

Emergency Shelter Hotel-Motel Vouchers

ESG 2018-2019

Emergency Shelter Overview

- **Emergency shelter** - facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Hotel-Motel Vouchers Overview

- Eligible ESG cost under the Emergency Shelter component
- Hotel or motel voucher may be provided where no appropriate emergency shelter is available
- Must have a direct connection to a program providing permanent housing placement
- Generally limited to 30 days

Emergency Shelter Best Practices

- ❑ Emergency shelters will be the front door to the Coordinated Entry system in many communities
- ❑ Emergency shelter is not considered the ideal place for intensive therapeutic interventions
- ❑ Low-barriers to project entry and participation
- ❑ Focus on permanent housing placement through linkages to the widest possible range of permanent housing options and programs
- ❑ Move people to permanent housing solutions as quickly as possible

BoS Written Standards for Shelters

- Shelters should have expedited admission processes, to the greatest extent possible
- Shelters should not require, upon admission, that residents have IDs
- Shelters should not require any fees

Eligibility for Services

- Individuals and families defined as Homeless under the following categories are eligible:
 - Category 1 – Literally Homeless
 - Category 2 – Imminent Risk of Homeless
 - Category 4 – Fleeing/Attempting to Flee DV

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 is 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 2

An individual or family who will imminently lose their primary nighttime residence provided for whom:

- ❑ A court order resulting from an eviction action that requires the individual or family to leave their residence within 14 days after the date of their application for homeless assistance OR
- ❑ The equivalent notice under applicable state law, a Notice to Quit, or a Notice to Terminate issued under state law.

AND

- ❑ DCA Staff Certification, DCA Self Certification of Homelessness, or other written documentation stating that the individual/family lacks financial resources and support, and has not identified a subsequent residence

Homeless Verification

CATEGORY 2

For applicants whose primary nighttime residence is a hotel or motel room **not** paid for by charitable organizations or federal, state, or local government programs:

- ❑ Evidence that the individual or family lacks the resources necessary to reside there for **more than 14** days after the date of application for homeless assistance **OR**
- ❑ An oral statement by the individual or head of household that the owner or renter of the housing in which they currently reside will not allow them to stay for more than **14 days** after the date of application for homeless assistance. The intake worker must record the statement and certify that it was found credible on the DCA Staff Certification of Homelessness form.
- ❑ To be found credible, the oral statement must:
 - ❑ Be verified by the owner or renter of the housing in which the individual or family resides at the time of application for homeless assistance **and**
 - ❑ Be documented by a written certification by the owner or renter or by the intake worker's recording of the owner or renter's oral statement

Homeless Verification

CATEGORY 2

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

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

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.

DCA Housing Status Verification Form

| Georgia Department of Community Affairs | | | | | | |
|--|---|-------------------------|--------------------------------------|----------------------------------|--|--|
| VERIFICATION OF HOMELESSNESS EMERGENCY SHELTER, HOTEL/MOTEL VOUCHERS, SUPPORTIVE SERVICES ONLY | | | | | | |
| Participant Name: | Participant HMIS #: | ESG Project Entry Date: | | | | |
| ESG Program Type for which Homelessness is Being Certified | | | | | | |
| <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Hotel/Motel Vouchers <input type="checkbox"/> Supportive Services Only | | | | | | |
| <p><i>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.</i></p> <p><i>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.</i></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) | <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"/> HMIS 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="color: red;"><i>Documentation must include one item from each column below.</i></p> <table border="1"> <thead> <tr> <th>Homeless Status Prior to Institution</th> <th>Institutional Stay Documentation</th> </tr> </thead> <tbody> <tr> <td> <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> <input type="checkbox"/> Discharge paperwork, written referral from institution, or DCA Third Party Verification form 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> </tbody> </table> | | Homeless Status Prior to Institution | Institutional Stay Documentation | <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"/> Discharge paperwork, written referral from institution, or DCA Third Party Verification form 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) |
| Homeless Status Prior to Institution | Institutional Stay Documentation | | | | | |
| <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"/> Discharge paperwork, written referral from institution, or DCA Third Party Verification form 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) | | | | | |

DCA Housing Status Verification Form

Georgia Department of Community Affairs

| CATEGORY 2: IMMINENT RISK OF HOMELESSNESS | |
|--|--|
| Housing Status | Documentation Attached |
| <input type="checkbox"/> Will imminently lose primary nighttime residence within 14 days AND No appropriate subsequent housing options have been identified AND Household lacks the financial resources and support networks necessary to obtain immediate housing or remain in existing housing | <input type="checkbox"/> Court order resulting from eviction action notifying the individual or family that they must leave AND <input type="checkbox"/> DCA Staff Certification, DCA Self Certification, or other written documentation stating that no subsequent residence has been identified and the applicant lacks the financial resources and support necessary to obtain permanent housing For applicants living in a hotel/motel paid by applicant <input type="checkbox"/> A letter from the hotel/motel manager, or third party oral statement documented on the DCA Staff Certification form, showing that costs are paid by the applicant AND <input type="checkbox"/> DCA Staff Certification, DCA Self Certification, or other written documentation stating that no subsequent residence has been identified and the applicant lacks the financial resources and support necessary to obtain permanent housing <i>Whenever possible, include written documentation showing lack of financial resources (e.g. financial documents, bank statements, etc.).</i> |

| CATEGORY 4: FLEEING/ATTEMPTING TO FLEE DOMESTIC VIOLENCE | |
|---|---|
| Housing Status | Documentation Attached |
| <input type="checkbox"/> Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence AND Has no other residence AND Lacks the resources or support networks to obtain other permanent housing | <input type="checkbox"/> Completed DCA Staff Certification form stating that the applicant is fleeing, has no subsequent residence, and lacks resources OR <input type="checkbox"/> Completed DCA Self Certification form stating that the applicant is fleeing, has no subsequent residence, and lacks resources <i>For non-victim service providers, where the safety of the applicant is not jeopardized, oral statements must be verified. Whenever possible, include further written documentation showing lack of financial resources (e.g. financial documents).</i> |

| CHRONIC HOMELESS INFORMATION |
|--|
| Does the individual or head of household meet all of the following criteria: |
| <input type="checkbox"/> Has been literally homeless, as defined in Category 1 above, for at least one year continuously or on at least four separate occasions in the last three years, where the cumulative total of the four occasions is at least one year (Stays in institutions of 90 days or less will not constitute a break in homelessness, but such stays are included in the cumulative total) in a place not meant for human habitation, a safe haven, or an emergency shelter; AND <input type="checkbox"/> Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions. |

DCA Housing Status Verification Form

Georgia Department of Community Affairs

Does the applicant meet both criteria for Chronic Homelessness?

- Yes*
 No

****If yes, attach completed DCA Certification of Chronic Homelessness or DCA Self-Statement of Chronic Homelessness, with any applicable backup documentation.***

Form Completed By: _____ Date: _____

Homeless Verification

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)

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, institutional 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 **EITHER 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): _____

Certifying emergency shelters 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).

Option 2: Documentation of Unsheltered Living Situation

I certify that the above named individual(s) is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (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, Health Care for the Homeless sites, 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.

Lack of Third Party Documentation

- 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.

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 <u>EITHER</u> Option 1 <u>OR</u> Option 2. | |
| 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: _____ | |
| 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: <input type="checkbox"/> Over the phone <input type="checkbox"/> 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:

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: _____

Self-Certification

ESG applicant check only one:

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).

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.

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 Chronic Homelessness Third Party Verification

Georgia Department of Community Affairs

CHRONIC HOMELESSNESS THIRD PARTY VERIFICATION

I certify that the signed individual below, _____ (Client Name)
previously resided at _____ (Facility Name)

For the following period(s) of time within the last three (3) years:

| Time Period (Beginning) | Time Period (End) | Number of Days | Location of Stay |
|-------------------------|-------------------|----------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total days | | | |

This facility is classified as one of the following types of institutions:

Emergency Shelter
 Transitional Housing
 Place not meant for human habitation
 Permanent Supportive Housing
 Medical Institution
 Mental Health Institution
 Correctional Facility
 Substance Abuse Facility
 Other: _____

I further certify that immediately prior to entering this facility the person named above was residing at/in:

Authorized Third Party Signature: _____ Date: _____

I hereby authorize the release of this information:

ESG Applicant Signature: _____ Date: _____

- ❑ This form may be used to obtain third party verification to document chronic homelessness.
- ❑ This form is not necessary if other written documentation is available.

ES Eligible Activities

CASE MANAGEMENT

- ❑ Using the centralized/coordinated assessment system
- ❑ Conducting the initial evaluation required under 576.401(a) including verifying and documenting eligibility
- ❑ Counseling
- ❑ Developing, securing, and coordinating services and obtaining Federal, State, and local benefits
- ❑ Monitoring and evaluating project participant progress
- ❑ Providing information and referrals to other providers
- ❑ Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking, developing an individualized housing and service plan, including planning a path to permanent housing stability.

ES Eligible Activities



Child care

Education services

Employment assistance and job training

Legal services

Mental health services

Life skills training

Outpatient health services

Substance abuse treatment services

Transportation

Operations

Hotel Motel Vouchers Eligible Activities

Case management salaries

Travel costs associated with case management

Hotel/motel payments

Transportation costs for moving clients into
permanent housing

- Note: With the exception of more limited eligible cost items, all HUD regulations applicable to emergency shelter projects are also applicable to hotel/motel voucher projects.

Family Separation

Preventing Involuntary Family Separation in Emergency Shelters

576.102 (b) *Prohibition against involuntary family separation.*

The age, of a child under age 18 must not be used as a basis for denying any family's admission to an emergency shelter that uses Emergency Solutions Grant (ESG) funding or services and provides shelter to families with children under age 18.

- Providing a hotel/motel stay is not an appropriate substitute

Family Separation

- HUD regulations prohibit shelters from denying access to families based on the age of a child.
 - Includes methods of treating families differently based on age of a child, i.e., placing a family with teenage boy in hotel/motel, not allowing the family to remain on-site
- ALL emergency shelters and transitional housing facilities will comply with this requirement.
- All ES and TH projects must comply with new discrimination regulations also

ES Performance Measures

For each project, performance will be measured based on the following standards:

1. An overall bed utilization rate of 80%.
2. The average length of stay of the households served should be ideally 30 days or less.
3. An increase in the percentage of discharged households that secure permanent housing at exit each year.
4. An increase in the percentage of households that increase cash and non-cash income during project enrollment.

Contracts

- ❑ Each contract was emailed to the Applicant Primary Contact and the Agency Primary Contact. If you have not yet received your contract you should contact Heather Smith at Heather.Smith@dca.ga.gov.
- ❑ Each contract contains:
 - ❑ Exhibit A – Budget pages
 - ❑ Exhibit B – Environmental Review *NEW*
 - ❑ Exhibit C – Resolution
 - ❑ Exhibit D – HMIS *UPDATED*
 - ❑ Exhibit E – Homeless Definition and Recordkeeping
 - ❑ Exhibit F – Special Conditions
 - ❑ Exhibit G – Language Access Plan *NEW*
 - ❑ Exhibit Z – General Conditions *UPDATED*
 - ❑ HMIS comparable database requirements for DV agencies
 - ❑ Georgia Common Point of Access to Social Services (COMPASS), now Georgia Gateway
 - ❑ Georgia Housing Search or comparable site designated by DCA
 - ❑ Records Retention requirements
 - ❑ Quarterly reimbursement requests
 - ❑ Drug & Alcohol Testing restrictions

Environmental Reviews

- All DCA ESG projects require an environmental review.
- Organizations may not commit or expend funds received through ESG until DCA approves an environmental review that meets the standards outlined in 24 CFR Part 58.
- DCA will complete the environmental reviews for all projects as part of the contracting process, counties with Coastal Barrier Resource System areas must submit new Environmental Review Request for each new location.

Environmental Review Process

- ❑ Coastal Barrier Resource System counties (Chatham, Bryan, Liberty, McIntosh, Glynn, and Camden)
 - ❑ Each time the sub-grantee undertakes an activity (example: TBRA) at a new location in one of these counties, a new Environmental Review Request Form must be submitted to erin.wright@dca.ga.gov for DCA approval.
 - ❑ The environmental review form is located on the ESG page on the DCA website.
 - ❑ Grant funds may not be committed to any activity until DCA approves the environmental review.
- ❑ All other counties
 - ❑ Environmental review will be completed by DCA as part of the contracting process.
 - ❑ Guidance was sent directly to award recipients regarding completion of these reviews.
 - ❑ Further guidance and stipulations may be included with ESG contract materials.

Lead Based Paint

- ❑ Programs must ensure that units are in compliance with HUD's lead based paint requirements
- ❑ Exemption of shelters depends on configuration of the shelter space
- ❑ Required forms are located on the ESG page on the DCA website
- ❑ The forms will help you determine if any exemptions apply to your unit

What happens next?

1. Read guidebook, regulations, adopt forms on ESG page on DCA website.
2. Fully execute contract and send back to DCA.
3. Develop written policies and procedures according to regulation, including LAP and VAWA items.
4. Get appropriate staff in place and trained.
5. Ensure your HMIS is set up correctly.
6. Participate in DCA trainings.
7. Serve clients!

Proposed DCA Trainings

- ESG Administrative practices and requirements (webinar)
- Coordinated Entry
- Housing First for Executive Directors
- Case Management
- Landlord Engagement
- Fair Housing/Limited English Proficiency
- Other?? **Please reach out soon if you need assistance!!!!**

Training Attendance

- Appropriate staff members should attend trainings.
- New programs or those with new staff should attend applicable in-person trainings whenever possible.
- PLEASE TAKE ADVANTAGE OF WEBINARS!

Compliance

- ❑ Shelter and Habitability Standards should be inspected and forms completed upon contract execution.
- ❑ Compliance team will schedule visits to conduct on-site reviews.
- ❑ Environmental reviews are conducted for your shelter during the contracting process.

Emergency Shelter and Hotel-Motel Voucher Forms

- HMIS Project Intake Form
- Shelter and Housing Standards Certification of Compliance
- Habitability Standards

ESG Resources

- ❑ **DCA ESG Program website:**

<https://dca.ga.gov/safe-affordable-housing/homeless-special-needs-housing/emergency-solutions-grants> or www.dca.ga.gov

→ Safe and Affordable Housing → Emergency Solutions Grant →

- ❑ **HUD Exchange:**

<https://www.hudexchange.info>

- ❑ **National Alliance to End Homelessness:**

<http://www.endhomelessness.org/>

- ❑ **Georgia Housing Search:**

www.georgiahousingsearch.org

- ❑ **Georgia Gateway:**

<https://gateway.ga.gov/access/>

Contacts

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John Shereikis

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Questions?

Thank You!