

2019-2020 Emergency Solutions Grants Program Implementation Workshop

Objectives

Planning vs. Implementation

Planning

1. Reduce unsheltered homelessness
2. Align with the goals of the Federal plan “Opening Doors”
3. Improve HMIS data quality and use it to inform our strategies
4. Create a systemic response to homelessness

Implementation

1. Promote low-barriers, housing focused interventions
2. Target interventions through Coordinated Entry
3. Increase utilization of proven interventions such as rapid re-housing
4. Use System Performance Measures and HMIS data to focus resources

DCA ESG Priorities

- Establishing a low-barriers, housing focused Coordinated Entry system in the BoS is a priority
- All programs are expected to set goals according to relevant performance measures
- ESG programs are included in System Performance Measures for the CoC

ESG Guidebook

- ❑ The DCA ESG Guidebook has been updated.
- ❑ The most recent version posted on the ESG page on the DCA website.
https://www.dca.ga.gov/sites/default/files/esg_guidebook_2018.pdf
- ❑ The most recent version is dated August 2018.
- ❑ Any further updates will be communicated throughout the grant year.
- ❑ ALWAYS refer to the most recent version of the guidebook.
- ❑ Updated forms accompany the guidebook on the website.

Written Standards

- ❑ The State of Georgia ESG program has adopted the Georgia Balance of State Written Standard.
- ❑ The State of Georgia ESG program worked collaboratively with the Balance of State CoC in development of the BoS CoC Written Standards
- ❑ State ESG-funded projects/sub-recipients in the Balance of State **MUST** follow these Written Standards.
- ❑ Other ESG Entitlement Recipients in BoS **as applicable** (Clayton County, Gwinnett County, & Macon-Bibb County). These jurisdictions are free to develop their own standards or adopt those of DCA.
- ❑ For areas where DCA ESG funds are used in conjunction with non-BoS CoC entitlement ESG funds and where written standards may differ from DCA's, the DCA minimum standards will take precedence. (If the local standards are more stringent, they can be followed.)

Education Policy

Ensure that any agency protocols or policies do not infringe on the rights of homeless families.

- ❑ Families have a reasonable choice in deciding the school or community education program that children should be enrolled in.
- ❑ Make reasonable accommodations in allowing families to access programs either before or after school.
- ❑ Liaise with local education provider to ensure that the schools and other community agencies are aware of the resources available to homeless families.
- ❑ The case management plan must include any needs the assessment has identified, goals to eliminate any challenges and issues, and document any progress made towards achieving the goals.
- ❑ Make sure a person in the agency takes responsibility to ensure that all homeless families understand the implications of this policy, and their decision-making rights under it.

Housing Support Standards

A set of requirements for all DCA sub-grantees.

These standards encompass 7 main topics:

- Program Philosophy
- Training and Supervision
- Access to Services
- Screening and Intake
- Service Planning and Delivery
- Case Closing and Follow Up
- Documentation

Housing Support Standards

- ❑ Project ensures that individuals have access to essential services (either in-house or through *formal* arrangements with other providers)
 - ❑ *Including housing services, skills training, support services, health services, employment and vocational services*
- ❑ Resource Directory is updated and available to staff
- ❑ Consumers have access to crisis support 24/7
- ❑ Project provides only those services for which they are qualified to provide
- ❑ Participation in Local/Regional Planning through CoC
- ❑ Housing Support Standards may be supplanted by written standards adopted by your CoC

Policies and Procedures

- ❑ Written policies and procedures should be developed for each ESG program
- ❑ Imagine a program instruction manual for a new employee
- ❑ Defines activities, who is responsible, and steps to be taken
- ❑ May incorporate written standards, but should also cover other program operations, including but not limited to:
 - ❑ Grants Management
 - ❑ Financial Management
 - ❑ Administration
 - ❑ Program Specific Items

Emergency Shelter
Hotel-Motel Vouchers
Rapid Rehousing
Homeless Prevention
Street Outreach
Supportive Services

Emergency Solutions Grants Projects

- ❑ Emergency Shelter-Funds Shelter Activities (Services and Operations)
- ❑ Hotel/Motel Voucher-Temporary Lodging
- ❑ Rapid Re-housing-Places Homeless Persons into Permanent Housing with Services
- ❑ Homeless Prevention-Rental Assistance for Eviction Prevention
- ❑ Street Outreach-Outreach Services to Engage and Serve Unsheltered Homeless Persons
- ❑ Supportive Services-Transportation, Childcare, Case Management Services

Appropriate Length of Stay/Service

- Emergency Shelter – Up to 30 days
- Rapid Re-Housing/Prevention – 30 days to 1 year
- Hotel/Motel Voucher – less than 30 days
- Street Outreach- Discharge when not actively engaged but no longer then 60 days after engagement date
- Supportive Service-up to 1 year

Emergency Shelter

Emergency Shelter

- ❑ 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

Emergency Shelter Compliance

- Shelter and Habitability Standards should be inspected and forms completed upon contract execution.
- Environmental reviews are conducted for your shelter during the contracting process.

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 facilities will comply with this requirement.
- All ES projects must comply with new discrimination regulations also

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

ES Eligible Activities

CASE MANAGEMENT

- ❑ Using the centralized/coordinated assessment system
- ❑ Conducting the initial evaluation required under 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

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

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.

Rapid Rehousing

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 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 ESG page of DCA website
- ❑ CPD Income Eligibility Calculator on HUD Exchange
<https://www.hudexchange.info/incomecalculator/>

Financial Services

- Moving costs
- Rent application fees
 - This may include Admin fees, etc.
- 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
- ❑ Total monthly rent must not exceed FMR

Case Management Requirements

- At least one time per month
- Changes in income/household composition
- 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

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 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 rental assistance.
- ❑ 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

7. Establish relationships with landlords
8. Hire and train staff
9. Adopt intake, etc. forms from DCA website
10. Participate in 2019 ESG trainings
11. Establish partnerships with shelters, hotels/motels, service agencies, DoL, etc.
12. Master the FMR equation (found in the ESG Guidebook)

Prevention

Prevention

- **Prevention** is most efficiently implemented when targeted to those at greatest risk of losing housing. Households receiving this funding must have an income level below 30% AMI and must demonstrate that they do not have sufficient resources or support networks to prevent them from moving to an emergency shelter or other place defined under Category 1 of the homeless definition.

Eligibility Criteria-Housing Status

□ Prevention

- “At-risk” definition (21 days)
- CATEGORY 2 – Imminent Risk (14 days) including hotel stays with own money
- CATEGORY 4 – Fleeing/Attempting to Flee DV

Eligibility Criteria

- Below 30% AMI
- Meets requirements for At Risk of Homelessness; or Category 2 or 4 of Homeless definition
- CATEGORY 2 hotel stays (evidence they can't stay 14 days from application date)
- Eligibility must be re-assessed every 90 days and annually for those enrolled in the program 1 year after initial enrollment date

At-Risk of Homelessness

- ❑ The household has income below 30 percent of median income for the geographic area;

AND

- ❑ the individual or family has insufficient resources immediately available to attain housing stability.

- ❑ Sufficient resources or support networks are family, friends, or faith-based or other social networks immediately available to prevent them from moving to a shelter or living outside

AND

At-Risk of Homelessness

...AND

□ Meets one or more of following:

1. Moved 2 or more times in previous 60 days for economic reasons
2. Living with others due to economic hardship
3. Notice of eviction (within 21 days)
4. Living in hotel/motel (at own cost)
5. Living in overcrowded housing (more than 2 persons for SRO/efficiency, more than 1.5 persons per room for larger housing)
6. Exiting an institution
7. Otherwise lives in housing that is unstable (see ESG Guidebook for more info)

At Risk of Homelessness Verification

- ❑ Documentation of income calculation in accordance with 24 CFR 5.609
 - ❑ DCA Income Verification forms
- ❑ Documentation showing lack of sufficient resources and risk factors
 - ❑ DCA At-Risk of Homelessness Certification
 - ❑ Termination letter, bank statement, bills showing arrears, etc.
 - ❑ Written statement by relevant third party
 - ❑ Written statement by intake staff

Financial Services

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

*ONLY IF THE CLIENT IS UNABLE TO REMAIN IN THE CURRENT UNIT (Must be well documented)

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 Written Standards generally limits to 12 months)
- Rental arrears – One-time payment for up to 6 months of arrears
- Typically tenant-based for Prevention
- Total monthly rent must not exceed FMR

Case Management Requirements

- At least 1 X 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

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.

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 Prevention

- ❑ 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.
- ❑ Project applicants receiving assistance should receive a case management plan from the provider in order to ensure long term stability.
- ❑ Best practice agencies will be able to negotiate with landlords as the first step in resolving eviction crises.
- ❑ Best practice agencies will demonstrate an effective plan to increase household income.
- ❑ Length of stay should be based on the needs of individual households.

Written Standards for Prevention

- ❑ 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.
- ❑ The BoS CoC Written Standards policy for Prevention projects is to provide a declining rental and utilities subsidy based on a reasonable percentage of a household's income.
- ❑ 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.

Implementation Steps

1. Read manual and regulations
 - a) Homeless Definition Rule
 - b) Interim ESG Rule
 - c) DCA ESG Guidebook
2. Read your contracts!
3. Watch pre-recorded ESG webinars on HUD Exchange website
4. Incorporate Housing Support Standards into practice

Implementation Steps

6. Establish relationships with landlords
7. Hire and train staff
8. Adopt intake, etc. forms from DCA website
9. Participate in 2019 ESG trainings
10. Establish partnerships with shelters, hotels/motels, service agencies, DoL, etc.
11. Master the FMR equation (found in the ESG Guidebook)

Implementation Steps

12. Set up HMIS
13. Coordinate with your Prevention peers
 - DCA lists, webinars
14. Set staff and project goals for the year
15. Make project participants' long term success your main goal

Street Outreach

Outreach

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

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

BoS Written Standards for Street Outreach

- ❑ Agencies must have policies and procedures on safety standards.
- ❑ Engagement should occur during times when there is a reasonable expectation to believe people have no housing options.
- ❑ Individuals and families shall be assessed where they are.
- ❑ Projects must assess, prioritize, and re-assess the need for essential services related to street outreach.
- ❑ Projects should continuously engage unsheltered persons and persons experiencing chronic homelessness, even if they repeatedly decline housing and services.
- ❑ When appropriate, based on the individual's needs and wishes, the referral to permanent supportive housing or rapid re-housing that can quickly assist the individual to obtain safe, permanent housing shall be prioritized over the provision of or referral to an emergency shelter.

Eligibility for Outreach

- Individuals and families defined as Homeless under the following categories are eligible:
 - Category 1 – Literally Homeless
 - Individuals and families must be living on the streets (or other places not meant for human habitation) and be unwilling or unable to access services in emergency shelter.
 - Category 4 – Fleeing/Attempting to Flee DV
 - If Category 1 already met

Where Do We Do Outreach?



- City Streets and Alleys
- Bridges and Underpasses
- Bus Stations
- Parks
- Vacant Lots and Abandoned Buildings
- Vehicles
- Railroad Tracks
- Rural Locations (wooded and camping areas)

Where Don't We Do Outreach?

- ❑ Shelters and Missions
- ❑ Drop-in Centers
- ❑ Medical Programs
- ❑ Meal Programs
- ❑ Substance Abuse Treatment Programs
- ❑ Institutions (Detox, Jail)
- ❑ Public Facilities (Libraries, Hospitals, Bus Stations)
- ❑ Public Welfare Agencies and Social Security
- ❑ Hotels and Churches

Street Outreach

- ❑ Teams will have the most comprehensive knowledge of street based individuals/households within the locality.
- ❑ You must establish a case plan for each household:
 - ❑ It must be client-centered, realistic and
 - ❑ Focused on helping households move into some form of housing, preferably permanent, sustainable housing.

Street Outreach

Eligible Activities

1. **Engagement** – the location, identification and relationship building with unsheltered homeless people and the engagement of them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.
2. **Case management** – the assessment of housing and service needs, and implementing individualized services to meet the needs of the program participant including planning a path to permanent housing stability.

Street Outreach

Eligible Activities

- DCA anticipates the bulk of funding to be spent on street based Engagement and Case Management.
- Sub-grantees should note that activities 3 and 4 refer to Emergency Health and Mental Health services, rather than services that may be delivered in typical settings on a routine basis.
- Street Outreach is **NOT** designed to be a feeding or emergency shelter program.

Incentives

- While incentives may be used to build relationships, or to ensure that homeless households' emergency needs are met, the awards made should not alleviate the need to exit the street.
- Budgets should have minimal money in this line item.

Street Outreach Collaboration

Where more than 1 Outreach team works in the same area, agencies collaborate to provide complimentary services by:

- ❑ Establishing a lead person/agency that will promote an agreed intervention for the individual/family.
- ❑ The agency will lead the case management of the homeless individual until either the individual has been re-housed, or a more appropriate case manager is ready to take over.
- ❑ Other agencies will reinforce this intervention so that agencies are not working against one another.

What Makes Good Outreach Workers?

- Genuinely initiate conversation
- Resourceful and creative
- Patient and persistent without being intrusive
- Assertive
- Independent but able to collaborate
- Reliable - Keep their word
- Maintain and respect privacy
- Advocate for Change – Remove barriers and impact policy

Street Outreach Performance Measures

For each Street Outreach program, performance will be measured based on the following standards:

1. An increase in the number of contacts with unduplicated individuals made during outreach.
2. An increase in the percentage of households that access emergency shelter.
3. An increase in the percentage of discharged households that access permanent housing.
4. An increase in the percentage of households that increase cash and non-cash income during program enrollment

Street Outreach + HMIS

- There should be a project on HMIS dedicated to your DCA ESG-funded Outreach project. All household members that your agency is providing assistance to should be enrolled and later discharged from the project (**including children**).
- Every household member should have a Contact and/or an Engagement Service Transaction recorded (including children).

Summary / Resources

- There is no perfect model for rural projects - talk to your peers
- Troubleshoot with DCA staff
- ESG website: <https://dca.ga.gov/safe-affordable-housing/homeless-special-needs-housing/emergency-solutions-grants>
- SAMHSA webinar:
<http://homeless.samhsa.gov/Resource/HRC-Webcast-Resources-Effective-Street-Outreach-Why-Its-Important-How-YOU-Can-Do-It-Better!-48319.aspx>

Supportive Services

Supportive Services

- A **Supportive Services Only** project is defined by DCA to be a distinct initiative undertaken by a sub-grantee to provide supportive services **directly** to “homeless” and “at-risk” persons (by HUD definition). Services must be collaborative and available to a network of identified homeless service agencies throughout the service area.
- Funding for Services projects is being provided using State funds. Linkages should also be made to applicable mainstream projects such as SOAR, food stamps, TANF, etc. DCA awards funds for projects with the overall objective of assisting them into permanent housing.

Supportive Services

- ❑ Must set up projects, record services in HMIS
- ❑ Clients will be literally homeless or part of a homelessness prevention project
- ❑ Except for aftercare case management, service must be offered to clients being assisted by other ESG/CoC providers in the area
- ❑ Services must be reasonably accessible...low barriers to service
- ❑ Success stories...show us how your particular service project is successful in helping to end homelessness

Supportive Services

- Limited to case management, transportation and child care.
- Agency must demonstrate that mainstream services are not available for the project.
- These projects must be directly connected to projects moving clients into permanent housing.

Supportive Services + HMIS

- There should be a project on HMIS dedicated to your DCA ESG-funded Supportive Service project. All household members that your agency is providing assistance to should be enrolled and later discharged from the project **(including children)**.

Resources

- HMIS webinars, trainings and technical assistance throughout the year
- ESG webpage on DCA Webpage
- 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!

2019 ESG Application Scoring

2019 ESG Application Scoring

Applications were scored against the following criteria:

1. Priorities assigned by Continuum of Care where an agency is located
2. Project design and implementation
3. Data Quality in the Homeless Management System (HMIS)
4. Past Monitoring Results
5. Organizational documentation & capacity
6. HUD designated System Performance Measures
7. Participation –CoC where an agency is located, Homeless Coalition, DCA trainings
8. Bonus Points awarded for projects located in the DCA non-entitlement area, for Coordinated Entry Lead Agencies, and participation in the HUD 811 program as referral agents

(sorted)
 Show All New Record Delete Record Find Sort Share

As: Preview

<input type="text"/>	Funds Requested <input type="text"/>	Requested 2018 <input type="text"/>	Contract ID <input type="text"/>	Contract ID <input type="text"/>
<input type="text"/>	Match <input type="text"/>	Award 2018 <input type="text"/>	Org Denial? <input type="radio"/> Yes <input type="radio"/> No	Project Denial? <input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	Total Budget <input type="text"/>	Current Balance <input type="text"/>	<input type="text"/>	Award 2019 <input type="text"/>
ORG_ID <input type="text"/>	NOI_ID <input type="text"/>	Total Persons Served <input type="text"/>	Total Households Served <input type="text"/>	Funds Requested <input type="text"/>
CoC <input type="text"/>	Go to Award List 2019 <input type="text"/>	Total Budget <input type="text"/>	Cost per Person Served <input type="text"/>	Cost per Household Served <input type="text"/>
Submit <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

.00 Org Doc Score Program Design Score

Review Status (Calculated) -- Incomplete
 Use "Find" to locate "Complete" vs. "Incomplete":

Low
 Score: of

 /A

4. Program Design, Feasibility, and Strategy
 (Always Applicable)
 Incomplete
 Score: /100 Weighted Score: of

7. Participation
 Incomplete
 Score, Training: /2
 Score, Continuum of Care: /2
 Score, Homeless Counts: /2
 Score, Coalitions: /2
 Weighted Score by Scheme: of

Score: 0.00 of

5. Performance Measures N/A **Calculated Value =**
 Incomplete

a. Hard to Serve and Recidivism (Tier 1):	<input type="text"/>	/3	<input type="text"/>	<input type="checkbox"/> N/A
b. Income Increase (Tier 1):	<input type="text"/>	/3	<input type="text"/>	<input type="checkbox"/> N/A
c. Outreach to Shelter (Tier 1):	<input type="text"/>	/3	<input type="text"/>	<input type="checkbox"/> N/A
d. Outreach to Perm Housing (Tier 1):	<input type="text"/>	/3	<input type="text"/>	<input type="checkbox"/> N/A
e. Financial Progress (Tier 2):	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/> N/A
f. Targeted County Served (Tier 3):	<input type="text"/>	/1	<input type="text"/>	<input type="checkbox"/> N/A
g. Timely Reimbursements (Tier 3):	<input type="text"/>	/1	<input type="text"/>	<input type="checkbox"/> N/A

SCORING TOTAL of
0.00

Bonus
 Within DCA ESG Entitlement:
 Serves 5-10 BoS w/ no additional Entitlement:
 Serves 11+ BoS w/ no additional Entitlement:

Totals & Weighted Scores by Scheme: / of

2020 Application Process

- Low barriers, permanent housing focused approaches will continue to be weighted more heavily
- Lack of spending may result in an overall reduction of funds and will be weighted more heavily in individual application review
- Federal ESG funds will be prioritized for the Georgia Non-entitlement area

Contract Exhibits

Contracts

- ❑ Each contract will be sent to the Agency Primary and Senior Contact.
- ❑ Each contract contains:
 - ❑ Exhibit A – Budget pages
 - ❑ Exhibit B – Environmental Review
 - ❑ Exhibit C – Resolution
 - ❑ Exhibit D – HMIS *UPDATED*
 - ❑ Exhibit E – Homeless Definition and Recordkeeping
 - ❑ Exhibit F – Special Conditions
 - ❑ Exhibit G – Language Access Plan
 - ❑ Exhibit Z – General Conditions
 - ❑ 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

Homeless Definition

Who is Homeless?

CATEGORIES:

- (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided; (qualify for ES, RRH, Services, some Outreach, Hotel/Motel Vouchers)

- (2) Individuals and families who will imminently lose their primary nighttime residence; (court order resulting from eviction that requires vacating within 14 days of application) (qualify for ES, Prevention)

Who is Homeless?

(3) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.” (may qualify for ES, Supportive Services, Hotel/Motel Voucher, RRH if also meet CATEGORY1, may qualify for Prevention if at risk)

Who is Chronically Homeless?

A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act, who ...

- ❑ Lives in a place not meant for human habitation, a safe haven, or an emergency shelter; **AND**
- ❑ Has been homeless and living as described above continuously for at least 12 months or on at least 4 separate occasions in the last 3 years;
 - ❑ Combined occasions equal at least 12 months;
 - ❑ Each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described above.
 - ❑ Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.

An individual who has been residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria above before entering that facility, is chronically homeless.

A family with a head of household who meets the criteria set forth above is chronically homeless.

Qualifying Disabilities for Chronic Homelessness

- ❑ Disability that is expected to be long-continuing or of indefinite duration; substantially impedes ability to live independently; and could be improved by the provision of more suitable housing
 - ❑ Severe physical, mental, or emotional impairment
 - ❑ Diagnosable substance abuse disorder
 - ❑ PTSD
 - ❑ Brain injury
- ❑ Developmental disability
- ❑ HIV/AIDS

Who is At-Risk of Homelessness? (Prevention)

- ❑ The household has income below 30 percent of median income for the geographic area;

AND

- ❑ the individual or family has insufficient resources immediately available to attain housing stability.

- ❑ Sufficient resources or support networks are family, friends, or faith-based or other social networks immediately available to prevent them from moving to a shelter or living outside

AND

Who is At-Risk of Homelessness? (Prevention)

...AND

▣ Meets one or more of following:

1. Moved 2 or more times in previous 60 days for economic reasons
2. Living with others due to economic hardship
3. Notice of eviction (within 21 days)
4. Living in hotel/motel (at own cost)
5. Living in overcrowded housing (more than 2 persons for SRO/efficiency, more than 1.5 persons per room for larger housing)
6. Exiting an institution
7. Otherwise lives in housing that is unstable (see ESG Guidebook for more info)

Homeless Verification

Recordkeeping Requirements for the Definition of “Homeless” in 24 CFR Parts 582 and 583

HUD acknowledges that the recordkeeping requirements established in the proposed rule are detailed and have not previously been established by HUD in codified regulation. However, recipients of grants have always been required to keep records proving the eligibility of program participants. **The monitoring finding that most often requires repayment of grant funds by recipients is failure to maintain adequate documentation of homeless eligibility;** therefore, to assure that program compliance and funding is directed to those individuals intended to be the beneficiaries of funding under the McKinney-Vento Act programs, the recordkeeping requirements set forth in this final rule are important and necessary.

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)

- ❑ 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 Homeless Verification Forms

- ❑ DCA approved forms will be available on the ESG page on DCA website
- ❑ The DCA Third-Party Verification form provides a template for agencies, but is only required when acceptable third-party documentation is not otherwise obtainable.
- ❑ The DCA Staff Certification form is required when documenting homelessness by staff observation or third-party oral statements.
- ❑ The DCA Self-Certification form is required when documenting homelessness through client self-certification.
- ❑ The DCA At-Risk Certification form is required when documenting at-risk status for Prevention.

DCA Chronic Homeless Forms

- Chronic Homeless Certification
 - May be used, along with attached documentation, to analyze whether an individual/family meets the chronic homeless definition
- Chronic Homelessness Third Party Verification
 - May be used to obtain written third party verification of stays in homeless facilities or institutions
- Chronic Homeless Self Declaration
 - May be used, when a homeless person/household lacks connections with service providers, to document chronic homelessness
- These forms have changed for 2017 and will be posted on the website upon the completion of implementation workshops

Determining Homeless Status of Youth

- ❑ Youth are not responsible for obtaining their own documentation. Instead, intake workers are responsible for documenting the youth's homeless status by verifying the information provided by the youth starting at the initial interview.
- ❑ If at any point the youth does not want someone to be contacted because he or she fears for their safety – the intake worker SHOULD NOT contact the person and should document the youth's feelings and statements in the case file.
- ❑ If the intake worker cannot obtain a higher level of documentation (e.g., a letter from a third-party) the youth can self-certify and the intake worker should document their effort to obtain a higher level of documentation, including notes about why they were not able to.
- ❑ If the intake worker is able to obtain documentation at any point during the youth's participation in the project, then the information should be added to the case file to back up intake documentation.
- ❑ When documenting category 4, the intake worker needs to ask only enough questions to know what is going on – they should rely on the youth's own statement about his or her feelings and concerns. If the youth indicates there is a safety risk then no further documentation of the safety risk is needed – the intake worker should simply document what the youth stated.

Determining Homeless Status of Youth

DETERMINING HOMELESS STATUS OF YOUTH QUICK GUIDE		
Category	Living situation	Types of Documentation (responsibility of intake worker to obtain the highest level of documentation possible in each situation)
Category 1 Literal Homelessness	<ul style="list-style-type: none"> Shelter including emergency shelter, transitional housing, or hotel or motel paid by government or charity Street or other place not meant for human habitation (ex. car, garage, park, abandoned building) An institution (ex. jail, hospital, juvenile detention) that the youth is exiting and where youth was resident for 30 days or less AND the youth resided in emergency shelter or place not meant for human habitation immediately prior to entering that institution 	<ul style="list-style-type: none"> Third party documentation, such as: <ul style="list-style-type: none"> HMS or victim services provider database printed record Written statement by housing or services provider such as homeless liaison, street outreach worker, or shelter provider, or Intake worker direct observation recorded in the file, or Certification of homelessness by youth AND documentation of intake worker's attempts to verify information, or (if exiting institution) Discharge paperwork or a written or oral statement from staff of the institution with beginning and end dates of the time the youth spent in the institution OR certification by youth that they exited institution AND documentation of intake worker's attempts to verify information. Also documentation of shelter or place not meant for human habitation prior to entering institution. <p>NOTE: A youth asking for emergency shelter or street outreach can self-certify their homelessness. This could be a sign-in sheet for shelter with a certification on top that the people signing in are homeless. No further documentation or attempts to verify are required to access emergency shelter.</p>
Category 2 Imminent Risk of Homelessness	<ul style="list-style-type: none"> In own housing, but being evicted within 14 days A hotel or motel paid for by the youth, family or friends where the youth cannot stay for more than 14 days (often due to lack of ability to continue paying) With family or friends and being asked to leave within 14 days <p>Additionally, the youth must have no safe alternative housing, resources or support networks to maintain or obtain permanent housing.</p>	<p>Documentation that youth will lose their housing within 14 days:</p> <ul style="list-style-type: none"> Notice of eviction or equivalent legal document, or Proof of inability to continue to pay for hotel or motel, or Statement by youth that they cannot continue to stay at the place they have been AND written or oral verification from owner or renter of housing obtained by intake worker OR documentation of intake worker's attempts to verify information; and <p>Documentation that the youth has no safe alternative housing, no financial or other resources, and no family or other support networks. Youth can self-certify this.</p>
Category 3 Homeless Under other Federal Statutes	<p>Youth who do not qualify as homeless under the other 3 Categories but who:</p> <ul style="list-style-type: none"> Are homeless under other federal statutes including the Runaway & Homeless Youth Act Have not had their own place with a lease, ownership interest or occupancy agreement in the last 60 days Have moved two or more times in the last 60 days Can be expected to have continued housing instability because of a disability, substance use addiction, history of domestic violence or child abuse, or two or more barriers to employment 	<ul style="list-style-type: none"> Certification of homeless status by the non-profit, or state or local government entity, responsible for administering homeless assistance under other federal statutes, and Certification by the youth that they have not had a lease or other agreement for housing in the last 60 days with written documentation (e.g., from an outreach worker or homeless liaison) OR documentation of intake worker's attempts to verify information, and Certification by the youth that they have had two or more moves in the last 60 days with written documentation OR documentation of intake worker's attempts to verify information, and Documentation of special needs (e.g., copy of SSI check, third party verification, direct observation) or at least two barriers to employment <p>NOTE: HUD must approve CoC Program funded projects to serve youth under Category 3. ISG funded projects do not require HUD approval.</p>
Category 4 Fleeing Domestic Violence	<p>Youth fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house, including:</p> <ul style="list-style-type: none"> Trading sex for housing Trafficking Physical abuse Violence (or perceived threat of violence) because of the youth's sexual orientation <p>Additionally, the youth must have no safe, alternative housing, resources or support networks to maintain or obtain permanent housing.</p>	<p>For providers that are not victim service providers:</p> <ul style="list-style-type: none"> Statement by youth that they are fleeing because of domestic or other violence AND If the safety of the youth is not jeopardized, verification of the statement through written observation by the intake worker or staff at other organizations including law enforcement, housing or service provider, social worker, homeless liaison or legal assistance provider youth has sought assistance from OR documentation of intake worker's attempts to verify information and certification of the statement by the youth or intake worker. <p>For victim service providers:</p> <ul style="list-style-type: none"> Statement by youth that they are fleeing domestic or other violence AND Certification of the statement by the youth or intake worker <p>All providers must obtain a youth's self-certification that the youth has no safe alternative housing, no financial or other resources, and no family or other support networks. The intake worker should obtain any available documentation or statements supporting the youth's certification.</p>

NOTE: Additional guidance on documenting homeless status can be found at [Criteria and Recordable Requirements for Definition of Homeless - HUD Exchange](#). Youth who are not determined to be homeless under one of the Categories above may be considered [at-risk of homelessness](#) and eligible for homelessness prevention services funded through ESG.

- <https://www.usich.gov/tools-for-action/webinar-determining-homeless-status-of-youth-for-hud-programs>
- <https://www.hudexchange.info/resource/4783/determining-homeless-status-of-youth/>

ESG System Performance Measures

ESG Performance Measures

1. Reduce the unsheltered count within our service area.
2. Create and increase stable housing outcomes by placing homeless individuals and families in permanent housing.
3. Prevent homelessness leading to a decrease in the unsheltered count locally.
4. Increase long term stability for clients in permanent housing by assisting them to increase income and access to benefits.

These goals will be used to implement performance measures specific to each project type.

System Performance Measures

- HEARTH emphasizes coordinated system for homeless response within each CoC
- In addition to performance measures for individual programs, communities must measure performance as a coordinated system
- Performance measurement should include CoC, ESG recipients, and other homeless assistance stakeholders

System Performance Measures

Measure	Desired Outcome
1. Length of time persons remain homeless	Reduction in the average and median lengths of time persons remain homeless
2. The extent to which persons who exit homelessness to permanent housing destinations	Reduction in the percent of persons who return to homelessness
3. Number of homeless persons	Reduction in the number of persons who are homeless
4. Employment growth for homeless persons in CoC program-funded projects	Increase in the percentage of adults who gain or increase income
5. Number of persons who become homeless for the first time	Reduction in the number of persons who become homeless for the first time

System Performance Measures

Measure	Desired Outcome
6a. Successful placement from Street Outreach	Increase in percentage of people who exit SO to permanent housing, temporary destinations (except street), and some institutional destinations
6b. Successful placement in or retention of permanent housing	Increase in percentage of people who exit to or retain permanent housing

Environmental Review

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 rick.heermans@dca.ga.gov for DCA approval.
 - ❑ The environmental review form emailed to sub grantees.
 - ❑ 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.

Coordinated Entry System

ESG Implementation
Workshops

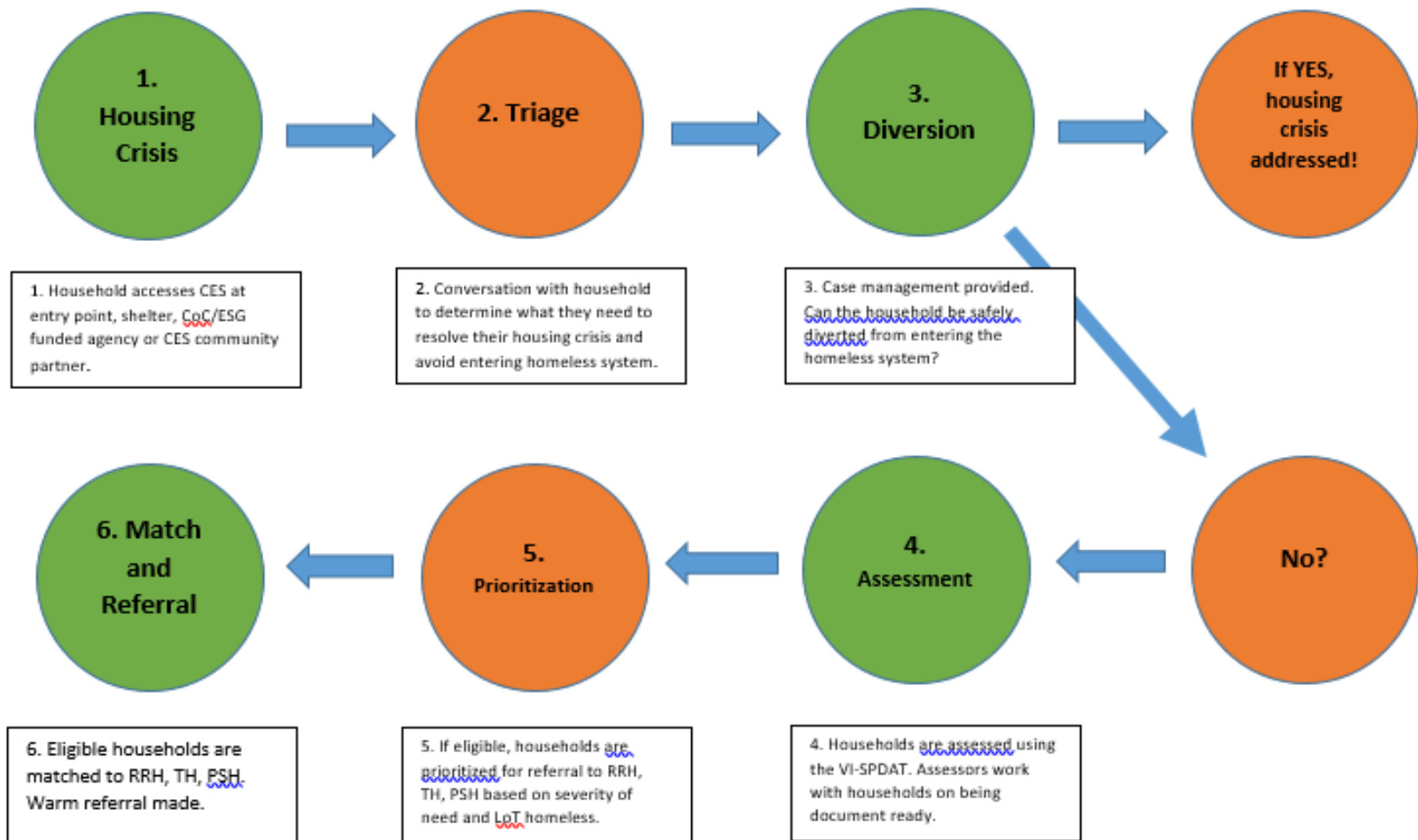


Isaac Davis and Rebecca Hickom
Coordinated Entry System Coordinators

What is Coordinated Entry?



Coordinated Entry is a process through which people experiencing homelessness access the crisis response system in a streamlined way. They have their strengths and needs quickly assessed using standardized assessment tools, and are quickly connected to appropriate, tailored housing and mainstream services within the community or designated region. The most intensive permanent housing interventions are prioritized for those with the highest needs.



Participation in CE

- Under the ESG Interim Rule, ESG grantees are required to participate in their CoC's coordinated entry system
- HUD funded permanent housing solutions must be prioritized by CoC standards
- How does my project participate in coordinated entry?
 - Inside implementation community
 - Outside implementation community

Participation in CE

If your agency is located **IN** an implementation region/community you must:

- Report program vacancies to lead agency
- Fill permanent housing vacancies through CE
- Participate in planning/case conferencing efforts
- Follow CE Written Standards
- Housing focused (Emergency Shelter)

Participation in CE

If your agency is NOT located in an implementation community, you must:

- ❑ Assess households experiencing literal homelessness using VI-SPDAT
 - ❑ Households should NOT be assessed prior to entrance into emergency shelter/hotel motel
- ❑ Input household into HMIS, input VI-SPDAT results in HMIS
- ❑ Prioritize permanent housing project vacancies using the Prioritization Spreadsheet
- ❑ Meaningful referrals when necessary

Governance and Tools

- BoS CoC CES Written Standards, Policies and Procedures
- Prevention and Diversion Screening Tool
- Coordinated Entry Intake Form
- VI-SPDAT
- Prioritization Spreadsheet

Training

- ❑ CES in the BoS CoC Webinar
- ❑ VI-SPDAT Training Webinar
- ❑ TAY-VI-SPDAT Webinar
- ❑ CE for Victim Service Providers
- ❑ Safety Planning for All: Prevention and Diversion Screening Tool Webinar
- ❑ CE HMIS Data Entry Manuals

<https://www.dca.ga.gov/safe-affordable-housing/homeless-special-needs-housing/georgia-balance-state-continuum-care/balance>

Continued Expansion

- AmeriCorps VISTA- 19 VISTAs across the state
- Coverage in **31 counties**
- Physical access points in **15 counties**
- By August, 5 additional physical access points in Burke, Camden Douglas, Gwinnett, Screven
- By August, coverage in 11 additional counties
- By end of the year, we'll add physical access points in Clayton, Lowndes and Troup counties with additional county coverage

Questions



Contact



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404-370-2985

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Coordinated Entry System Coordinator

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Required Forms/Case Files

Required Forms

- DCA requires ESG sub-recipients to use common forms located on the ESG page of the DCA website
- Helps ensure common information is collected and common assessment of households is conducted across the state
- Helps monitoring team evaluate projects fairly
- Stems from coordinated entry
- Updated forms for 2019 will be emailed upon completion of implementation trainings

2019 – 2020 New Required Forms

- VI-SPDAT, Family VI-SPDAT and TAY-VI-SPDAT
 - Only for households experiencing literal homelessness. Meaning, Homeless Prevention households DO NOT complete these forms.
- ESG Income Eligibility Calculation Worksheet
- HUD Utilities Allowance Form

VI-SPDAT, Family VI-SPDAT, TAY-VI-SPDAT

- These forms should be completed to assess every household experiencing literal homelessness.

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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**COMMUNITY
SOLUTIONS**



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.

DCA At-Risk of Homelessness Certification

Georgia Department of Community Affairs

AT-RISK OF HOMELESSNESS CERTIFICATION

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

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

ESG Applicant Name:

Address from which applicant is being evicted:

- 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: _____

Living Situation and Risk Factors

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

The individual or family:

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

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

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

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

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

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 EITHER Option 1 OR 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.

(Adult) HMIS Project Intake Form

ES/Hotel/Motel/SO/Support Services



HMIS Project Intake Form

Emergency Shelter & Street Outreach (Including PATH)

Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name:* _____ Last Name:* _____

Middle Name: _____ Suffix: _____

Name Data Quality:* Social Security Number:* Birthdate:*

- | | | |
|---|--|--|
| <input type="checkbox"/> Full Name Reported | <input type="checkbox"/> Full SSN Reported | <input type="checkbox"/> Full DOB Reported |
| <input type="checkbox"/> Partial, Street Name or Code Name Reported | <input type="checkbox"/> Approximate or Partial SSN Reported | <input type="checkbox"/> Approximate or Partial DOB Reported |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Data Not Collected |

Ethnicity:* Race:*(Select All That Apply) Gender:*

- | | | |
|--|--|--|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Male |
| <input type="checkbox"/> Non-Hispanic/Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> Female |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Transgender Female to Male |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Transgender Male to Female |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> White | <input type="checkbox"/> Client Doesn't Identify Male, Female or Transgender |
- If Female, Pregnancy Status:*
- Yes Client Doesn't Know Client Doesn't Know
- No Client Refused Client Refused
- Due Date: _____ Data Not Collected Data Not Collected

Disabling Condition:* Veteran Status:* Relationship to Head of Household:*

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Self | <input type="checkbox"/> Foster Child |
| <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> Son | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Daughter | <input type="checkbox"/> Other Family Member |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Dependent Child | <input type="checkbox"/> Other Non-Family Member |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Spouse | |

Contact Information:

Address: _____ City/State/Zip: _____

Email: _____ Home Phone: _____

Work Phone: _____ Message Phone: _____



Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member to be enrolled.

Assessment Date:* _____ Street Outreach Project Entry Date:* _____

Case Assignment:*. _____ Street Outreach Engagement Date:* _____

(ONLY REQUIRED FOR PATH PARTICIPANTS):

Project Entry Date:* _____ (Date of 1st Contact)

Date of PATH Engagement: _____ (Interactive client relationship; results in deliberate assessment)

Date of PATH Status Determined: _____

Client Became Enrolled in PATH: Yes No (Client formally consents to participate in PATH program services)

Reason Not Enrolled in PATH:

- Client was found ineligible for PATH
- Client not enrolled for other reason(s)

Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an * are required fields.

Housing Status* (Based on housing condition just prior to project entry)

- | | |
|--|--|
| <input type="checkbox"/> Category 1 – Homeless | <input type="checkbox"/> Stably Housed – Own |
| <input type="checkbox"/> Category 2 – At Imminent Risk of Losing Housing | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Category 3 – Homeless Only Under Other Federal Statutes | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Category 4 – Fleeing Domestic Violence | <input type="checkbox"/> Other |
| <input type="checkbox"/> At Risk of Homelessness | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Stably Housed - Rent | |

Type of Residence:*

HOMELESS SITUATION

- Place not meant for habitation (a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- Interim Housing

INSTITUTIONAL SITUATION

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, Prison or Juvenile Detention Center
- Long-term care facility or nursing home
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment Facility or Detox Center

TRANSITIONAL AND PERMANENT HOUSING SITUATION

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy

(Adult) HMIS Project Intake Form

Rapid Re-Housing/Homeless Prevention



Collection Point: Entry
Projects/grants: ESG and CoC
Clients who are: Head of Households & Adults

Step 1: Client Demographics - all fields with an "*" are required.

First Name:* _____ Last Name:* _____
 Middle Name: _____ Suffix: _____ HoH:* _____

Name Data Quality:* <input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, or Street Name <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	Social Security Number:* <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or Partial SSN <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	Birthdate:* <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Ethnicity:* <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	Race:*(Select all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	Gender:* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Client Doesn't Identify Male, Female, or Transgender <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
If Female, Pregnancy Status:* <input type="checkbox"/> Yes Due Date: _____ <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	Veteran Status:*(18 & over) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	Relationship to Head of Household:* <input type="checkbox"/> Self <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family Member

Client Contact Information:
 Address: _____ City/State/Zip: _____
 Email: _____ Home Phone: _____

Step 2: Project Enrollment

Project Start Date:* _____ Case Manager: _____
 Housing Move-in Date: _____ (Only for Permanent Housing projects, including RRH)
 Date of Engagement: _____ (Only for Street Outreach projects)

Step 3: Entry Assessments

Disabling Condition:* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	Client Location (The CoC the client is being served in):* <input type="checkbox"/> Athens/Clarke County (GA-503) <input type="checkbox"/> Fulton County (GA-502) <input type="checkbox"/> Atlanta (GA-500) <input type="checkbox"/> Ballance of State (GA-501) <input type="checkbox"/> August (GA-504) <input type="checkbox"/> Marietta/Cobb (GA-506) <input type="checkbox"/> Columbus/Russell County (GA-505) <input type="checkbox"/> Savannah/Chatham County (GA-507) <input type="checkbox"/> DeKalb County (GA-508)
---	---



Step 4: Living Situation*

Living Situation - Identify the residence just prior to (i.e., the night before) enrollment (ONLY SELECT ONE):

COMPLETE THESE STEPS FOR ALL PROJECT TYPES

HOMELESS SITUATION
 Place not meant for habitation
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher
 Safe Haven
 Interim Housing
 Length of stay in this living situation?:* _____

INSTITUTIONAL SITUATION
 Foster care home or foster care group home
 Hospital or other residential non-psychiatric medical facility
 Jail, Prison or Juvenile Detention Center
 Long-term care facility or nursing home
 Psychiatric Hospital or Other Psychiatric Facility
 Substance Abuse Treatment Facility or Detox Center
 Length of stay in this living situation?:* _____

TRANSITIONAL AND PERMANENT HOUSING SITUATION
 Hotel or motel paid for without emergency shelter
 Owned by client, no ongoing housing subsidy
 Owned by client, with ongoing housing subsidy
 Permanent Housing (other than RRH) for Formerly
 Rental by client, with no ongoing housing subsidy
 Rental by client, with VASH housing subsidy
 Rental by client, with GPD TIP subsidy
 Rental by client, with other ongoing housing subsidy
 Residential project or halfway house with no home-
 Staying or living in a family member's room, apart-
 Staying or living in a friend's room, apartment or
 Transitional Housing for Homeless Persons
 Client Doesn't Know
 Client Refused
 Data Not Collected
 Length of stay in this living situation?:* _____

COMPLETE THESE ADDITIONAL STEPS FOR ALL PROJECT TYPES EXCEPT EMERGENCY SHELTERS, & STREET OUTREACH

Proceed to Step 5 at bottom of page

Is this less than 90 days?:*
 No
 Yes
 Proceed to next page

On the night before did you stay on the
 No
 Yes
 Proceed to Step 5 at bottom of page

Is this less than 7 days?:*
 No
 Yes
 Proceed to next page

Step 5: History of Homelessness

Approximate date homelessness started (The beginning of *this* continuous period of homelessness): * _____

Total # of *times* the client has been on the streets, in ES, or SH in the past three years including today: * _____

Total # of *months* homeless on the street, in ES, or SH in the past three years: * _____

Client Intake Form (Child)



Collection Point:	Entry
Projects/grants:	ESG and CoC
Clients who are:	Children (under 18, not HoH)

Step 1: Client Demographics - all fields with an "*" are required.

First Name:* _____ Last Name:* _____
 Middle Name: _____ Suffix: _____ HoH:* _____

Name Data Quality:*

Full Name Reported
 Partial, or Street Name
 Client Doesn't Know
 Client Refused
 Data Not Collected

Social Security Number:*

Full SSN Reported
 Approximate or Partial SSN
 Client Doesn't Know
 Client Refused
 Data Not Collected

Birthdate:*

Full DOB Reported
 Approximate or Partial DOB
 Client Doesn't Know
 Client Refused
 Data Not Collected

Ethnicity:*

Hispanic/Latino
 Non-Hispanic/Latino
 Client Doesn't Know
 Client Refused
 Data Not Collected

Race: (Select all that apply)

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Client Doesn't Know
 Client Refused
 Data Not Collected

Gender:*

Male
 Female
 Transgender Female to Male
 Transgender Male to Female
 Client Doesn't Identify Male, Female, or Transgender
 Client Doesn't Know
 Client Refused
 Data Not Collected

If Female, Pregnancy Status:*

Yes Due Date: _____
 No
 Client Doesn't Know
 Client Refused
 Data Not Collected

Relationship to Head of Household:*

Son
 Daughter
 Dependent Child
 Spouse
 Foster Child
 Grandchild
 Other Family Member
 Other Non-Family Member

Client Contact Information:

Address: _____ City/State/Zip: _____
 Email: _____ Home Phone: _____

Step 2: Project Enrollment

Project Start Date:* _____ Case Manager: _____

Step 3: Entry Assessments

Disabling Condition:*

Yes
 No
 Client Doesn't Know
 Client Refused
 Data Not Collected



Intake Form

Step 4: Health Insurance:*

Health Insurance

No Health Insurance
 Client Refused
 Client Doesn't Know
 Data Not Collected

If client has Health Insurance, check all that apply below:

Private
 Private - Employer
 Private - Individual
 Medicare
 Medicaid
 State Children's Health Insurance Program S-CHIP
 Military Insurance
 State Funded
 Combined Children's Health Insurance/Medicaid Program
 Indian Health Service (IHS)

Step 5: Barriers/Special Needs: Identify whether a client has each individual barrier or not

Alcohol Abuse*	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", answer this:	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Chronic Health Condition*	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", answer this:	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Developmental Disability*	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", answer this:	Expected to substantially impair ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Drug Abuse*	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", answer this:	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
HIV/AIDS*	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", answer this:	Expected to substantially impair ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Mental Health*	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", answer this:	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Physical Disability*	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", answer this:	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected

HMIS Discharge Forms



HMIS Project Discharge Form

Transitional or Permanent Housing, Services Only & Prevention

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to close an open enrollment by performing the exit workflow. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name:* _____ Last Name:* _____
 Middle Name: _____ Suffix: _____
 Birthdate:* _____ Social Security Number:* _____

Step 2: Project Exit

Complete the project exit information and please note all fields with an * are required fields. Complete additional forms for each household member to be exited.

Exit Date:* _____

Destination:*

- Emergency Shelter, including hotel or motel paid for with shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Permanent Supportive Housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment or Detox Center
- Hospital or other residential non-psychiatric medical facility
- Jail, Prison, Juvenile Detention Facility
- Long-term care facility or nursing home
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Rental by client, no ongoing housing subsidy
- Staying or living with family, temporary tenure (e.g., room, apartment or house)
- Staying or living with friends, temporary tenure (e.g., room, apartment or house)
- Hotel or Motel paid for without emergency shelter voucher
- Foster Care Home or Foster Care Group Home
- Place not meant for habitation (vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Hotel or Motel paid for without emergency shelter voucher
- Foster Care Home or Foster Care Group Home
- Place not meant for habitation (e.g., vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Other
- Safe Haven
- Rental by client, VASH Subsidy
- Rental by client, with GPD TIP housing subsidy
- Residential project or halfway house with no homeless criteria



HMIS Project Discharge Form

Emergency Shelter & Street Outreach (Including PATH)

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to close an open enrollment by performing the exit workflow. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name:* _____ Last Name:* _____
 Middle Name: _____ Suffix: _____
 Birthdate:* _____ Social Security Number:* _____

Step 2: Project Exit

Complete the project exit information and please note all fields with an * are required fields. Complete additional forms for each household member to be exited.

Exit Date:* _____

[ONLY REQUIRED FOR PATH PARTICIPANTS]:

Date of PATH Status Determined:* _____
 Client Became Enrolled in PATH:* Yes No (Client formally consents to participate in PATH program services)
 Reason Not Enrolled in PATH: *
 Client was found ineligible for PATH
 Client not enrolled for other reasons
 Connection with SOAR: *
 Yes No
 Client Doesn't Know Client Refused

Destination:*

- Emergency Shelter, including hotel or motel paid for with shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Permanent Supportive Housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment or Detox Center
- Hospital or other residential non-psychiatric medical facility
- Jail, Prison, Juvenile Detention Facility
- Long-term care facility or nursing home
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Rental by client, no ongoing housing subsidy
- Staying or living with family, temporary tenure (e.g., room, apartment or house)
- Staying or living with friends, temporary tenure (e.g., room, apartment or house)
- Hotel or Motel paid for without emergency shelter voucher
- Foster Care Home or Foster Care Group Home

HMIS Client Consent to Share Form

Georgia Homeless Management Information System (GA HMIS) Collaborative Client Consent to Share Information

The Georgia Homeless Management Information System ("GA HMIS") is an online database that is used to collect information (data) about clients accessing housing and homeless services throughout the State of Georgia. Organizations that receive homeless funding from the US Department of Housing and Urban Development (HUD) and other federal and state partners are required to collect and store basic information about the persons who receive their services. This organization participates in the GA HMIS and by requesting and accepting services from them you are providing consent to enter your personal information into the GA HMIS. This information is utilized to determine your needs and provide supportive services to you and your household, and information is shared with other organizations that use this database, based on your signed consent.

What type of information may be shared in the HMIS?

We collect general and Protected Personal Information about you and record it in GA HMIS. The information shared through HMIS is dependent on your situation, and may include, but is not limited to:

- Your basic identifying information (including name, Social Security Number, date of birth, gender, race/ ethnicity, marital and family status, household relationships, contact information, veteran status, disability status);
- Your history of homelessness and housing (including your current housing status, present and/ or prior living situation, and where and when you have accessed services);
- Your income information (sources and amounts of household income, employment information, work skills) and other resources, such as non-cash or public benefits;
- Your legal history/information;
- Your general, self-reported medical history including any mental health and substance abuse issues or HIV status (detailed medical or treatment information will never be shared, however), and type of health insurance;
- Your reasons for seeking services, your service needs, and the outcomes of services provided to you;
- Your emergency contact information;
- Other information needed for eligibility of certain types of projects (such as military history, educational background, employment background, sexual orientation, etc.)

How do you benefit from sharing your information?

The information you provide to GA HMIS helps us coordinate the most effective services for you and/or your family. By sharing your information, you may be able to avoid being screened more than once, get faster and more personalized services, and minimize how many times you have to tell your "story." Collecting this information also gives us a better understanding of homelessness in your local area and the effectiveness of the services provided in your area.

Who may be given access to your information?

The GA HMIS participating organizations may have access to your data on a need-to-know basis. These organizations may include homeless service providers, other social services organizations, housing providers, healthcare providers and administrators of the system. In other rare cases, such as when required by law, or for purposes of research, your information may be shared outside of the GA HMIS participating organizations (but never to the general public). For more information, please request a copy of our privacy policy.

How is your personal information protected?

Your information in the HMIS is secured by passwords and encrypted transmission technology. In addition, each participating organization and system user must sign an agreement to maintain the security and confidentiality of the information. Your information is protected by the federal HMIS Privacy Standards. In some instances, depending on the services provided by a participating organization, your information may also be protected by additional Federal and/or State regulations, which may require additional written consent prior to any disclosure.

By signing this form, you understand that:

- You have the right to receive services even if you do not agree to share your information.
- Consenting to share your information does not automatically guarantee you services.
- You have the right to receive a copy of this consent form.
- Your consent allows your record to be updated by any participating organization with which you interact without your being required to sign another consent form.

- Your consent does not expire, but you may cancel your consent at any time, by completing the Client Revocation of Consent to Share Information form. You further understand that any cancellation of this consent will not retroactively change information that has already been disclosed or actions already taken under your previous authorization.
- The GA HMIS Privacy Policy contains more detailed information about how your information may be used and disclosed.
- Upon your request, we are required to provide you with, as applicable:
 - A copy of the Client Revocation of Consent to Release Information;
 - A copy of the GA HMIS Privacy Policy;
 - A copy of your full HMIS records (apart from case notes) within five (5) business days of your request;
 - A current list of participating organizations that have access to your data.
- If you find inaccurate or incomplete Protected Personal Information in your records, you have the right to request a correction.
- Aggregate or statistical data that is released from HMIS will not disclose any of your Protected Personal Information.
- You have the right to file a grievance against any organization you feel has violated your confidentiality.
- If you need to be referred to another agency for services, certain information may need to be forwarded through HMIS to facilitate a referral. If you do not provide consent to share your information, it may negatively affect participating providers from addressing your service needs in a coordinated fashion.
- You are not waiving any rights protected under Federal and/or Georgia law.

SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or have been read) this client consent form and have received answers to your questions. Please indicate your sharing preference by choosing one of the options below:

- I consent to allow my information, and that of my minor children (if applicable, as listed below), to be shared via the GA HMIS as described in this consent form.
- I consent to allow my basic identifying information, and that of my minor children (if applicable, as listed below), to be shared via the GA HMIS; however, I wish to limit the sharing of other information as specified in the Client Consent to Share Information – Supplemental form.
- I do not consent to allow my information to be shared via the GA HMIS. I understand that this choice may negatively affect the quality of services the GA HMIS participating providers are able to provide.

Client/ Legal Guardian Name (Please print): _____ DOB: _____ Last 4 digits of SS: _____

Signature _____ Date _____

Minor Children (if any):

Client Name: _____ DOB: _____ Last 4 digits of SS: _____

Client Name: _____ DOB: _____ Last 4 digits of SS: _____

Client Name: _____ DOB: _____ Last 4 digits of SS: _____

For Agency Personnel Use Only:

Print Name of Organization

Print Name of Organization Staff

Signature of Organization Staff

Date

DCA Verification of Income

- This form must be used to verify income for households entering the program with out third-party documentation of income (i.e. paycheck stub, Letter from Secretary of Administration, etc.).

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: _____
Name, Title: _____
Address and Phone: _____

Payments and/or Benefit 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 benefit information.
ESG Applicant Signature: _____ Date: _____

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

Authorized Payment Source Representative Signature: _____ Date: _____
Name, Title: _____
Address and Phone: _____

DCA Self-Declaration of Income

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 withdrawals 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, SSI, SSDI, 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: _____

- ❑ This form may be used for clients to declare income **ONLY** if other documentation is not available (i.e. printout from the Department of Labor).

ESG Income Eligibility Calculation Worksheet

ESG PREVENTION Income Eligibility Calculation Worksheet				
<small>To be eligible for ESG Prevention assistance, households must be below 30% of the Area Median Income (and meet other eligibility requirements). Grantees may use this sample worksheet to determine whether an applicant household meets the ESG income eligibility threshold. A copy of this worksheet should be kept in the ESG participant case file.</small>				
Household Member Number	Household Member Name	Age of Household Member		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
Total Household Members (Household size)				
30% of Area Median Income (AMI) for Household Size				
Household Member Number/Name	Sources of Household Income	Documented Current Income Amount Before Taxes	Number of Payments per Year	Annual Gross Income (gross)
	Earned Income (for ADULT household members only)			\$ -
	Earned Income (for ADULT household members only)			\$ -
	Earned Income (for ADULT household members only)	\$ -	-	\$ -
	Self-employment/business income	\$ -	-	\$ -
	Self-employment/business income	\$ -	-	\$ -
	Interest & Dividend Income	\$ -	-	\$ -
	Interest & Dividend Income	\$ -	-	\$ -
	Pension/Retirement Income	\$ -	-	\$ -
	Pension/Retirement Income	\$ -	-	\$ -
	Unemployment & Disability Income	\$ -	-	\$ -
	Unemployment & Disability Income	\$ -	-	\$ -
	TANF/Public Assistance	\$ -	-	\$ -
	TANF/Public Assistance	\$ -	-	\$ -
	Alimony, Child Support and Foster Care Income	\$ -	-	\$ -
	Alimony, Child Support and Foster Care Income	\$ -	-	\$ -
	Armed Forces Income	\$ -	-	\$ -
	Armed Forces Income	\$ -	-	\$ -
	Other (specify):	\$ -	-	\$ -
	Other (specify):	\$ -	-	\$ -
Total Annual Gross Income from all Sources				\$ -
30% of Area Median Income for Household Size				\$ -
Difference (If less than AMI, then household is income eligible)				\$ -
Is the household below 30% Area Median Income?				NO-Not Income Eligible

- ▣ This form **MUST** be used for **ALL** Rapid Re-housing and Homeless Prevention clients.

DCA Household Recertification

- This form must be used to recertify HOMELESS PREVENTION households every 90 days and annually for RRH.

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 member(s) 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 status 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.

Rent Reasonableness Checklist

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.georgiahousingsearch.org/>

	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 the unit:

is reasonable. is not reasonable.

Name: _____ Signature: _____ Date: _____

- This form must be used to document rent reasonableness for Rapid Re-housing and Homeless Prevention.

Fair Market Rent Documentation System



FY 2019 FAIR MARKET RENT DOCUMENTATION SYSTEM

The FY 2019 FMRs for All Bedroom Sizes

Final FY 2019 FMRs By Unit Bedrooms					
Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2019 FMR	\$520	\$687	\$787	\$1,041	\$1,232
FY 2018 FMR	\$528	\$677	\$778	\$1,040	\$1,250

Bibb County, GA is part of the Macon, GA HUD Metro FMR Area, which consists of the following counties: Bibb County, GA; Crawford County, GA; Jones County, GA; and Twiggs County, GA. All information here applies to the entirety of the Macon, GA HUD Metro FMR Area.

□ [https://www.huduser.gov/portal/datasets/il/il2019/select Geography.odn](https://www.huduser.gov/portal/datasets/il/il2019/select_Geography.odn)

This website should be used to determine the FMR for Rapid Re-housing and Homeless Prevention.

Fair Market Rent Documentation System

Allowances for
Tenant-Furnished Utilities
and Other Services

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 04/30/2018)

Locality		Unit Type							Date
Georgia North		Single Family Detached							
Utility or Service		Monthly Dollar Allowances							
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR		
Heating	a. Natural Gas	10	14	18	22	29	32		
	b. Bottle Gas	35	51	66	81	104	116		
	c. Electric	14	20	26	31	39	45		
	d. Heat Pump	16	24	28	31	42	46		
Cooking	a. Natural Gas	2	3	4	5	6	7		
	b. Bottle Gas	8	13	15	18	23	28		
	c. Electric	5	7	10	12	15	17		
Other Electric		17	24	31	37	47	54		
Air Conditioning		6	9	11	14	18	20		
Water Heating	a. Natural Gas	3	5	7	8	10	12		
	b. Bottle Gas	13	18	25	30	35	45		
	c. Electric	9	14	19	24	29	34		
	d. Oil	-	-	-	-	-	-		
Water		18	21	24	30	35	38		
Sewer		18	22	26	32	39	42		
Trash Collection		15	15	15	15	15	15		
Range/Microwave		11	11	11	11	11	11		
Refrigerator		13	13	13	13	13	13		
Other -									
Actual Family Allowances To be used by the family to compute allowance. Complete below for the actual unit rented		Utility or Service						per month cost	
Name of Family		Space Heating							
		Cooking							
Unit Address		Other Electric							
		Air Conditioning							
		Water Heating							
Number of Bedrooms		Water							
		Sewer							
		Trash Collection							
		Range/Microwave							
		Refrigerator							
		Other							
		Total							

based on form HUD-52667 (04/15)

ref. Handbook 7420.8

Previous editions are obsolete
EFFECTIVE 1/1/2019

□ <https://www.dca.ga.gov/safe-affordable-housing/rental-housing-development/compliance-monitoring>

□ This website must be used to determine the utility allowance for Rapid Re-housing and Homeless Prevention.

Rental Assistance Agreement

- This form is required for all households in the RRH and Homeless Prevention programs.

Georgia Department of Community Affairs

EMERGENCY SOLUTIONS GRANT (ESG) RENTAL ASSISTANCE AGREEMENT

An ESG grant from the U. S. Department of Housing and Urban Development was provided to the Georgia Department of Community Affairs and sub-awarded to the following service agency: _____ ("Agency").

Through this agreement, rental assistance is being provided to _____ ("Owner") on behalf of the following individual or head of household:

Name of program participant: _____ ("Tenant")

For the following address: _____

Unit number: _____

Name of apartment complex, as applicable: _____

Monthly rent for this unit is \$ _____. Agency shall make payment to Owner by the _____ day of the month every month. Payments received after the _____ day of the month will be penalized with a late fee in the amount of \$ _____. (note: the due date, any grace period, and late payment penalty must be consistent with the terms of the Tenant's lease [24 CFR 576.106(f)])

Term of Agreement (dates) _____

This agreement shall automatically terminate and no further rental assistance payments under this agreement may be made if: (i) Tenant moves out of the housing unit for which the Tenant has a lease; (ii) The lease terminates and is not renewed; or (iii) Tenant becomes ineligible to receive ESG rental assistance. [24 CFR 576.106(h)(3).]

During the term of the agreement, Owner must give Agency a copy of any notice to Tenant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against Tenant. [24 CFR 576.106(e).]

VAWA Protections. Owner agrees to abide by the following requirements:

- a. Owner shall not:
 - i. Evict or otherwise deny assistance to Tenant on the basis of or as a direct result of the fact that Tenant is a victim of domestic violence, dating violence, sexual assault or stalking *Exception: Owner may evict upon showing that an actual and imminent threat¹ to other tenants or those employed at or providing service to the property would be present if Tenant is not evicted. Owner must document or otherwise be able to prove the actual and imminent threat based on words, gestures, actions or other indicators. Owner may only use eviction in this situation when there are no other actions that could be taken to reduce or eliminate the threat, including, but not limited to, transferring Tenant to a different unit, barring the perpetrator from the property, contacting law enforcement to increase police presence or develop other plans to keep the property safe, or seeking other legal remedies to prevent the perpetrator from acting on a threat. Restrictions predicated on public safety cannot be based on stereotypes, but must be tailored to particularized concerns about individual residents.*
 - ii. Deny tenancy or occupancy rights solely on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking if: (1) the criminal activity is engaged in by a member of the household of the tenant or any guest or other person under the control of the tenant and (2) the tenant or an affiliated individual of the tenant is the victim or threatened victim of such domestic violence, dating violence, sexual assault or stalking.
 - iii. Construe an incident of actual or threatened domestic violence, dating violence, sexual assault or stalking as: (1) a serious or repeated violation of the lease by the victim or threatened victim of such incident or

¹ Actual and imminent threat is a physical danger that is real, would occur within an immediate time frame, and could result in death or serious bodily harm. In determining whether an individual would pose an actual and imminent threat, the factors to be considered include: The duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the length of time before the potential harm would occur.

VAWA Lease Addendum

Revised January 2018
Georgia Department of Community Affairs

Revised January 2018
Georgia Department of Community Affairs

Addendum to Lease Violence Against Women Act (VAWA)

This Addendum supplements the terms of the Lease between _____ ("Owner") and _____ ("Tenant") dated _____, including any all amendments and addendums thereto.

1. VAWA Protections.

a. Owner shall not:

- i. Evict or otherwise deny assistance to Tenant on the basis or as a direct result of the fact that Tenant is a victim of domestic violence, dating violence, sexual assault or stalking. *Exception: Owner may evict upon showing that an actual and imminent threat¹ to other tenants or those employed at or providing service to the property would be present if Tenant is not evicted. Owner must document or otherwise be able to prove the actual and imminent threat based on words, gestures, actions or other indicators. Owner may only use eviction in this situation when there are no other actions that could be taken to reduce or eliminate the threat, including, but not limited to, transferring Tenant to a different unit, barring the perpetrator from the property, contacting law enforcement to increase police presence or develop other plans to keep the property safe, or seeking other legal remedies to prevent the perpetrator from acting on a threat. Restrictions predicated on public safety cannot be based on stereotypes, but must be tailored to particularized concerns about individual residents.*
 - ii. Deny tenancy or occupancy rights solely on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking if: (1) the criminal activity is engaged in by a member of the household of the tenant or any guest or other person under the control of the tenant and (2) the tenant or an affiliated individual of the tenant is the victim or threatened victim of such domestic violence, dating violence, sexual assault or stalking.
 - iii. Construe an incident of actual or threatened domestic violence, dating violence, sexual assault or stalking as: (1) a serious or repeated violation of the lease by the victim or threatened victim of such incident or (2) good cause for terminating the assistance, tenancy or occupancy rights of the victim or threatened victim of such incident.
- b. When providing notification of eviction to Tenant, Owner shall provide HUD's notice of occupancy rights under VAWA and certification form to Tenant in the appropriate language consistent with Owner's duty to provide meaningful access to services for limited English proficient persons.
- c. This addendum shall not limit Owner in complying with a court order regarding (i) the rights or access or control of property, including civil protection orders issued to protect a victim of domestic violence, dating violence, sexual assault or stalking or (ii) the distribution or possession of property among members of a household.
- d. If Tenant requests VAWA protections, Owner may only request documentation in accordance with 24 CFR 5.2007. Owner may request in writing that the victim certify that the person is a victim of abuse and that HUD's certification form or other documentation as noted on the

certification form be completed and submitted within 14 business days, or an agreed upon extension date, to receive VAWA protections. Failure to provide the certification or other supporting documentation may result in eviction.

- e. Any information submitted to Owner by Tenant, including the fact that Tenant is a victim of domestic violence, dating violence, sexual assault or stalking shall be maintained in strict confidence. Owner shall not allow any individuals in owner's employ or under contract to have access to confidential information unless explicitly authorized by Owner for reasons that specifically call for these individuals to have access under applicable Federal, State or local law. Owner shall not disclose such information to any other entity or person unless (i) requested or consented to by Tenant in a time-limited release, (ii) required for use in an eviction proceeding or hearing regarding termination of rental assistance, or (iii) otherwise required by applicable law.
 - f. Consistent with _____ [name of agency providing rental assistance]'s Emergency Transfer Plan, Tenant may request an emergency transfer if (i) Tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit or (ii) Tenant was a victim of sexual assault that occurred on the premises within 90 days prior to requesting transfer.
2. Supplemental Terms. Except as supplemented herein, all remaining terms and provisions of the Agreement remain in full force and effect. Notwithstanding the foregoing, to the extent there is any inconsistency between the provisions of the Agreement and the provisions of this Addendum, the provisions of this Addendum shall control.
3. Term. The term of this Addendum shall be coterminous with the Lease.

Owner and Tenant agree to and accept this Addendum as evidenced by the following signatures:

Owner
Printed Name: _____
Date

Tenant
Printed Name: _____
Date

¹ Actual and imminent threat is a physical danger that is real, would occur within an immediate time frame, and could result in death or serious bodily harm. In determining whether an individual would pose an actual and imminent threat, Owner should consider: The duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the length of time before the potential harm would occur.

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

Lead Based Paint Required Forms

Emergency Solutions Grant	2013	
ESG Lead-Based Paint Document Checklist		
<p>About this Tool</p> <p>The following checklist provides ESG grantees with an overview of common documents that can be used to verify compliance with the Lead-Based Paint Poisoning Prevention Act. Note that this checklist does not cover all of the documentation that providers would want to include in all instances. For example, additional documentation may be required if the property is found to meet exemptions listed under Part 2 of the Lead Screening Worksheet.</p>		
DOCUMENT NAME	PURPOSE	✓
Application	Documents age of children	
Screenshot of property record from online tax database	Documents age of property	
Lead Screening Worksheet	Documents exemptions (additional documentation will vary based on exemption)	
Lead-Based Paint Visual Assessment Certification	Documents that a visual assessment was conducted and problems with paint surfaces were not identified	
Owner Certification (if applicable)	Documents owner certification that any identified problems with paint surfaces have been repaired and that safe work practices were followed, as applicable	
Clearance Report (if applicable)	Documents that unit passed clearance	
Documentation of ongoing maintenance activities: <ul style="list-style-type: none"> Visual Assessment Certification Forms Clearance report from each maintenance job involving painted surfaces above the de minimis threshold Notice of lead hazard reduction for each maintenance job involving painted surfaces 	Documents that a visual assessment is performed at least annually during the assistance period and that any deteriorated paint was appropriately addressed (including clearance and notice of lead hazard reduction)	
Documentation of response to EIBLL child: <ul style="list-style-type: none"> Copies of risk assessment Abatement or clearance report Relocation documents Correspondence with health department 	Documents that if an EIBLL child was identified in the unit, the situation was addressed in accordance with the Lead Safe Housing Rule.	

- ▣ This form is required for all households in the RRH and Homeless Prevention programs.

Lead Based Paint Required Forms

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Lead Screening Worksheet

About this Tool

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

INSTRUCTIONS

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

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

BASIC INFORMATION

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

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

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

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

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

1

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PART 2: DOCUMENT ADDITIONAL EXEMPTIONS

If the answer to any of the following questions is 'yes,' the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and supporting documentation for each exemption in the program participant's file.

If the answer to all of these questions is 'no,' then continue to Part 3 to determine whether deteriorated paint is present.

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

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

PART 3: DETERMINE THE PRESENCE OF DETERIORATED PAINT

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing ESG financial assistance to the unit as outlined in the following training on HUD's website at:

<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>

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

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

1. Has a visual assessment of the unit been conducted?
 Yes No

2

Lead Based Paint Required Forms

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2. Were any problems with paint surfaces identified in the unit during the visual assessment?
 Yes No (Complete Attachment A – Lead-Based Paint Visual Assessment Certification Form)

PART 4: DOCUMENT THE LEVEL OF IDENTIFIED PROBLEMS

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

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

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?
- 20 square feet on exterior surfaces Yes No
 - 2 square feet in any one interior room or space Yes No
 - 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim Yes No

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

PART 5: CONFIRM ALL IDENTIFIED DETERIORATED PAINT HAS BEEN STABILIZED

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

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

1. Has a follow-up visual assessment of the unit been conducted?
 Yes No
2. Have all identified problems with the paint surfaces been repaired?
 Yes No
3. Were all identified problems with paint surfaces repaired using safe work practices?
 Yes No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

continued...

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4. Was a clearance exam conducted by an independent, certified lead professional?
 Yes No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
5. Did the unit pass the clearance exam?
 Yes No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
- Note: A copy of the clearance report should be placed in the program participant's file.

LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION TEMPLATE

I, (print name) , certify the following:

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

 (Signature)

 (Date)

Client Name: _____

Case Number: _____

Lead Based Paint Required Forms

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ESG Lead-Based Paint Property Owner Certification Form

About this Tool

The *ESG Lead-Based Paint Property Owner Certification Form* is a tool program staff can use to have property owners/managers certify that all paint stabilization activities have been completed in accordance with guidelines when formal clearance is not required (or as additional documentation when formal clearance is required). A copy of the completed form along with any additional documentation (i.e., a copy of the clearance report) should be kept in each program participant's file.

INSTRUCTIONS

To prevent lead-poisoning in young children, the ESG program must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. If a visual assessment reveals problems with paint surfaces, property owners/managers must repair all identified problems with paint surfaces in accordance with the guidelines of 24 CFR 35, Parts A, B, M, and R, prior to a unit receiving ESG assistance. Property owners/managers should complete this form to certify that all identified problems with paint surfaces have been repaired/stabilized in accordance with the guidelines.

1. Have all identified problems with the paint surfaces been repaired?
 Yes No
2. Have all identified problems with paint surfaces been repaired using safe work practices?
 Yes No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
3. Was a clearance exam conducted by an independent, certified lead professional?
 Yes No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
4. Did the unit pass the clearance exam?
 Yes No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Name of Tenant

Address

Unit Number

City

State Zip

Name of Property Owner/Manager

Property Owner/Manager Signature

Date

Name ESG Program Staff

ESG Program Staff Signature

Date

- This form is required for all households in the RRH and Homeless Prevention programs.

Lead Based Paint Required Forms

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Instructions for Property Owners with Tenants Receiving ESG Assistance

About this Tool

This tool summarizes and outlines responsibilities of property owners/managers under Lead-Based Paint Poisoning Prevention Act of 1973 (24 CFR 35). Program staff should consider sharing this tool with property owners/managers to inform them of their responsibilities.

Lead-based paint remains a serious threat to children's health and well-being. Consider the following facts:

- An estimated 890,000 U.S. children have too much lead in their bodies.
- Nationwide, an estimated 38 million homes have lead-based paint.
- The most common sources of lead hazards are generated in a residential environment.

To better protect young children from the dangers of lead-based paint in their homes, the Department of Housing and Urban Development (HUD) has issued The Lead Safe Housing Rule (24 CFR 35). Under the new Homelessness Prevention and Rapid Re-Housing Program (funded under the American Recovery and Reinvestment Act of 2009), grantees administering ESG financial assistance must comply with the Lead Safe Housing Rule. ESG financial assistance includes short- and medium-term rental assistance, as well as one-time rent payments, rental and utility arrears payments, security deposits, utility deposits, and utility assistance. The rule applies to all units built before January 1978 in which children under the age of six years will be living in the next 12 months.

The Lead Safe Housing Rule affects ESG grantees and landlords in the following ways:

- The ESG grantee must conduct a visual assessment before assistance can be approved and annually thereafter during the period of assistance.
- All painted surfaces, interior and exterior, must be inspected for deteriorated paint (not just those surfaces within reach of a child).
- If deteriorated paint is identified, the paint must be stabilized. If the area of paint to be stabilized exceeds the "de minimus" level,¹ paint stabilization must be done by qualified workers using safe work practices. See Attachment 1. Note that ESG funds cannot be used for stabilization activities.
- Once work on the defective paint surface is completed and the surrounding area cleaned, a certified lead professional must conduct a clearance examination (if the area of deteriorated paint exceeded the de minimus level).² If the area of deteriorated paint did not exceed the de minimus level, the grantee

¹ Safe work practices and clearance are not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimus thresholds defined below:

- 20 square feet (2 square meters) on exterior surfaces;
- 2 square feet (0.2 square meters) in any one interior room or space; or
- 10 percent of the total surface area on an interior or exterior type of component with a small surface area (such as window sills, baseboards, and trim).

² A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician.

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- will conduct a follow-up visual assessment. Note: The grantee and landlord should coordinate to identify a certified lead professional and schedule the examination.³
- The [ESG grantee (or) landlord] will pay for the first clearance examination.⁴
 - If a unit fails the clearance examination, the landlord is responsible for re-cleaning the unit and hiring a certified clearance examiner to perform a second clearance.
 - No ESG assistance can be provided until the unit passes the follow-up visual assessment or clearance exam, as appropriate.
 - After work is complete, the landlord must provide a *Notice of Lead Hazard Reduction* to the resident. See Attachment 2.
 - The ESG grantee will conduct an annual re-inspection for deteriorated paint throughout the course of the ESG assistance.
 - As long as ESG assistance continues, the landlord is required to stabilize any deteriorated paint in a lead-safe manner. See Attachment 3.

The following resources are provided to help you implement these requirements:

- Attachment 1: Instructions on how to stabilize paint
- Attachment 2: Sample Notice of Lead Hazard Reduction
- Attachment 3: Instructions for Ongoing Maintenance

The ESG grantee will work with landlords to facilitate compliance. For more information, please contact

_____ at _____
Staff name Telephone Number

³ To locate a certified lead professional in your area: (1) Call your state government (health department, lead poison prevention program, or housing authority). (2) Call the National Lead Information Center at 1-800-424-LEAD (5323). (3) Go to the US Environmental Protection Agency website at <http://cfpub.epa.gov/fpp/> and click on "certified abatement/inspection firms."

⁴ Note to grantees: ESG funds cannot be used for lead-based paint stabilization and clean-up work, however funds can be used to pay for one clearance examination. It is up to the grantee to decide if they wish to use funds for the exam. Based on their local decision, grantees should circle the appropriate response prior to providing this guidance to landlords.

Lead Based Paint Required Forms

Emergency Solutions Grant

2013

ATTACHMENT 1: PAINT STABILIZATION INSTRUCTIONS

Repairing, removing, or maintaining lead-based paint improperly can spread lead-contaminated dust throughout the home. It is very important to use safe work methods when working on surfaces that may contain lead-based paint.

1. **Use qualified workers.** In homes receiving HUD assistance and where deteriorated paint exceeds the de minimis thresholds defined in Attachment 3, paint stabilization must be done by workers who are specially trained in lead safe work practices. Alternatively, the workers may be supervised by a state-certified abatement supervisor. The ESG grantee can help you identify properly trained contractors. Note, the use of qualified workers is not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds, though use of lead-safe work practices is always recommended.
2. **Use the proper equipment.** You will need the proper tools and supplies to do the job correctly. In addition to tools such as scrapers and putty knives, it is important to have: A HEPA vacuum (a vacuum equipped with a very fine filter capable of filtering very small particles of lead); double-sided mop bucket and mop; a good household detergent; ample disposable paper towels or rags; plastic sheeting; tack cloth; disposal waste bags; wet sanding blocks; and misting bottle filled with water.
3. **Set up the work area properly.** The key is to contain the dust and debris created by the work. Create a barrier between the work area and the rest of the house. Use plastic sheeting over the doorways to seal off the area and protect the rest of the house from exposure. Work over a plastic drop cloth (never use cloth) to catch any debris created as a result of paint removal. Wear disposable shoe covers and remove them before exiting the work area, or step onto a tack cloth to remove paint chips and dust from the soles of shoes. Keep doors and windows closed to prevent dust from blowing and close off vents to central air or heating systems to avoid spreading dust to other parts of the house. Remove all furniture, or cover tightly with plastic sheeting. Do not allow children or pregnant women into the work area.
4. **Use safe work practices.** If the deteriorated paint surfaces exceed the de minimis thresholds defined in Attachment 3, then safe work practices must be used. Never remove lead-based paint by dry-sanding, dry scraping or burning. Use power sanders, grinders, and planers only with a HEPA exhaust attachment. Using your misting bottle, wet the painted surface before sanding with a wet sanding block or scraping. Be sure to work over a plastic drop cloth to catch any large particles. Do not eat, smoke, or chew gum while working. Note, safe work practices are not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds.
5. **Clean as you work.** Be sure to wet clean the areas you are working on as you go along. Though it will be necessary to clean the entire house at the end of the project, it is important to clean as you work in order to keep lead-contaminated dust from spreading. Clean using a good household detergent. Rinse your cleaning utensils in clean water.
6. **Dispose of waste properly.** When the work is done, mist the plastic sheeting with water to keep down the dust. Roll the plastic sheet up, keeping the dirty side in. Pick up any paint chips or other debris that may have fallen elsewhere. Be sure to place all disposable items used in the repair and clean up into plastic waste bags. The bags must be tightly sealed and can generally be disposed of with the household trash.* Once the bags are sealed, do not reopen them.
7. **Obtain clearance.** If the deteriorated paint surfaces exceed the de minimis thresholds defined in Attachment 3, then clearance must be obtained after the paint has been stabilized and the work area cleaned. The results of this test will tell you if your work practices and final cleaning have been effective at removing lead-contaminated dust. Clearance is not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds.

*Check with your State lead program to ensure there is no state regulation prohibiting disposal with household trash.

Emergency Solutions Grant

2013

ATTACHMENT 2: SAMPLE NOTICE OF LEAD HAZARD REDUCTION

Property Address: _____

Today's Date: _____

Summary of the Hazard Reduction Activity:

Start Date: _____ Completion Date: _____

Location and type of activity. (List the location and type of activity conducted, or attach a copy of the summary page from the clearance report providing this information.)

Date(s) of clearance testing: _____

Summary of results of clearance testing:

- (a) _____ Clearance testing was not performed as paint stabilization did not exceed de minimis levels.
- (b) _____ Clearance testing showed clearance was achieved.
- (c) _____ Clearance testing showed clearance was not achieved.

List any components (e.g., kitchen-door, bedroom-windows) with known lead-based paint that remain in areas where activities were conducted.

Person who prepared this summary notice

Printed Name: _____ Signature: _____

Title: _____ Organization: _____

Address: _____

Phone: _____ Fax: _____

Owner: _____ Date: _____

(Give to Property Owner with work write-up)

If you have any questions about this summary, please contact _____ at _____.

Lead Based Paint Required Forms

Emergency Solutions Grant

2013

ATTACHMENT 3: ONGOING MONITORING AND MAINTENANCE REQUIREMENTS

Property owners/landlords should take the following steps to ensure that paint is not deteriorating and creating lead-contaminated dust and paint chips, as it will help prevent children from being lead poisoned.

1. Regularly Check Repairs for Deterioration, Paint Chips, and Dust

Property owners must monitor painted surfaces at least annually and at unit turnover. Check to see if:

- New evidence of deterioration or paint failure is present.
- The cause of the problem was corrected.

2. Maintain Surfaces and Work Safely

- Stabilize deteriorated paint;
- Use safe work practices and qualified workers for all maintenance activities;**

3. Conduct Clean-Up and Clearance Activities

- Clean thoroughly after all maintenance work;
- Seek clearance of the work area using a certified lead professional (risk assessor, clearance examiner, or lead sampling technician);**
- If the work area does not pass clearance, re-clean and perform clearance again.

** Note – Safe work practices and clearance are not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds defined below:

- 20 square feet (2 square meters) on exterior surfaces;
- 2 square feet (0.2 square meters) in any one interior room or space; or
- 10 percent of the total surface area on an interior or exterior type of component with a small surface area (such as window sills, baseboards, and trim).

- This form is required for all households in the RRH and Homeless Prevention programs.

Lead Based Paint Required Forms



**Protect
Your
Family
From
Lead in
Your
Home**

 United States
Environmental
Protection Agency

 United States
Consumer Product
Safety Commission

 United States
Department of Housing
and Urban Development

June 2017

- This pamphlet **MUST** be given to every household in the RRH and Homeless Prevention programs.

Habitability Standards Inspection

Georgia Department of Community Affairs

ESG HOUSING HABITABILITY STANDARDS INSPECTION CHECKLIST FOR RAPID RE-HOUSING AND PREVENTION

About this Tool

The standards for housing unit inspections under ESG are the housing habitability standards described in Appendix C of the ESG Notice. Inspections must be conducted upon initial occupancy and then on an annual basis for the term of ESG assistance. The habitability standards are different from the Housing Quality Standards (HQS) used for other HUD programs. Because the HQS criteria are more stringent than the habitability standards, a grantee could use either standard. In contrast to HQS inspections, the habitability standards do not require a certified inspector. As such, ESG program staff could conduct the inspections, using a form such as this one to document compliance.

Instructions: Mark each statement as 'A' for approved or 'D' for deficient. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved or Deficient	Element
	1. <i>Structure and materials:</i> The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
	2. <i>Access:</i> The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
	3. <i>Space and security:</i> Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep.
	4. <i>Interior air quality:</i> Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
	5. <i>Water Supply:</i> The water supply must be free from contamination.
	6. <i>Sanitary Facilities:</i> Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
	7. <i>Thermal environment:</i> The housing must have adequate heating and/or cooling facilities in proper operating condition.
	8. <i>Illumination and electricity:</i> The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
	9. <i>Food preparation and refuse disposal:</i> All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
	10. <i>Sanitary condition:</i> The housing and any equipment must be maintained in sanitary condition.
	11. <i>Fire safety:</i> Both conditions below must be met to meet this standard. <ol style="list-style-type: none"> Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of

- This form is required for all households in the RRH and Homeless Prevention programs

All Program Clients Should Have:

- An Individual Service Plan (ISP)
 - Please review and study the examples in your packet
- Case Notes
- Service Notes
- Met with their Case Manager at least once a month
- Been contacted 90 days after discharge
 - For ALL ESG Programs (Please review and study HMIS Exhibit)
- Been contacted 180 days after discharge
 - For RRH and Prevention (Please review and study HMIS Exhibit)

ESG Monitoring

Monitoring

Monitoring will be conducted. Agencies will be contacted prior to the on-site review for a mutually convenient date and time. The purpose of on-site monitoring visits are to:

- Review grantee performance with sound fiscal management and accounting practices
- Identify areas in need of improvement
- Forge a working partnership between DCA and grantee through clear communication and support

Risk Analysis

Agency:

Risk Analysis Tool			
Factor	Factor Priority	Factor Score	Sponsor's Rating
I. FINANCIAL			
A. Total grant award amount:			
i. Over \$150,000	HIGH	5	
ii. \$30,001-\$149,999	MED	2	
iii. \$30,000 or less	LOW	1	
Comments:			
B. Audit			
i. Within the last two years, the grantee has received two or more findings that are still open, overdue and unresolved; OR grantee has not been monitored within the last two years.	HIGH	5	
ii. Within the last two years, the grantee has received one finding that is still open, overdue and unresolved.	MED	3	
iii. None of the above conditions exist.	LOW	1	
Comments:			
D. Financial Compliance			
ii. Although no violations of regulations have been identified as specified in (i) above, one or more vacancies for key financial management staff have existed for the past 3 to 6 months; OR key financial management staff have been hired in the past program year and have not received ESG financial management training.	HIGH	5	
iii. No financial management deficiencies have been identified as evidenced through violations or findings AND any key financial management staff vacancies have existed for less than three months AND any key staff hired in the past program year has received ESG financial management training.	LOW	1	
Comments:			

- Risk Analyses are completed for all sub-grantees funded in the prior year.
- The results of the risk analyses are used to rank all the sub-grantees according to their scores.

Risk Analysis

□ There are four risk levels:

□ High;

□ Medium-High;

□ Medium-Low;

□ Low

□ The risk levels determine if sub-grantees will have an in-depth monitoring visit or a limited monitoring visit.

i. DCA has not conducted an on-site review of the homelessness prevention activities within the past three program years; OR previous monitoring findings (on-site or remote) remain unresolved; OR monitoring activity in the past two years determined that Homelessness Prevention activity costs were misclassified; OR activity costs were not serving an eligible population; OR Homelessness Prevention activity costs exceeded 50 percent of the annual allocation.	HIGH	5	
ii. Homelessness Prevention activities exceeded 30 percent of the annual allocation but did not exceed 50 percent of the annual allocation.	MED	3	
iii. Homelessness Prevention activities are classified properly and are limited to no more than 30 percent of annual allocation.	LOW	1	
Comments:			

E. Outreach/Emergency Shelter			
i. DCA has not conducted an on-site review of the Street Outreach and/or Emergency Shelter activities within the past two program years; OR previous monitoring findings (on-site or remote) remain unresolved; OR monitoring activity in the past two years determined that activity costs were misclassified; OR activity costs were not serving an eligible population; OR activity costs exceed 60 percent of the annual allocation or FY 2010 amount committed to homeless assistance activities during the most recently completed program year .	HIGH	5	
ii. Street Outreach and/or Emergency Shelter activities did not exceed 60% of the annual allocation.	MED	3	
iii. Street Outreach and/or Emergency Shelter activities are classified properly and there are no monitoring issues.	LOW	0	
Comments:			

Overall Risk Assessment - Total Score

Factor	Maximum Score	Points Assigned
I. Financial Management	15	0
II. Grant Management	30	0
III. Services	20	0
Total	65	0

Monitoring

- Client Data and Eligibility
- Implementation of Organizational Policies and Procedures
- Reimbursement Review
- Fair Housing & Equal Opportunity (FHEO) Compliance
- Language Access Plan
- VAWA
- Equal Access Rule
- Habitability Inspection Forms

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 emailed to sub-grantees
- ❑ The forms will help you determine if any exemptions apply to your unit

FAIR HOUSING

Civil Rights Laws

- ❑ ESG subrecipients must comply with applicable equal access and nondiscrimination provisions of federal, state and local civil rights laws, including the Fair Housing Act, Title VI of the Civil Rights Act, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and the Equal Access Rule.

What is Fair Housing?

- Housing providers shall not on account of race, color, sex, religion, national origin, family status, disability or age deny any family or individual the opportunity to apply for or receive assistance.
- This applies to ALL programs.
- Additional guidance available on HUD and DCA's websites.

Section 504 – Effective Communication

- Must ensure effective communication with applicants, residents, and the public with communication disabilities. The application and admissions process and services offered must be accessible and understandable by persons with disabilities. This may include providing necessary auxiliary aids and services such as sign language interpreters and written materials in alternative formats that are necessary for communication with persons with disabilities.

Section 504 - Reasonable Accommodation

- A change, exception, adaptation or modification to a policy, program, service, building or workplace that will allow an otherwise qualified person with a disability to participate fully in a program, take advantage of a service, live in a dwelling or perform a job.
- There must be an identifiable relationship or *nexus* between the requested accommodation and the individual's disability.
- Reasonable accommodations may be necessary at all stages of the housing process.

Is an Accommodation Reasonable?

- Reasonableness must be determined on a **case by case basis**:
 1. Does the request impose an *undue financial and administrative burden*?
 2. Would making the accommodation require a *fundamental alteration* in the essential nature of the provider/recipient's operations?

If the answer to either question is yes, the requested accommodation is considered **not reasonable**.

- An alternate, comparable accommodation that qualifies as reasonable should be offered to the requester. Interactive dialogue.

Equal Access

- ❑ Must make housing available without regard to actual or perceived sexual orientation, gender identity, or marital status.
- ❑ Placement and accommodation made according to an individual's gender identity.**
- ❑ Cannot ask intrusive questions or ask for anatomical information or documentary, physical, or medical evidence of the individual's gender identity.
- ❑ Ensure inclusive language is used in communications, trainings, personnel handbooks and other policy documents.
- ❑ Anti-harassment/discrimination policy includes transgender and non-gender conforming in the list of groups protected
- ❑ Confidentiality practices

Families & Equal Access

- “Family” includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.
- Although shelters or housing programs may limit assistance to families with children, it may not limit assistance to only women with children. It must also serve the following family types, should they present:
 - Single male head of household with minor child(ren)
 - Any household made up of two or more adults presenting with minor child(ren)
- Programs serving families are not also required to serve adult-only families (so long as all adult-only families are equally denied regardless of sexual orientation, marital status or gender identity).

Equal Access – Policies & Training

- Agencies must establish, amend, or maintain program admissions, occupancy, and operating policies and procedures (including policies and procedures to protect individuals' privacy and security), so that equal access is provided to individuals based on their gender identity. This requirement includes tenant selection and admission preferences.
- Provide and regularly train staff, volunteers and contractors on the agency's policies and practices regarding Equal Access requirements.

Limited English Proficient/VAWA

Best LEP Practices



DCA instructs its partner agencies that the best practice is to ensure that LEP persons have an *equal opportunity* to participate in and benefit from the program, service or activity and have the same range of choices as those offered to non-LEP individuals.

What is required of agencies?

- ❑ Helpful to review DCA's LAP that describes what DCA expects of subrecipients.
- ❑ Exhibit to ESG contract
- ❑ We have started monitoring
- ❑ You need:
 - ❑ LEP Coordinator
 - ❑ Create your own LAP: Four Factor Analysis. Sample LAP.
 - ❑ Outreach
 - ❑ What services you will provide? Translation of vital documents, interpretation

Who is protected under VAWA?

- Violence Against Women Act (VAWA)
- Victims of domestic violence, sexual assault, dating violence, stalking *who are also*
 - Applicants OR
 - Current (authorized) program participants
- An individual's status as a victim is not an appropriate basis for denial or termination of admission or housing assistance.

****The majority of VAWA applies to rental assistance****

VAWA and Current Participants

- ❑ Criminal activity *directly* relating to domestic violence, dating violence, sexual assault, or stalking is NOT a basis for termination. Even if it was a guest of the participant.
- ❑ Incident of domestic violence is not a violation of the lease OR “good cause” to terminate tenancy or occupancy rights.
- ❑ Exception for actual and imminent threat, but have to show other efforts.
- ❑ CONFIDENTIALITY. Provider must keep confidential any information about an individual’s status as a victim or documentation the victim provides
 - ✿ Can’t enter information into shared database
 - ✿ Confidential record keeping

Other Protections

- Lease bifurcation
 - ✦ Landlord may split a lease to evict the perpetrator of the violence and continue to house remaining family members.
 - ✦ What about if remaining person is not eligible for the program? VAWA does not trump program requirements.

- Emergency transfers – transfer to a safe unit (agency must have Emergency Transfer Policy)
 - ✦ When:
 - The tenant asks to transfer; AND
 - The tenant believes there is risk of imminent harm; OR
 - The tenant or household member was victim on the premises within 90 days of the transfer request.

- Must give HUD's notice and certification forms are given to applicants and participants at certain times

DCA Monitoring

- We have started monitoring
 - Does agency provide the notice and certification to applicants/participants as required?
 - Policy?
 - Acknowledgment of receipt or other documentation that it was provided?
 - Has agency adopted an emergency transfer plan?
 - Must keep data on emergency transfers
 - Lease addendums
 - Rental assistance agreement is here: <https://dca.ga.gov/node/3068>
 - VAWA addendum is here: <https://dca.ga.gov/node/3069>

Have Questions?



Webinar coming in the near future!

ESG Financial Overview

Webinar Topics



- Reimbursement Process
- Reimbursement Request Forms and Instructions
- Processing Reimbursement Requests
- Payment Notices
- Budget Amendments
- Match Requirements

ESG Reimbursement Process

- Reimbursement requests should cover eligible expenses incurred from July 1, 2019 through June 30, 2020 (September 30, 2020 for RRH and Prevention)
- Reimbursement requests should be submitted monthly if possible and quarterly at the latest
- Match must be reported on each request for reimbursement and there is a space on the reimbursement form to record the match.
- Reimbursement requests should be mailed to Heather Smith. Faxed or emailed reimbursement requests are not accepted at this time.

ESG Reimbursement Process

Items Required for Reimbursement Request:

- ❑ Two pages; a Reimbursement Request Form and a Summary of Reimbursable Items by Line Item
- ❑ You must complete both pages in their entirety – ALL FIELDS
- ❑ An updated Reimbursement Request Form and a payment notice will be emailed to you once the payment has been processed by DCA
- ❑ Do not submit another reimbursement request until you have received your payment notice with you updated reimbursement form by email

ESG Reimbursement Process

- ❑ Prior to processing each reimbursement request, client level data will be reviewed for the reporting period beginning July 1, 2019 through the approximate date of your request.
- ❑ Each grantee should attach their client track data report to the ESG reimbursement request form as the last page of each request.
- ❑ Any deficiencies of 5% or more, in any one data field, will be reported to you with your returned reimbursement request and data must be cleaned before the reimbursement can be returned for processing.
- ❑ Domestic Violence Shelters (DV) must include a copy of the data from the DV Comparable Database with each reimbursement request that follows the same reporting period.

ESG Reimbursement Process (Desk Audit)

- A desk audit is a request for supporting documentation by the person processing the reimbursement request
- This request can be sent via email or postal mail and will include all necessary documents to be returned
- Timely return of the requested supporting documentation is important for processing and payment

ESG Reimbursement Process

Common reasons for returned requests –

- ❑ Inappropriate signatures on Reimbursement Request Form
- ❑ Signatory on Reimbursement Cover Page is also listed as a “Vendor” in Column H of the Summary of Reimbursable Items. Any listed Vendors or Employees in Column H of the Summary of Reimbursable Items by Line Item Form **are not allowed to sign the cover page of the reimbursement request form.**
- ❑ Failure to include service dates or date ranges in Column K
- ❑ Failure to include case number (ie. Client track #) in Column B, when applicable
- ❑ Ineligible activities
- ❑ Reimbursement Amount Requested in Column L exceeds Check or Transaction Amount in Column G
- ❑ Using the wrong form or not including all necessary forms
- ❑ Poor HMIS data quality
- ❑ **Final request** for the year is not submitted/postmarked by the due date, July 31, 2020. At least two email notices are sent to all grantees regarding the grant close-out each year. Keep those email addresses up-to-date!

Reimbursement Requests Forms and Instructions

Reimbursement Request Form (Page 1)

IIESG RAPID REHOUSING AND PREVENTION REIMBURSEMENT REQUEST

Return Completed Request to: Office of Homelessness and Special Needs Housing Dept. of Community Affairs (DCA) 60 Executive Park South, NE Atlanta, GA 30329-2231	Key to Source of Funds (See Block 1): *E = Federal ISG Program (CFA# 14.231) ITE = State Housing Trust Fund	Questions For DCA Staff? PH: 404 679 0632 (Heather) FAX: 404 679 0669 EM: Heather.Saith@dcga.gov
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1	Organization Name Of Your Organization: _____ Effective Date: 7/1/2017																																																																												
	Program Name: _____ Cont/ActID: 18CXCC Completion Date: 9/30/2018																																																																												
	Program Type: Esg Rapid Rehousing State FY: 2018 Program: FSGP																																																																												
	Funding Source: 18E (see "Key" above)																																																																												
2	As of 8/20/2018: Original Amount: _____ Current Amount: \$25,000 Total Paid: \$0 Balance: \$25,000																																																																												
	Please Note: If this information is inconsistent with Organization's records, please notify DCA immediately!																																																																												
3	Request No. _____ Name: _____ Phone: _____ View All Related Payment Records																																																																												
4	<table border="1"> <thead> <tr> <th>Item</th> <th>Budget</th> <th>Received to Date</th> <th>Amount Requested*</th> </tr> </thead> <tbody> <tr> <td>Financial Assistance Costs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>01 Application Fees</td> <td></td> <td></td> <td></td> </tr> <tr> <td>02 Security Deposits</td> <td></td> <td></td> <td></td> </tr> <tr> <td>03 Last Month's Rent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>04 Utility Deposits</td> <td></td> <td></td> <td></td> </tr> <tr> <td>05 Utility Payments</td> <td></td> <td></td> <td></td> </tr> <tr> <td>06 Moving Costs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Financial Assistance Subtotal:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Service Costs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>07 Housing Search and Placement</td> <td></td> <td></td> <td></td> </tr> <tr> <td>08 Case Management</td> <td></td> <td></td> <td></td> </tr> <tr> <td>09 Mediation</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10 Legal Services</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 Credit Repair</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Services Subtotal:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Short and Medium Term Rental Assistance</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 Short and Medium Term Rental Assistance</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Item	Budget	Received to Date	Amount Requested*	Financial Assistance Costs				01 Application Fees				02 Security Deposits				03 Last Month's Rent				04 Utility Deposits				05 Utility Payments				06 Moving Costs				Financial Assistance Subtotal:				Service Costs				07 Housing Search and Placement				08 Case Management				09 Mediation				10 Legal Services				11 Credit Repair				Services Subtotal:				Short and Medium Term Rental Assistance				12 Short and Medium Term Rental Assistance				Total:			
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5	<p>Certification by specific persons who are Board Authorized Representatives (must be signed by two representatives specifically authorized by organization's board of directors):</p> <p>By my signature below, I certify that: 1) I am authorized to make legally binding certifications on behalf of the organization named above; 2) the cost items for which reimbursement is being requested have not been and will not be submitted to any other funding entity, either for reimbursement or as documentation of the expenditure of funds advanced; 3) the portions of expenses for which reimbursement is being requested were incurred for the activity as described above, exclusively for the benefit of "eligible persons," as defined under the terms of the Program Participation Agreement; 4) the "Total Funds Expended or Obligated" sum named above was derived from the financial accounting records of the organization, and documentation in support of that figure is available upon request; 5) the organization is maintaining on a daily basis the statistical data necessary to report program benefit, as currently outlined by DCA; 6) the organization is in full compliance with all of our obligations and responsibilities under the Program Participation Agreement, and I am aware of no pending events or activities that would violate any term or terms of that Program Participation Agreement, and 7) the information contained in this report is true and correct.</p> <p>Signature: _____ Date: _____ Type Name and Title: _____ Signature: _____ Date: _____</p>																																																																												
	Page ___ of ___ Pages Type Name and Title: _____																																																																												

Section 1:

- All pertinent information for grant

Section 2:

- Grant funds information

Section 3:

- Must be completed prior to request submission; please number requests consecutively

Reimbursement Request Form (Page 1)

IIESG RAPID REHOUSING AND PREVENTION REIMBURSEMENT REQUEST

Return Completed Request to: Office of Homelessness and Special Needs Housing Dept. of Community Affairs (DCA) 60 Executive Park South, NE Atlanta, GA 30329-2251	Key to Source of Funds (See Block 1): *E = Federal ESG Program (CEAP 14.231) ITF = State Housing Trust Fund	Questions For DCA Staff? PIL: 404 679 0632 (Heather) FAX: 404 679 0669 EM: hfo@dc.ia.gov	
Organization: Name Of Your Organization	Effective Date: 7/1/2017	Completion Date: 9/30/2018	
1 Program Name: _____	ContRact ID: 18CXXX	State FY: 2018	
Program Type: ESG Rapid Rehousing	Program Code: _____	Funding Source: 18E (see "Key" above)	
2 As of 8/20/2018: Original Amount _____ Current Amount \$25,000 Total Paid: \$0 Balance: \$25,000	Please Note: If this information is inconsistent with Organization's records, please notify DCA Immediately!		
3 Request No. _____ Name: _____ Phone: _____	View All Related Payment Records		
Item	Budget	Received to Date	Amount Requested*
Financial Assistance Costs			
01 Application Fees			
02 Security Deposits			
03 Last Month's Rent			
04 Utility Deposits			
05 Utility Payments			
06 Moving Costs			
Financial Assistance Subtotal:			
Service Costs			
07 Housing Search and Placement			
08 Case Management			
09 Mediation			
10 Legal Services			
11 Credit Repair			
Services Subtotal:			
Short and Medium Term Rental Assistance			
12 Short and Medium Term Rental Assistance			
Total:			
Cumulative Match for Period Covered (Do not include HUD SHP or SJC) - (7/1/2017 through this request): Total \$ _____			
5 Certification by specific persons who are Board Authorized Representatives (must be signed by two representatives specifically authorized by organization's board of directors): By my signature below, I certify that: 1) I am authorized to make legally-binding certifications on behalf of the organization named above; 2) the cost items for which reimbursement is being requested have not been and will not be submitted to any other funding entity, either for reimbursement or as documentation of the expenditure of funds at-annual; 3) the portions of expenses for which reimbursement is being requested were incurred for the activity as described above, exclusively for the benefit of "eligible persons" as defined under the terms of the Program Participation Agreement; 4) the "Total Funds Expended or Obligated" sum listed above was derived from the financial accounting records of the organization, and documentation in support of this figure is available upon request; 5) the organization is maintaining on a daily basis the statistical data necessary to report program benefit, as currently required by DCA; 6) the organization is in full compliance with all of our obligations and responsibilities under the Program Participation Agreement, and I am aware of no pending events or activities that would violate any term or terms of that Program Participation Agreement; and 7) the information contained in this report is true and correct.			
Signature: _____		Date: _____	
Type Name and Title: _____		Date: _____	
Signature: _____		Date: _____	
Type Name and Title: _____		Date: _____	
Page _____ of _____ Pages			

Section 4:

- ❑ All information under "Budget" will be prepopulated with the approved budget amounts.
- ❑ All information under "Received to Date" will prepopulate after 1st request is approved
- ❑ Organizations complete all information under "Amount Requested Per Attached Summary" in whole dollars
- ❑ "Cumulative Match for Period Covered" should be completed with the cumulative match amount for each request (ie. 1st request \$3500, 2nd request \$5700, etc)

Reimbursement Request Form (Page 1)

HESG RAPID REHOUSING AND PREVENTION REIMBURSEMENT REQUEST

Return Completed Office of Homelessness and Special Needs Housing Dept. of Community Affairs (DCA) Request to: 60 Executive Park South, NE Atlanta, GA 30329-2231	Key to Source of Funds (See Block 1): *E = Federal ESG Program (CFAR 14.231) ITP = State Housing Trust Fund	Questions 1 or DCA Staff? PH: 404 679 0632 (Heather) FAX: 404 679 0669 EM: Heather.Smith@dca.ga.gov
---	---	--

Organization Name Of Your Organization: _____	Effective Date: 7/1/2017
Program Name: _____	Completion Date: 9/30/2018
Cont'act ID: 18CXXX State FY: 2018 Program Code: _____	Program: ESGP Funding Source: (see "Key" above) ESE

As of 8/20/2018: Original Amount	Current Amount \$25,000	Total Paid: \$0	Balance: \$25,000
----------------------------------	-------------------------	-----------------	-------------------

Please Note: If this information is inconsistent with Organization's records, please notify DCA Immediately!

Request No. _____ Name: _____ Phone: _____ [View All Related Payment Records](#)

Item	Budget	Received to Date	Amount Requested*
Financial Assistance Costs			
01 Application Fees			
02 Security Deposits			
03 Last Month's Rent			
04 Utility Deposits			
05 Utility Payments			
06 Moving Costs			
Financial Assistance Subtotal:			
Service Costs			
07 Housing Search and Placement			
08 Case Management			
09 Mediation			
10 Legal Services			
11 Credit Repair			
Services Subtotal:			
Short and Medium Term Rental Assistance			
12 Short and Medium Term Rental Assistance			
Total:			

Cumulative Match for Period Covered (Do not include HUD SHP or S-CJ - 07/1/2017 through this request): _____ total \$

5 Certification by specific persons who are Board Authorized Representatives (must be signed by two representatives specifically authorized by organization's board of directors):

I, the undersigned, certify that: 1) I am authorized to make legally binding certifications on behalf of the organization named above; 2) the cost items for which reimbursement is being requested have not been and will not be submitted to any other funding entity, either for reimbursement or as documentation of the expenditure of funds advanced; 3) the portions of expenses for which reimbursement is being requested were incurred for the activity as described above, exclusively for the benefit of "eligible persons" as defined under the terms of the Program Participation Agreement; 4) the "Total Funds Expended to Date" as indicated above was derived from the financial accounting records of the organization, and documentation in support of that figure is available upon request; 5) the organization is maintaining on a daily basis the statistical data necessary to report program benefits, as currently outlined by DCA; 6) the organization is in full compliance with all of our obligations and responsibilities under the Program Participation Agreement, and I am aware of no pending events or activities that would violate any term or terms of the Program Participation Agreement, and 7) the information contained in this report is true and correct.

Signature: _____ Date: _____
 Type Name and Title: _____
 Signature: _____ Date: _____
 Type Name and Title: _____

Page _____ of _____ Pages

Section 5:

- ❑ 2 signatures are required for each request and must be original signatures, no photocopies will be accepted
- ❑ Signatures must match those on Exhibit C: Resolution
- ❑ Please sign in **blue** ink and ensure printed name/title are legible
- ❑ This is always Page 1 of #, dependent upon how many summary pages are included

Summary Page

Summary of Reimbursable Items:

- ❑ Please include Organization, Program Name (if applicable), Reimbursement Request No., & Grant Number on all Summary Pages
- ❑ Please do not change the number of Line Items (Column A) to more than 15 per page
- ❑ Original signature, in **blue** ink required (Suggested)
- ❑ Please provide a subtotal on each page and the grand total on final page

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Number of Item	Line Description	Quantity	Unit	Rate	Amount	Category	Check	Check	Check	Check	Check
Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
										Subtotal This Page	50
										Grand Total of Request	

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page – RRH Only

Column B:

- Case Number (Client Track Number) is required for any item specific to a client; ie. Rent payment, utility payment, hotel/motel voucher, etc. Please list the client track number in this column where applicable.

Column C:

- Environmental Address; Please list the ER Address that applies to the unit. Any agency that provides service in a coastal county in GA will need to make sure that there is an ER on file for that address. For all other agencies that provide services in GA outside of the coastal GA counties, a blanket ER has been issued. However, still list the address that applies to the unit or shelter.

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Number	Case Number	Environmental Address	ER Address	Check Number	Check Amount	Check Date	Check Description	Service Period	Service Location	Service Type	Amount
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Subtotal This Page: _____ \$0
 Grand Total of Request: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page – Emergency Shelter Only

Column B:

- Case Number (Client Track Number) is required for any item specific to a client; ie. Rent payment, utility payment, hotel/motel voucher, etc. Please list the client track number in this column. For all DV shelters, please list the client keys from the comparable database system in column B.

Column C:

- Environmental Address; Please list the ER Address that applies to the shelter.

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Number	Case Number	Environmental Address	ER Address	Item Description	Quantity	Unit Price	Total Amount	Item Category	Reimbursement Period	Reimbursement Method	Reimbursement Amount
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Signature of Preparer: _____ Subtotal This Page: _____ \$0
 Date: _____ Grand Total of Request: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Column E:

- Required for all items requested for reimbursement; use the date of the check or transaction (credit card, direct deposit, etc...)

Column F:

- Required for all items requested for reimbursement; ACH, Direct Deposit, & other acronyms are acceptable for a "Control Number" as applicable. Please list the last four of the check number that was used for payment of the transaction.

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Item Number	Description	Amount	Check/Transaction Number	Date	Control Number	Amount	Check/Transaction Number	Date	Control Number	Amount	Check/Transaction Number
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Subtotal This Page: _____ 50
Grand Total of Request: _____

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Column G:

- ❑ Required for all items requested for reimbursement
- ❑ The \$ amount entered should equal the total amount of the check or transaction, not necessarily the \$ amount requested for reimbursement on the grant.

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L	
Line Item Number of Attach.	Line Description	Quantity	Unit of Measure	Unit Price	Check or Transaction Amount	Check or Transaction Number	Payable to Vendor	Description of Item	Quantity of Item	Unit Price of Item	Service Period	Reimbursement Amount
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Subtotal This Page _____ \$0
 Grand Total of Request _____

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Column G:

- ❑ Required for all items requested for reimbursement
- ❑ Please complete with the exact name check or transaction is payable to
- ❑ **If a person, employee, or vendor is listed in Column H, they cannot be a signatory on Page 1**

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Item Number	Item Description	Check Number	Check Amount	Check Date	Check Payee	Check Amount	Check Payee	Check Number	Check Date	Check Payee	Check Amount
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Subtotal This Page: _____ \$0
Grand Total of Request: _____

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Credit Card Transactions

- When a credit card is used for a transaction, please make sure that the credit card bill has been paid for that transaction before requesting reimbursement from DCA. Please keep on file all statements and receipts that pertain to the requested line item.
- **Line items are only eligible for reimbursement after the agency has paid the bill for that line item to their credit card company.**
- In Column H, list the name of the bank of the credit card and list the name of the store/vendor where the credit card was used.
- In Column F, list CC and the last four of the check # or ACH that was used to pay the credit card bill for the requested line item. Please see the example.

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: Reimbursement Request No.:

Program Name: Grant Number:

A	B	C	D	E	F	G	H	I	J	K	L
Item	Case Number (if App)	Est. Review Unit Address	Site ID Estimate #	Date of Transaction or Payment	Control or Check Number	Check or Transaction Amount	Payable to (Vendor)	Description of Item or Service	Eligible Activity No. (Use Appr. Payable A By Line Item)	Service Date or Period	Reimbursement Amt Requested Rounded to nearest \$1
1	123456	225 Friendly Parkway Dr, Atlanta, GA 315012		8/2/2018	CC-2356	\$100.63	Sumtrust- John Doe Credit Services	Credit Repair	11	8/2/2018	\$101
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Subtotal This Page \$101
Grand Total of Request _____

Signature of Preparer: _____
Date: _____
Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Column I:

- ❑ Required for all items requested for reimbursement
- ❑ Identify type of activity; ie. Rent, utility payment, payroll, supplies, etc...
- ❑ **If “Supplies” or office equipment are requested for reimbursement, the organization must include a list and receipts of all supplies/equipment purchased (attach separate sheet)**

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Number	Item Description	Amount	Check	Check	Check	Check	Check	Description of Item or Service	Unit/Quantity	Unit Price	Subtotal
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Subtotal This Page _____ 90
Grand Total of Request _____

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Column J:

- ❑ Required for all items requested for reimbursement
- ❑ Please use appropriate number from: Approved Budget Exhibit A or cover page for reimbursement; ie. *1* for Case Management, *10* for Transportation, *12* for Rents, *19* for Supplies, etc...

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No. _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L	
Line Number of Item	Description of Item	Small Purchase	Travel	Supplies	Check	Telephone	Printing (Copies)	Reimbursement	Number of Items	Number of Items	Number of Items	Number of Items
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Signature of Preparer: _____ Subtotal This Page _____ 50
 Date: _____ Grand Total of Request _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Column K:

- ❑ Required for all items requested for reimbursement
- ❑ For rent payments this should be the month for which the rent is paid
- ❑ For utility payments this must be the date range on the bill (ie. July 5-Aug 4, 2018)
- ❑ For payroll costs this should be the pay period (ie. July 1-15, 2018)

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No. _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Number of Item	Date	Pay Period/Date Range	Small Business/Label	Amount	Check Number	Check Amount	Payable (Vendor)	Description of Expense	Number of Items	Subtotal	Reimbursed Amount
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Subtotal This Page _____ 50
 Grand Total of Request _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Column L:

- ❑ Required for all items requested for reimbursement; must be rounded to the nearest dollar
- ❑ For a “Check or Transaction Amount” (Column F) amount of \$.00-\$.49 round down, amount \$.50-\$.99 round up
- ❑ Amount cannot exceed the “Check or Transaction Amount” (Column F), with exception made for rounding up

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Number	Item Description	Check or Transaction Amount	Reimbursement Amount	Check	Transaction Amount	Check or Transaction Amount	Check or Transaction Amount	Check or Transaction Amount	Check or Transaction Amount	Check or Transaction Amount	Reimbursement Amount
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Subtotal This Page: _____ \$0
Grand Total of Request: _____

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Helpful Hints

- ❑ When requesting Employer Paid Taxes use a separate line and ensure the proper Vendor is listed, ie. Dept. of Revenue, Office of the Treasury, etc...
- ❑ When requesting Employer Paid Benefits please ensure the proper Vendor is listed, ie. Metlife, Aetna, Aflac, etc...
- ❑ Any Employer Paid Benefits are not paid directly to your employee and should not list the employee as the Vendor

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Item Number	Pay To Name/Line Address	SPID/Inhibit	Check Number	Check Amount	Check Number	Check Amount	Description of Item or Service	Employer Paid Tax/Service	Employer Paid Benefit	Employer Paid Other	Reimbursement Amount Requested
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
										Subtotal This Page	50
										Grand Total of Request	

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Final Notes:

- ❑ Please change the Item Numbers (Column A) to reflect consecutive numbering; ie. If you have 2 summary pages the item numbers on the 2nd page should begin at 16 and end at 30
- ❑ Please number the pages appropriately; ie. Page 2 of 4, page 3 of 4, etc...
- ❑ Use only the DCA supplied form; please do not create a different Excel form

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Item Number of Line Item	Description of Item	Quantity	Unit of Measure	Unit Price	Check	Check	Check	Check	Check	Check	Check
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Subtotal This Page: _____ 90
Grand Total of Request: _____

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Processing Reimbursement Requests

- Once a reimbursement request is received by the Office of Homeless and Special Needs Housing it follows a process for review, approval, and funds issuance
- Please allow up to 25 business days for this process once a reimbursement request is received
- Unless informed otherwise, it is not necessary for an organization to send supporting documentation with a reimbursement request; if additional information is needed to process a request the organization will be notified via postal mail or email
- It is important to respond as quickly as possible to requests for additional information

Payment Notices

Your reimbursement request in the amount of \$XX,XXX has been processed and will be deposited directly into your bank. Reimbursement for eligible costs incurred through September 30, 2019 is available until the deadline of October 31, 2019. All reimbursement requests must be received by that date. An updated reimbursement request form is attached for use with your next request.

This is the only notice you will receive regarding this payment. For verification that the deposit has been made, please contact your bank within the next two weeks.

If you need assistance, do not hesitate to call me direct at 404-679-0632 or email me.



Learn more about our commitment to [fair housing](#).

Heather Smith

Grants Consultant

Georgia Department of Community Affairs

60 Executive Park South, NE

Atlanta, Georgia 30329

Direct 404-679-0632

Heather.Smith@dca.ga.gov

- Upon approval of a reimbursement request an organization will receive a payment notice & an updated Reimbursement Request Form (Page 1) via email
- The payment notice will contain the information shown as well as any additional pertinent information related to the request
- **Please do not mail in another reimbursement request until you receive the payment notice with your new reimbursement form.**
- **Please do not staple reimbursement requests forms that you mail in to us. We request that you paper clip the request forms or leave them as is.**

ESG Budget Amendments

Budget review is a component of the competitive application process. Budget amendments may be considered *IF* the change does not effect the competitiveness of the application.

To make a change to the program budget, you must:

- ❑ Prepare a letter/email of explanation detailing why the request is necessary/requested
- ❑ Attach a copy of a Blank Reimbursement Form with your requested new budget totals. Cross out the original budget totals on the form and write in the new budget totals that you want to change.
- ❑ Mail or Email the request to Heather Smith and Marion Goulbourne
- ❑ Marion Goulbourne will review your budget revision for approval. If an approval is granted, then a new reimbursement form will be emailed to you with the new budget totals on the form.

ESG Budget Amendment Deadlines- RRH/Prevention

- **ONE** budget revision can be submitted **ONE** time per each quarter of your grant period. The last day to submit budget revisions for RRH and Prevention is August 31, 2020. **NO BUDGET REVISIONS WILL BE ACCEPTED after August 31, 2020** for RRH and Prevention Grants.

Quarter	Deadlines for Submission
1 st (July-Sept)	September 30, 2019
2 nd (Oct-Dec)	December 31, 2019
3 rd (Jan-Mar)	March 31, 2020
4 th (Apr-June)	June 30, 2020
Final	August 31, 2020

ESG Budget Amendment Deadlines-Emergency Shelter, Hotel/Motel, HMIS, Outreach,

- **ONE** budget revision can be submitted **ONE** time per each quarter of your grant period. The last day to submit budget revisions for ESG grants that end on 6/30 is May 31, 2020. **NO BUDGET REVISIONS WILL BE ACCEPTED after May 31, 2020** for ESG grants with a contract end date of 6/30/2020.

Quarter	Deadlines for Submission
1 st (July-Sept)	September 30, 2019
2 nd (Oct-Dec)	December 31, 2019
3 rd (Jan-Mar)	March 31, 2020
Final	May 31, 2020

ESG Records Retention Requirements

- *(y) Period of record retention. All records pertaining to each fiscal year of ESG funds must be retained for the greater of 5 years or the period specified below. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.*
- *(1) Documentation of each program participant's qualification as a family or individual at risk of homelessness or as a homeless family or individual and other program participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served;*

See 24 CFR Part 576 - Federal Register /Vol. 76, No. 233 /Monday, December 5, 2011 /Rules and Regulations 75993

ESG Match Requirements

Grantees must complete a Match report prior to payment of the final reimbursement. The Match report will be sent to each grantee, via email, prior to June 30, 2020. The required information includes –

- Other non-ESG HUD Funds
- Other Federal Funds
- State Government
- Local Government
- Private Funds
- Other

ESG Match Requirements

- ❑ Failure to complete a Match report will result in reimbursement requests not being processed and payments being delayed; a delay may also occur in the return of your executed contract for the following grant year (if selected for award)
- ❑ All Rapid Re-Housing and Prevention grantees will be required to submit a Match report for match amounts expended as of June 30, 2020

Grantee/Grantor Oversight

- DCA relies on ESG grantees to maintain an active partnership in using resources in a responsive and accountable manner.
- DCA is responsible for ensuring that grants are administered in accordance with the requirements of all applicable laws and regulations.

Contact Information

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- Christy Walker, Grants Compliance Manager
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What happens next?

1. Read guidebook, regulations, and adopt required forms.
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. Request Technical Assistance
8. Serve clients!

Required DCA Trainings

- ❑ ESG Administrative practices and Grants Management(webinar)
- ❑ Coordinated Entry
- ❑ New Sub-grantee Technical Assistance
- ❑ Case Management
- ❑ Balance of State Written Standards
- ❑ Fair Housing/Limited English Proficiency
- ❑ HMIS Trainings
- ❑ Other?? **Please reach out soon if you need Technical 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!

Required Reports

- Data Quality Report with every reimbursement
- County Served Report (Quarterly)
- Hotel Motel Voucher Overflow Report (Quarterly)
- Environmental Review form for Coastal Agencies

Update

- ❑ For Application Process 2020, Rapid Rehousing and Homeless Prevention Projects will no longer be 15 Months. The new grant cycle will be July 1, 2020-June 30, 2021.
- ❑ Mid Year Review will be conducted in January 2020. High performing agencies funded for Emergency Shelter and Rapid Rehousing will be considered for additional funds, if available.

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/>

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