
 - ❑ Utilities do not include telephone, cable or satellite television, or internet service.
- ❑ Local housing authorities provide utility allowances for Fulton, DeKalb, Cobb, Clayton, Muscogee, Bibb, Richmond, Sumter, Chatham, and Glynn counties.
- ❑ DCA provides utility allowances for all counties not listed above.
- ❑ Always use the most recent available utility allowance calculations.

FMR Resources

- HUD FMR website:
<https://www.huduser.gov/portal/datasets/fmr.html>
- DCA utility allowances:
<http://www.dca.state.ga.us/housing/housingdevelopment/programs/utility.asp>
- For counties not in the DCA jurisdiction for utility allowances, check with local housing authorities.

Late Payment Fees

- Make timely payments to each owner in accordance with the rental assistance agreement
- Sub-recipient is responsible for paying late payment penalties that it incurs with non-ESG funds
- Arrears payments can be made up to 6 months rent, including late fees, and 6 months utilities, per service

Maximum Amounts and Periods of Assistance

- ❑ Recipient may set a maximum amount of financial and/or rental assistance
- ❑ Total period for any service must not exceed 24 months during a 3 year period
 - ❑ Rental arrears and last month's rent must be included in this calculation
 - ❑ This is based on regulation, Written Standards are more restrictive.
- ❑ Housing stability case management may be provided beyond the limitation stated above.

Use with Other Subsidies

- ❑ Collaborations with other programs are allowable if services are unduplicated (VASH, SSVF, etc.)
- ❑ Cannot receive same type of assistance from 2 public sources (federal, state, local, etc.)
- ❑ Rental assistance cannot be provided to a program participant who is receiving tenant-based or project-based rental assistance or URA
- ❑ Payment for client's part of rent arrears allowable (1 time)

Written Standards for RRH

- ❑ Organizations must work to remove barriers to project entry and participation, as these barriers both deny housing to individuals and families that really need intensive services and often result in low occupancy rates.
- ❑ Projects should be open to accepting people without current income.
- ❑ Agencies must offer case management and supportive services to all participants receiving rental assistance.
- ❑ Agencies should have a goal of providing 100% subsidy to participating households for no more than 6 months, and to provide any rental subsidy for no more than 12 months.
- ❑ Assistance for households with no income or special circumstances could be extended to 18 months.

Written Standards for RRH

- ❑ The BoS CoC Written Standards policy for RRH projects is to provide a declining rental subsidy based on a reasonable percentage of a household's income.
- ❑ ESG projects must also provide a declining utilities subsidy.
- ❑ Rental and utilities subsidy determinations will be evaluated no less than monthly.
- ❑ Individual projects have discretion to determine how the subsidy will be reduced based on income, household needs, and what is in the best interest of the household's housing stability.
- ❑ ESG projects will determine, based on the documented needs of the household, the type, amount, and duration of financial assistance for housing stabilization and/or relocation services.

Performance Measures-RRH

1. An increase in the percentage of discharged households that secured permanent housing at project exit.
2. An increase in discharged households permanently housed 3 months after exit.
3. An increase in households that increase cash and non-cash income during project enrollment.

Implementation Steps

1. Read manual and regulations
 - a) Homeless Definition Rule
 - b) Interim ESG Rule
 - c) DCA ESG Guidebook
2. Read your contracts!
3. Familiarize yourself with ESG Grantees Only website
4. Watch pre-recorded ESG webinars on HUD Exchange website
5. Review NAEH Rapid Re-Housing training materials on website
6. Incorporate Housing Support Standards into practice

Implementation Steps

7. Establish relationships with landlords
8. Hire and train staff
9. Adopt intake, etc. forms from DCA website
10. Participate in 2017 ESG trainings
11. Establish partnerships with shelters, hotels/motels, service agencies, DoL, etc.
12. Master the FMR equation (found in the ESG Guidebook)

Implementation Steps

13. Set up HMIS
14. Coordinate with your RRH peers
 - DCA lists, webinars
15. Set staff and project goals for the year
16. “Screen in” for services
17. Make project participants' long term success your main goal

Resources

- HMIS webinars, trainings and technical assistance throughout the year
- ESG webpage for sub-grantees
- Peer support
- HUD Exchange website:
<https://www.hudexchange.info/>
- National Alliance to End Homelessness website:
<https://endhomelessness.org/ending-homelessness/solutions/rapid-re-housing/>
- Reach out to DCA and HMIS staff for assistance please!

Questions?

