

2022-2023

DCA

**Emergency Solutions Grants Program
Implementation**

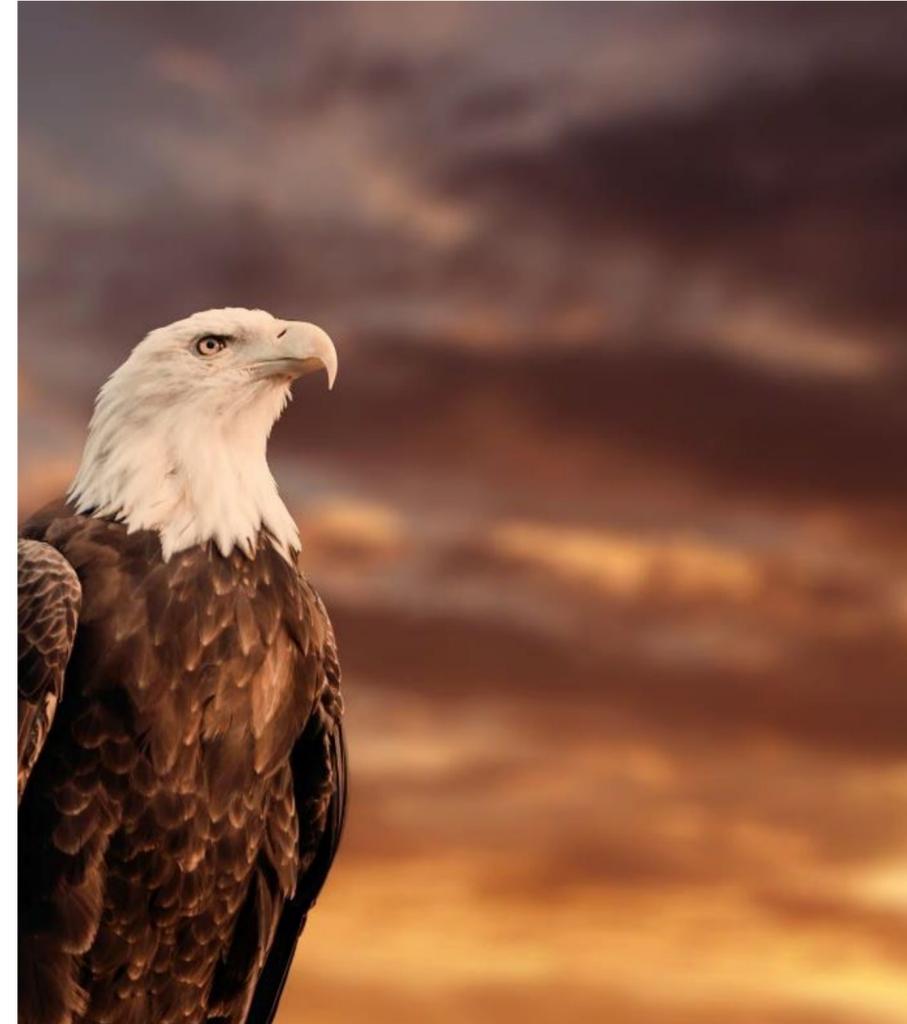


Hello!

I Am LaDrina M. Jones

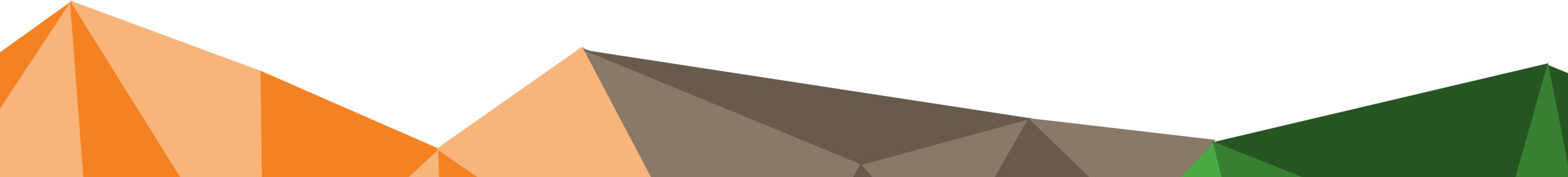
I am the ESG Program Team Lead

You can contact me at ladrina.jones@dca.ga.gov





ESG Overview



Objectives

Planning vs. Implementation

Planning

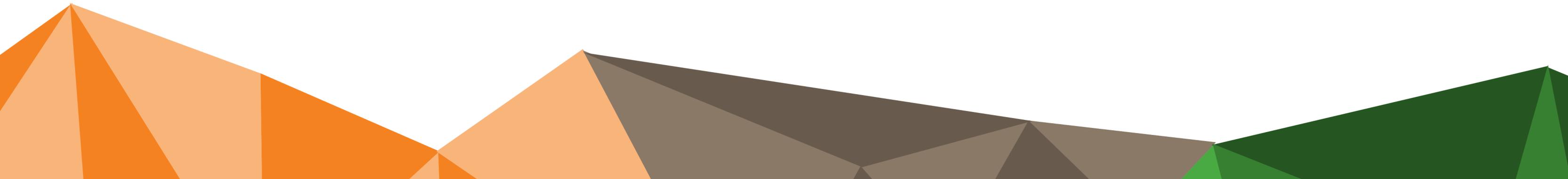
1. Reduce unsheltered homelessness
2. Align with the goals of the Federal plan “Opening Doors”
3. Improve HMIS data quality and use it to inform our strategies
4. Create a systemic response to homelessness

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

- ✓ 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

DCA ESG Priorities



- ✓ 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.)

Written Standards

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.

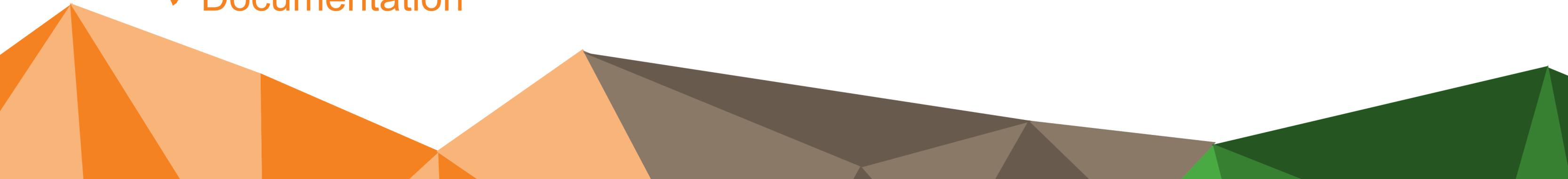
Education Policy

A set of requirements for all DCA sub-grantees.

These standards encompass Seven (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

Housing Support Standards

- ✓ 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

Policies and Procedures

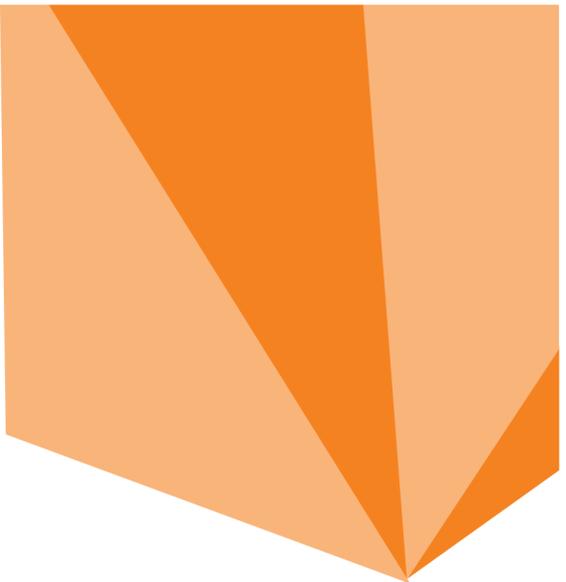
- ✓ Emergency Shelter
- ✓ Hotel-Motel Vouchers
- ✓ Rapid Rehousing
- ✓ Homeless Prevention
- ✓ Street Outreach
- ✓ Supportive Services

**Emergency
Solutions
Grants
Projects**



Appropriate Length of Stay/Service

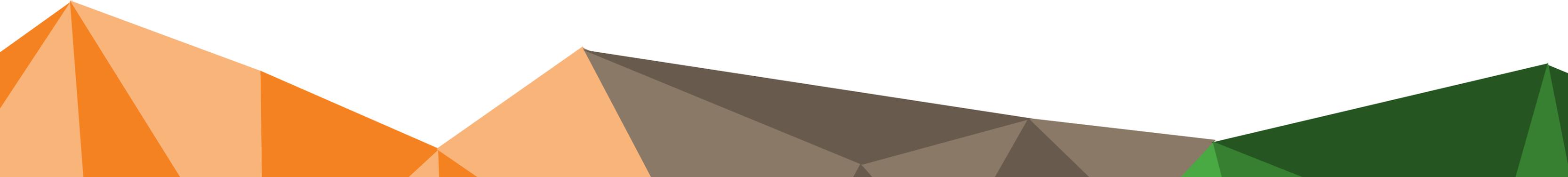
<u>Project</u>	<u>Length of Stay</u>
Emergency Shelter	Up to 30 days
Rapid Re-Housing/Prevention	30 days to 1 year
Hotel/Motel Voucher	less than 30 days
Street Outreach	Discharge when not actively engaged but no longer then 60 days after engagement date
Supportive Service	up to 1 year



DCA ESG

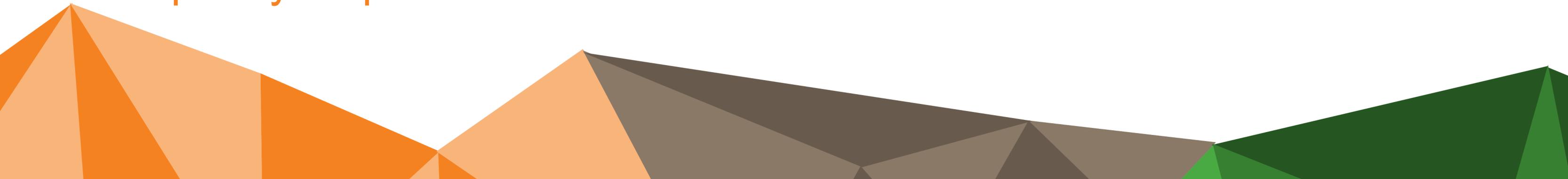
Emergency Shelter

Overview



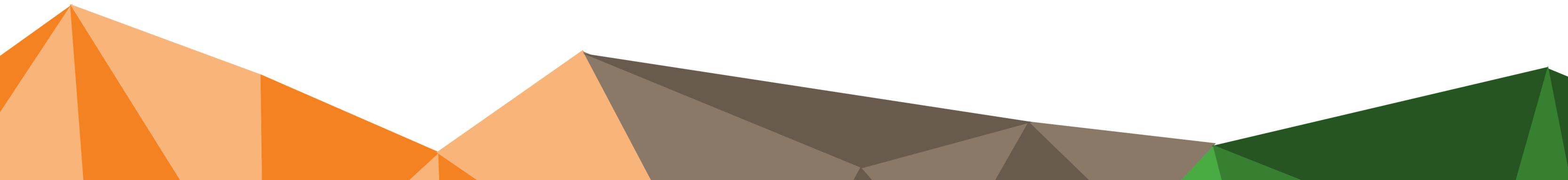
- ✓ Emergency shelters will be the front door to the Coordinated Entry system in many communities
- ✓ Emergency shelter is not considered the ideal place for intensive therapeutic interventions
- ✓ Low-barriers to project entry and participation
- ✓ Focus on permanent housing placement through linkages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

Emergency Shelter



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

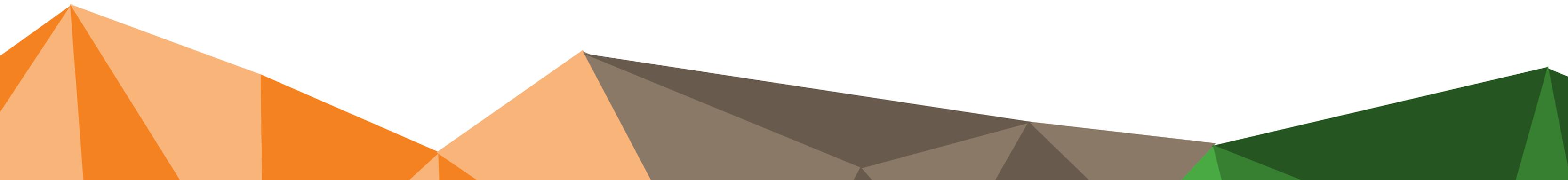
Emergency Shelter Compliance



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



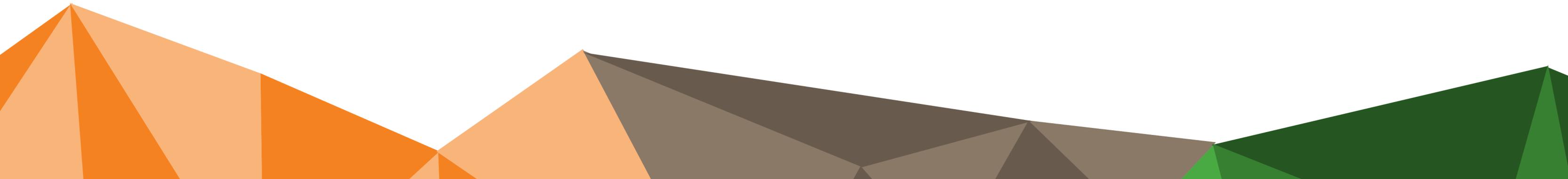
- ✓ HUD regulations prohibit shelters from denying access to families based on the age of a child.
 - ✓ Includes methods of treating families differently based on age of a child, i.e., placing a family with teenage boy in hotel/motel, not allowing the family to remain on-site.
- ✓ ALL emergency shelters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

Family Separation



- ✓ 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

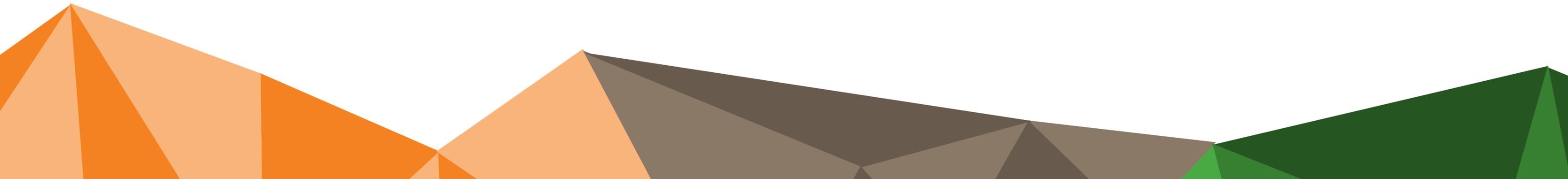
Eligibility for Services



CASE MANAGEMENT

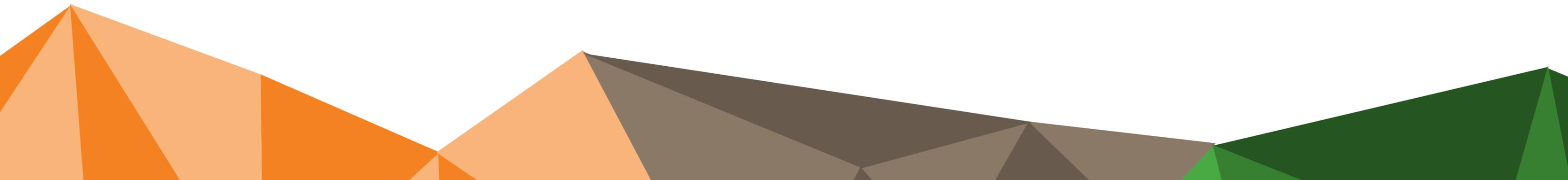
- ✓ Using the centralized/coordinated assessment system
- ✓ Conducting the initial evaluation required under including verifying and documenting eligibility
- ✓ Counseling
- ✓ Developing, securing, and coordinating services and obtaining Federal, State, and local benefits
- ✓ Monitoring and evaluating 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.

**Emergency
Shelter
Eligible
Activities**



Childcare
Education services
Employment assistance and job training
Legal services
Mental health services
Life skills training
Outpatient health services
Substance abuse treatment services
Transportation
Operations

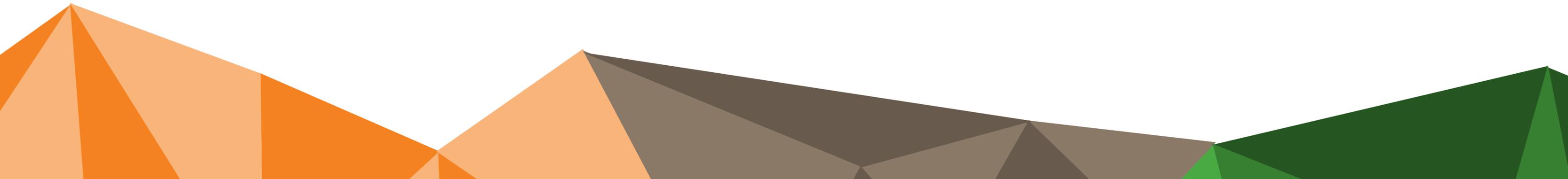
**Emergency
Shelter
Eligible
Activities**



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.

Emergency Shelter Performance Measures



QUESTIONS

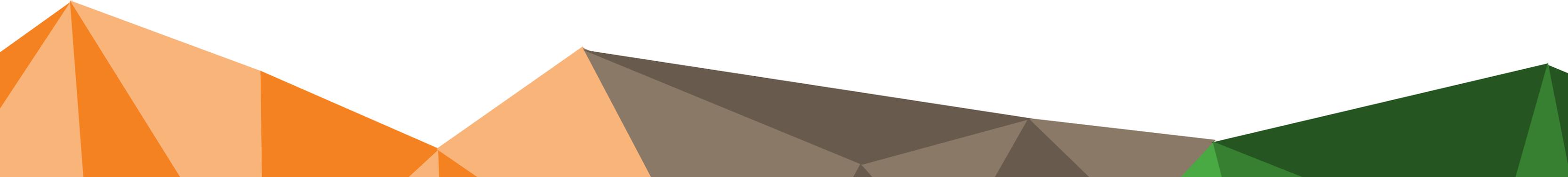




DCA ESG

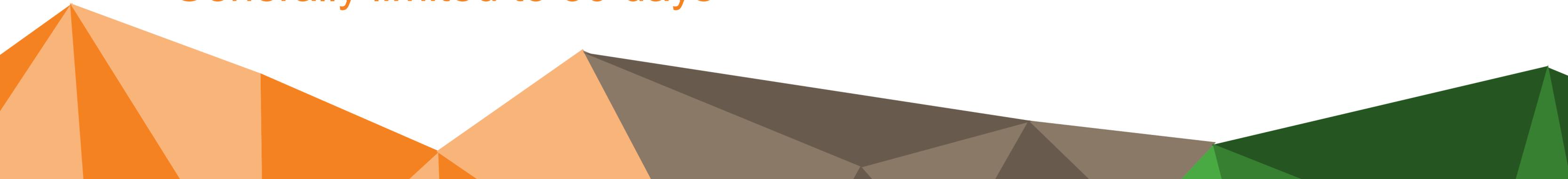
Hotel-Motel Vouchers

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

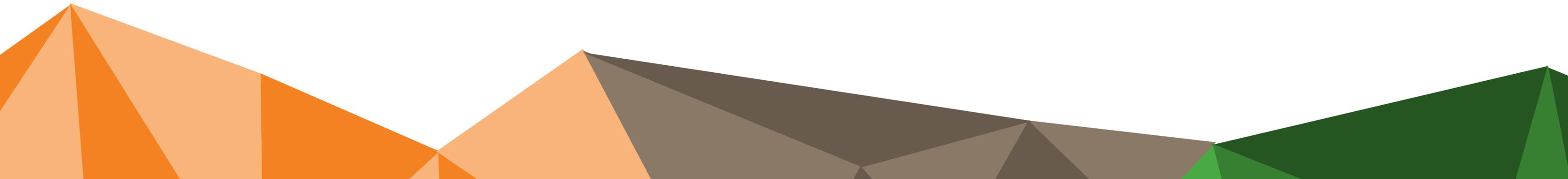
Hotel- Motel Vouchers Overview



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Emergency Shelter Performance Measures



QUESTIONS

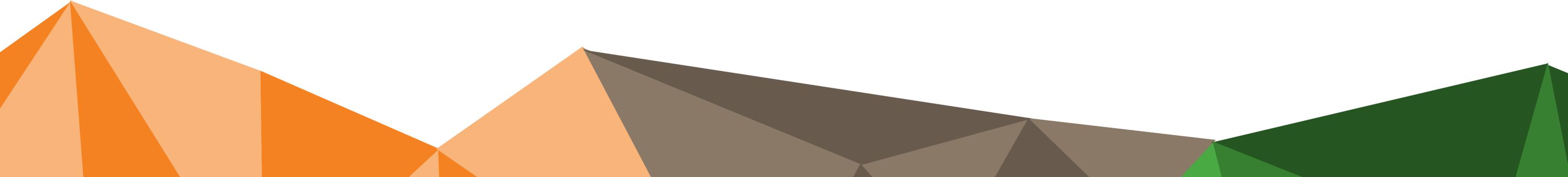




DCA ESG

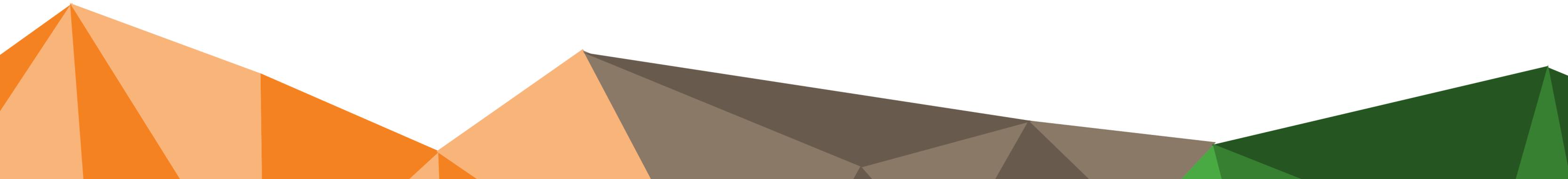
Rapid Re-Housing

Overview



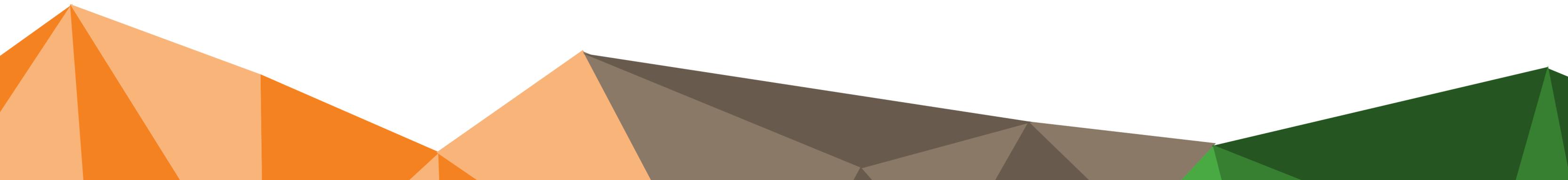
- ✓ Rapid Re-Housing projects are designed to help those who are homeless transition into permanent housing. The primary goal is to stabilize a project participant in permanent housing as quickly as possible and to provide wrap-around services after the family or individual obtains housing. Households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

Rapid Re-Housing (RRH)



- ✓ 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 – Housing Status

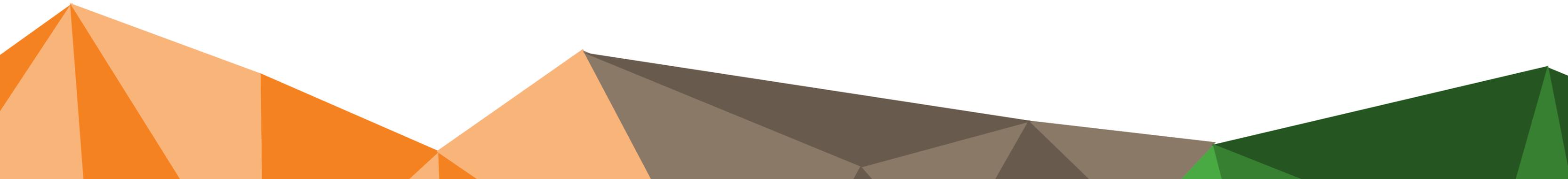


Eligibility Criteria

- ✓ 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/>

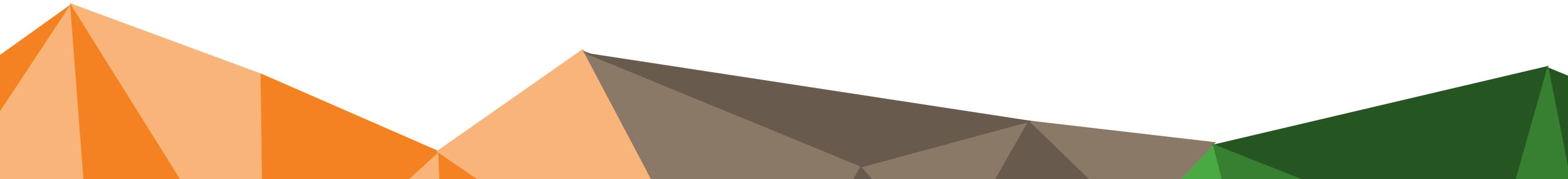
- ✓ Moving Costs
- ✓ Rent Application Fees
 - ✓ This may include Admin fees, etc.
- ✓ Security Deposit
- ✓ Last Month's Rent
- ✓ Utility deposit
- ✓ Utility Payments

Financial Services



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

Housing Relocation and Stabilization Services



- ✓ 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

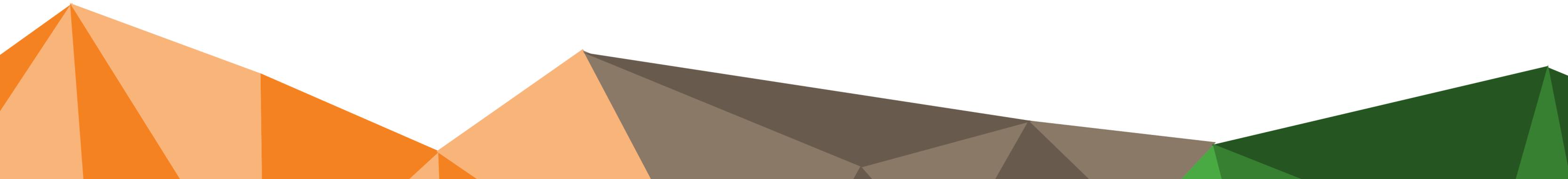
Rental Assistance

- ✓ 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)

Case Management Requirements

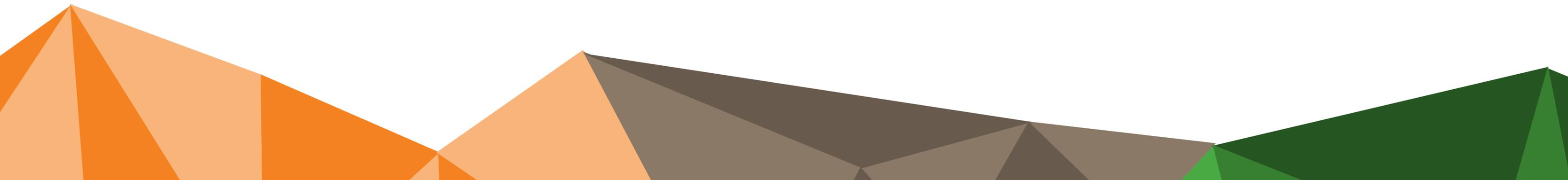
- ✓ Lease (in client name)
- ✓ Rent Reasonableness
- ✓ Fair Market Rent (FMR) Assessment
- ✓ Habitability Inspection
- ✓ Lead-Based Paint if: financial assistance and
 - ✓ Built before 1978
 - ✓ Child under 6 or pregnant woman
- ✓ Rental Assistance Agreement

Property Related Items



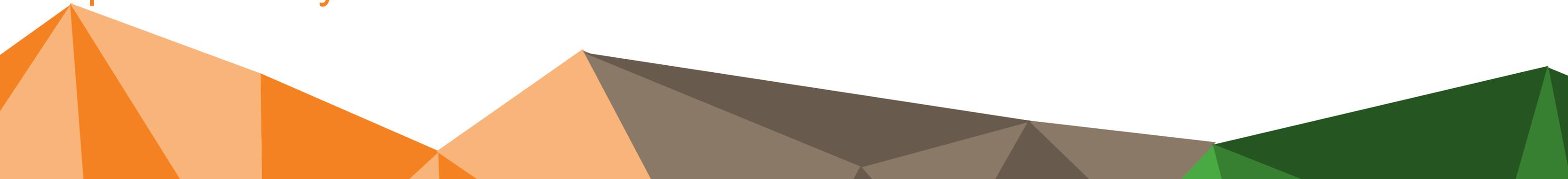
- ✓ Make timely payments to each owner in accordance with the rental assistance agreement
- ✓ Sub-recipient is responsible for paying late payment penalties that it incurs with non-ESG funds
- ✓ Arrears payments can be made up to 6 months rent and 6 months utilities, per service

Late Payment Fees



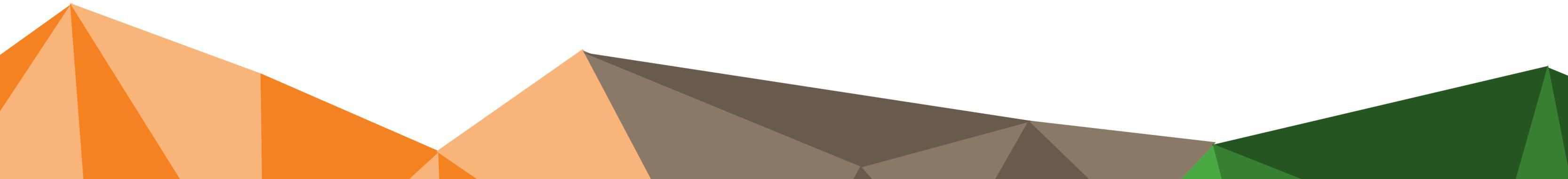
- ✓ Recipient may set a maximum amount of financial and/or rental assistance
- ✓ Total period for any service must not exceed 24 months during a three (3) year period
 - ✓ Rental arrears and last month's rent must be included in this calculation
 - ✓ This is based on regulation; Written Standards are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

Maximum Amounts and Periods of Assistance



- ✓ 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)

**Use with
Other
Subsidies**

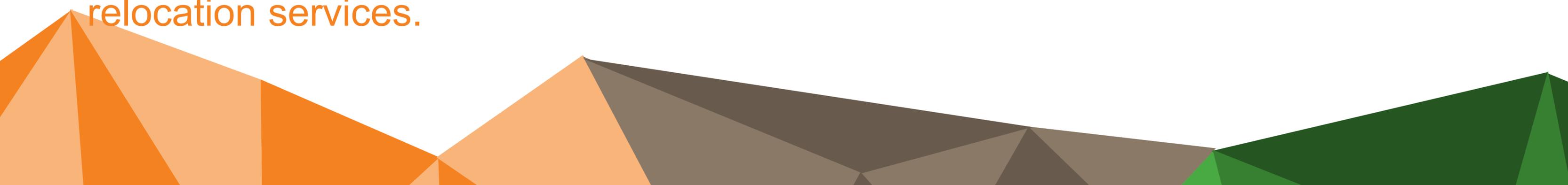


- ✓ Organizations must work to remove barriers to project entry and participation, as these barriers both deny housing to individuals and families that really need intensive services and often result in low occupancy rates.
- ✓ Projects should be open to accepting people without current income.
- ✓ Agencies 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.

Written Standards for RRH

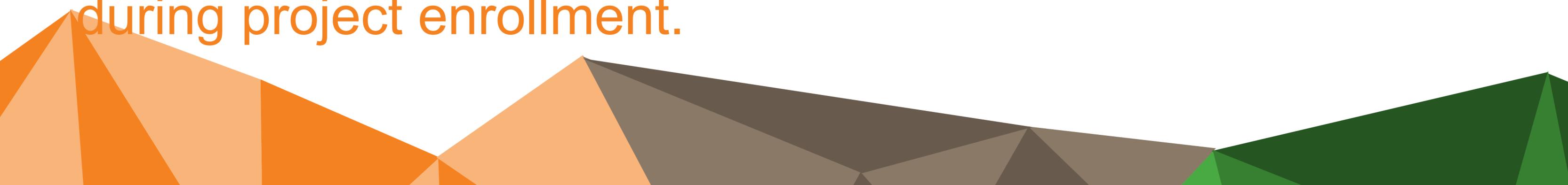


1. An increase in the percentage of discharged households that secured permanent housing at project exit.

2. An increase in discharged households permanently housed three (3) months after exit.

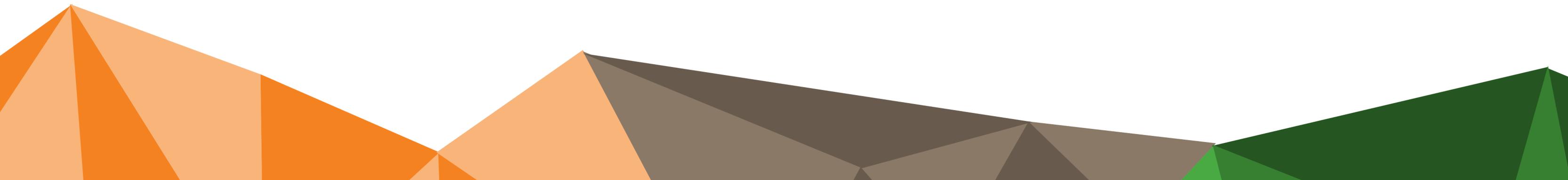
3. An increase in households that increase cash and non-cash income during project enrollment.

Performance Measures – RRH



- ✓ Establish relationships with landlords
- ✓ Hire and train staff
- ✓ Adopt intake, etc. forms from DCA website
- ✓ Participate in 2022 ESG trainings
- ✓ Establish partnerships with shelters, hotels/motels, service agencies, DoL, etc.
- ✓ Master the FMR equation (found in the ESG Guidebook)

Implementation Steps



QUESTIONS





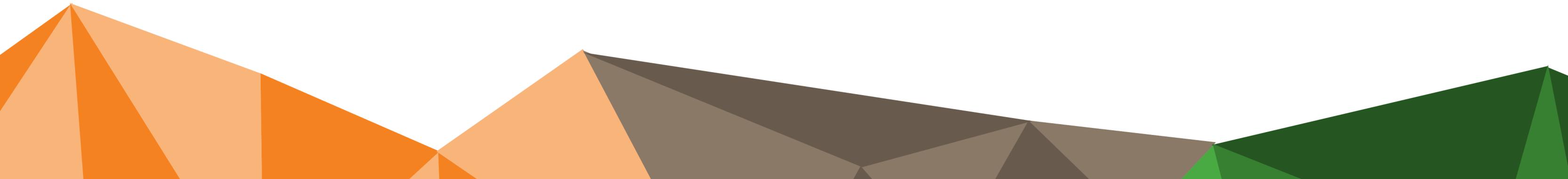
DCA ESG

Homeless Prevention

Overview

- ✓ 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.

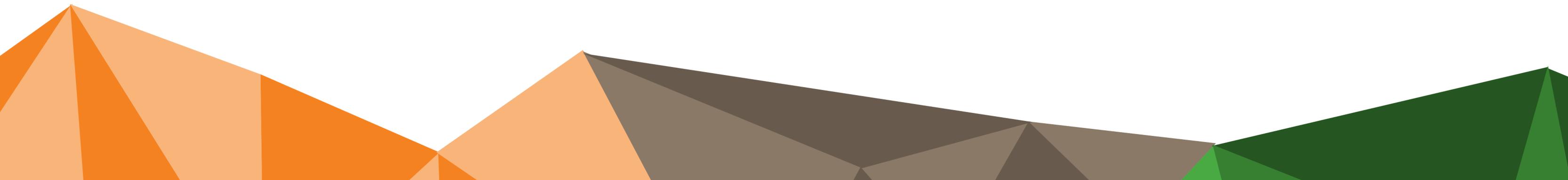
Homeless Prevention (HP)



✓ **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 – Housing Status



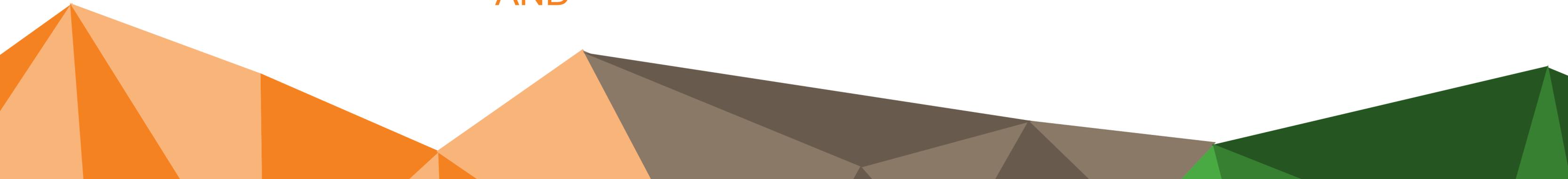
Eligibility Criteria

- ✓ 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

- ✓ 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

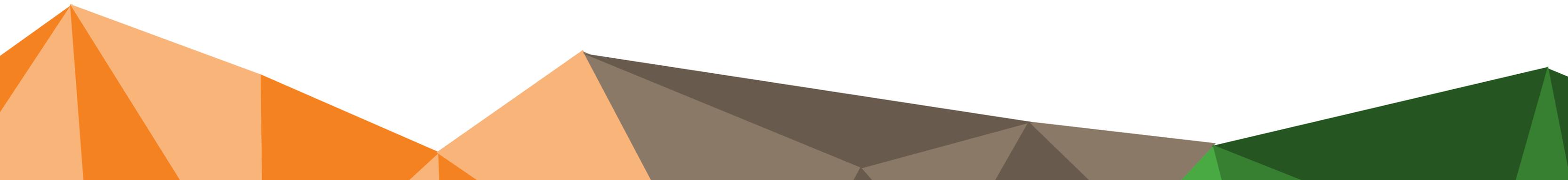
At-Risk of Homelessness



...AND

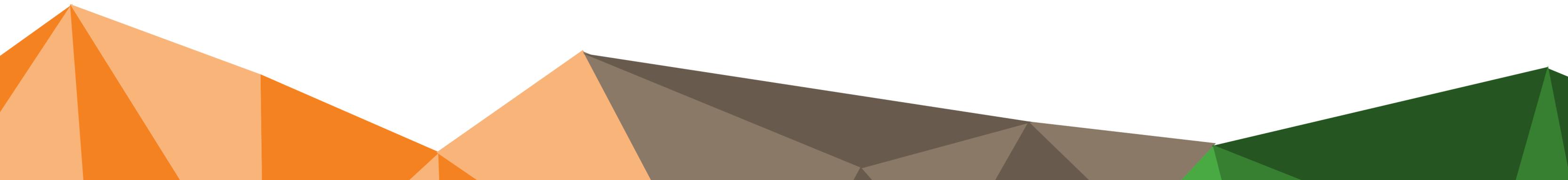
- ✓ Meets one or more of following:
 1. Moved 2 or more times in previous 60 days for economic reasons
 2. Living with others due to economic hardship
 3. Notice of eviction (within 21 days)
 4. Living in hotel/motel (at own cost)
 5. Living in overcrowded housing (more than 2 persons for SRO/efficiency, 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



- ✓ 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

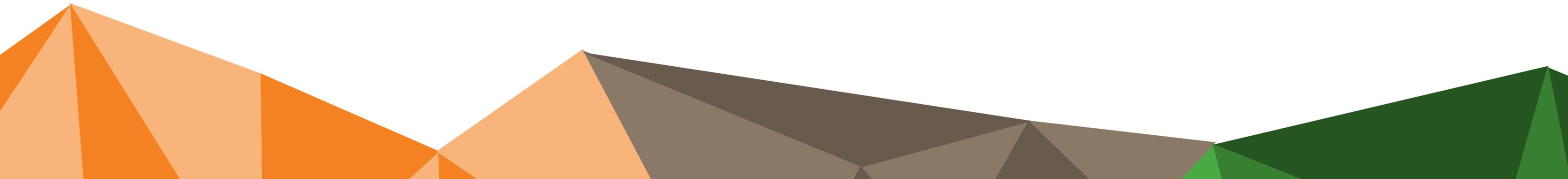
At-Risk of Homelessness Verification



- ✓ Moving Costs*
- ✓ Rent Application Fees*
- ✓ Security Deposit*
- ✓ Last Month's Rent
- ✓ Utility Deposit*
- ✓ Utility Payments

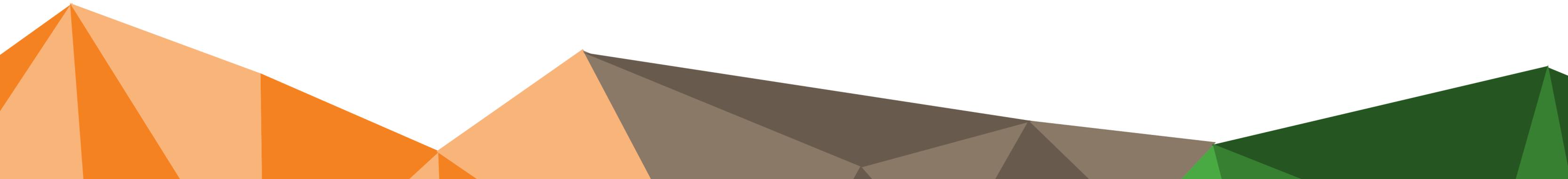
*ONLY IF THE CLIENT IS UNABLE TO
REMAIN IN THE CURRENT UNIT
(Must be well documented)

Financial Services



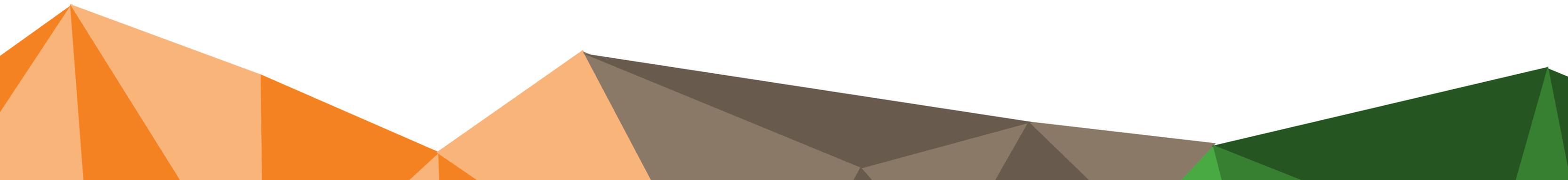
- ✓ Housing Search & Placement
- ✓ Housing Stability Case Management
- ✓ Mediation
- ✓ Legal Services
- ✓ Credit repair

Housing Relocation and Stabilization Services



- ✓ 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

Rental Assistance



- ✓ At least once 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)

Case Management Requirements



DCA ESG/ESG-CV Homeless Prevention Screening Form

- ✓ This form is required for ALL Homelessness Prevention clients prior to services being provided. All forms should go to Jordon McGee at Jordon.McGee@dca.ga.gov.

DCA ESG/ESG-CV Homeless Prevention Screening Form

Name of ESG/ESG-CV Sub-recipient: _____

Name of Client: _____

Family Members in the Home: (If Known) _____

Is the client currently engaged with the Georgia Rental Assistance Program (GRA) or any other subsidies? N/A

If so, did the client exhaust all GRA funding or other subsidy? N/A

Does the client meet the required Homeless Prevention criteria for ESG/ESG-CV? (See Criteria Below) N/A

County of Residence: _____

Social Security Number: _____

Landlord Business Name: _____

DCA provided additional guidance that can be used if a court order eviction noticed is not accessible (A court order is still the preferred documentation). This was effective April 9th, 2020:

- o **Landlord**

- Requiring a dated letter from the landlord/leasing office with contact information (email and/or telephone number);
- Letter to include the amount owed by participant and any other lease violations;
- If applicable, When did they file for eviction?;
- Letter to include they will stop the eviction relating to the matter(s) listed;
- A copy executed lease;
- Signed and/or email stamped.

AND

- o **Participant**

- Written statement on why they are being evicted;
- How much they think they owe?;
- A copy of their executed lease;
- Signed and/or email stamped.

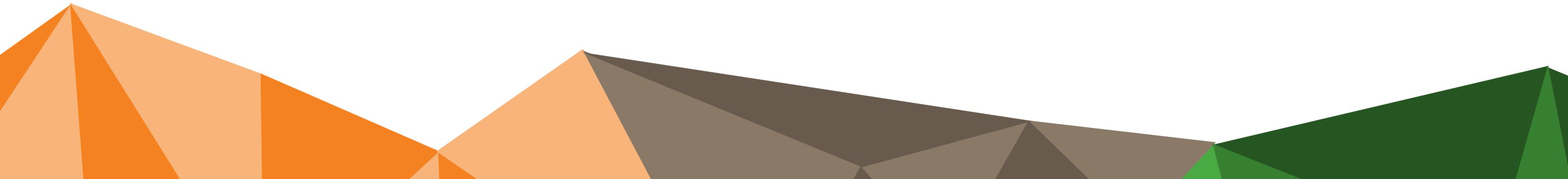
AND

- o **Case Manager/Intake Worker**

- Written summary of conversations with landlord and participant;
- Written statement of due diligence, if case manager/intake worker could not get in contact with landlord, the statement must include the following:
 - Conversation with participant;
 - When (date and time) and How (i.e. email, voicemail, stop by leasing office, certified letters, etc.);
 - Attach all copies of any correspondence between case manager/intake worker (i.e. email, certified letter(s), etc.) to letter.

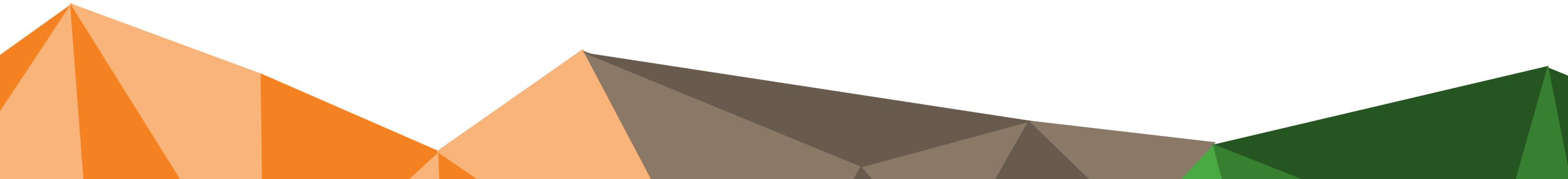
- ✓ Lease (in client name)
- ✓ Rent reasonableness
- ✓ Fair Market Rent (FMR) assessment
- ✓ Habitability Inspection
- ✓ Lead based paint if: financial assistance and
 - ✓ Built before 1978
 - ✓ Child under 6 or pregnant woman
- ✓ Rental Assistance Agreement

Property Related Items



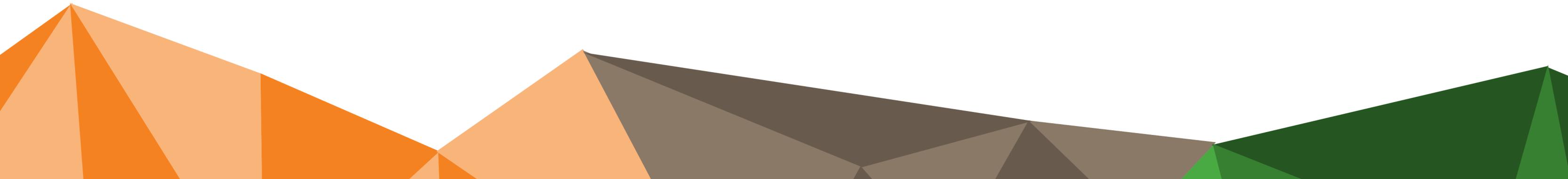
- ✓ For the FMR comparison, rent includes the lease price plus the utility allowance for utilities not included in the rent and are paid separately by the client.
- ✓ Utilities do not include telephone, cable or satellite television, or internet service.
- ✓ Local housing authorities provide utility 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.

Fair Market Rent (FMR)



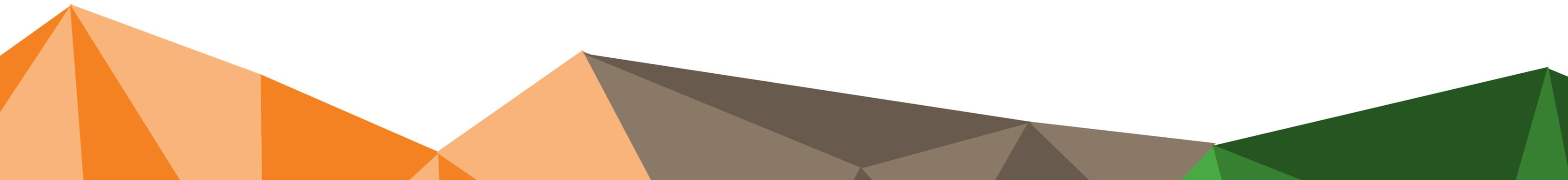
- ✓ Make timely payments to each owner in accordance with the rental assistance agreement
- ✓ Sub-recipient is responsible for paying late payment penalties that it incurs with non-ESG funds
- ✓ Arrears payments can be made up to six (6) months rent and six (6) months utilities, per service

Late Payment Fees



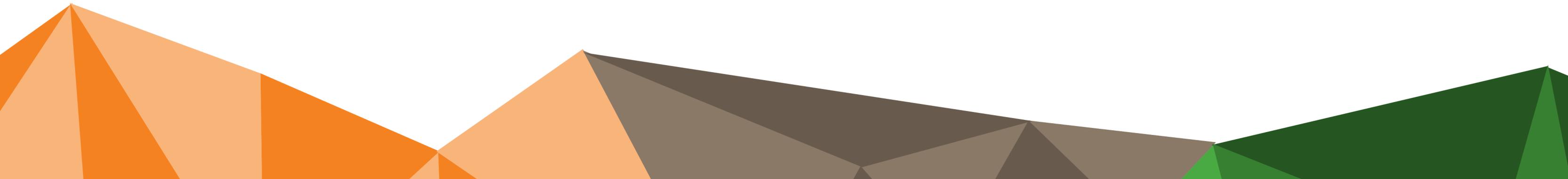
- ✓ Recipient may set a maximum amount of financial and/or rental assistance
- ✓ Total period for any service must not exceed 24 months during a three (3) year period
 - ✓ Rental arrears and last month's rent must be included in this calculation
 - ✓ This is based on regulation; Written Standards are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

Maximum Amounts and Periods of Assistance



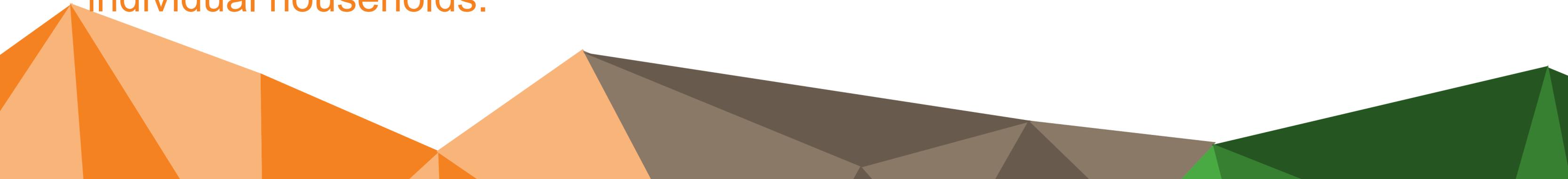
- ✓ Collaborations with other programs are allowable if services are unduplicated (VASH, SSVF, etc.)
- ✓ Cannot receive same type of assistance from 2 public sources (federal, state, local, etc.)
- ✓ Rental assistance cannot be provided to a program participant who is receiving tenant-based rental assistance.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

**Use with
Other
Subsidies**



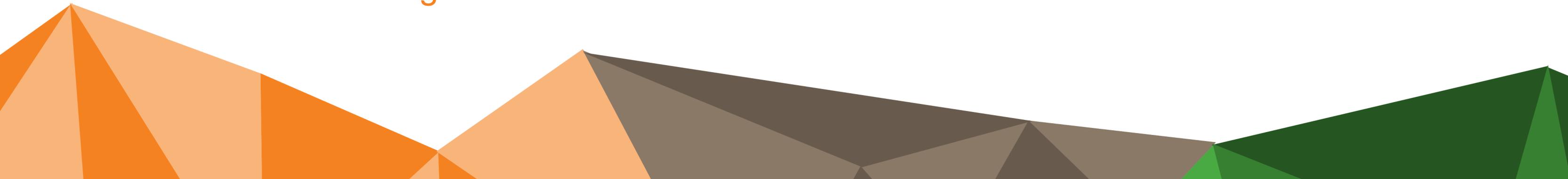
- ✓ Organizations must work to remove barriers to project entry and participation, as these barriers both deny housing to individuals and families that really need intensive services and often result in low occupancy rates.
- ✓ Project applicants receiving assistance should receive a case management 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 Homeless 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.

Written Standards for Homeless Prevention



1. Read manual and regulations

a) Homeless Definition Rule

b) Interim ESG Rule

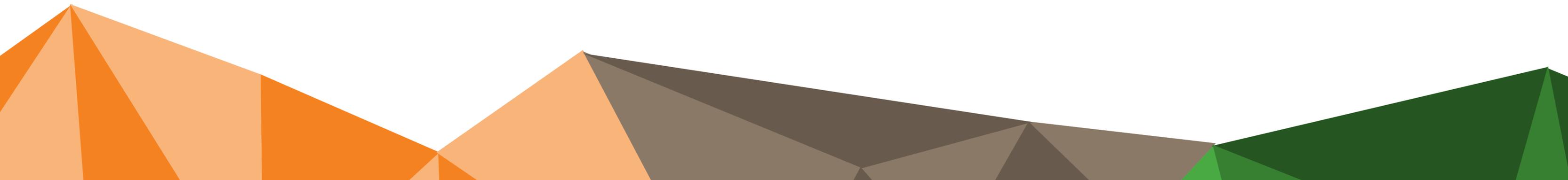
c) DCA ESG Guidebook

2. Read your contracts!

3. Watch pre-recorded ESG webinars on HUD
Exchange website

4. Incorporate Housing Support Standards into
practice

Implementation Steps



5. Establish relationships with landlords

6. Hire and train staff

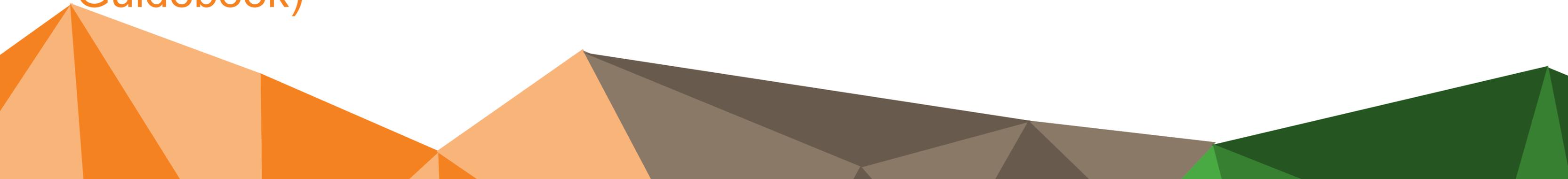
7. Adopt intake forms from DCA

8. Participate in 2022 ESG trainings

9. Establish partnerships with shelters,
hotels/motels, service agencies, DoL, etc.

10. Master the FMR equation (found in the ESG
Guidebook)

Implementation Steps



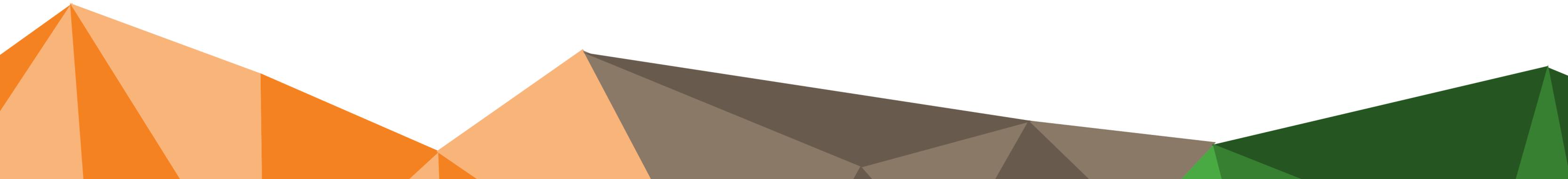
11. Set up HMIS

12. Coordinate with your Prevention peers
DCA lists, webinars

13. Set staff and project goals for the year

14. Make project participants' long-term success
your main goal

Implementation Steps



QUESTIONS

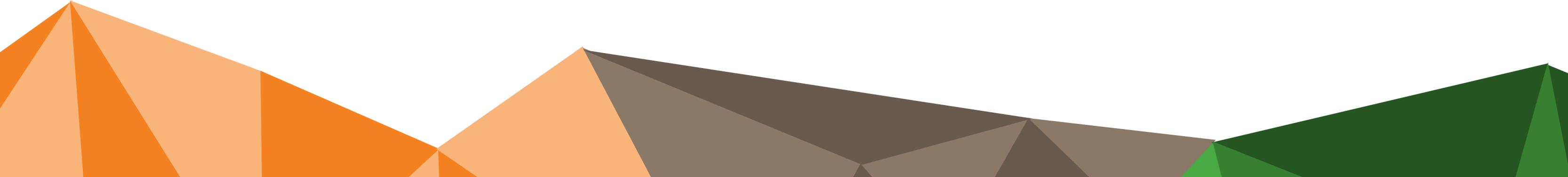




DCA ESG

Street Outreach

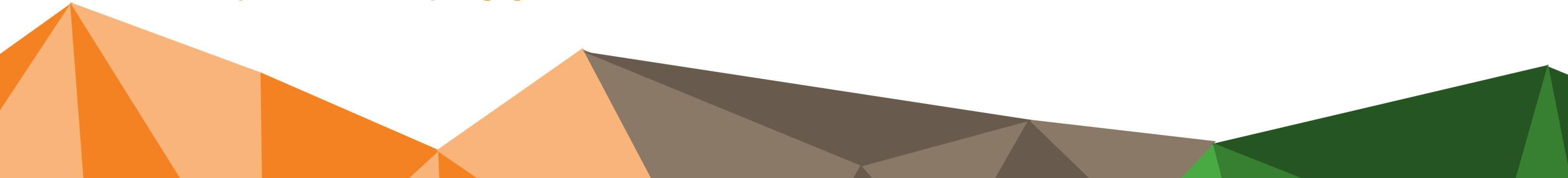
Overview



✓ 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 –

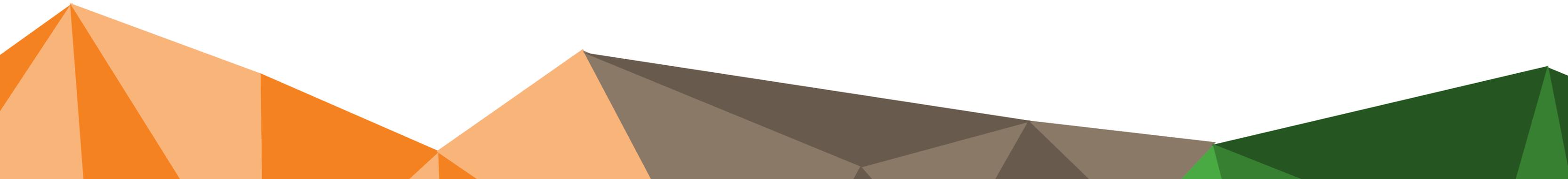
(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car,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

Outreach



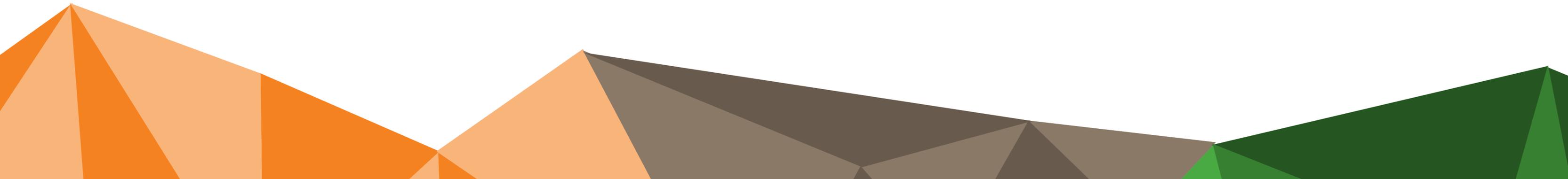
- ✓ Agencies must have policies and procedures on safety standards.
- ✓ Engagement should occur during times when there is a reasonable expectation to believe people have no housing options.
- ✓ Individuals and families shall be assessed where they are.
- ✓ Projects must assess, prioritize, and re-assess 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.

BoS Written Standards for Street Outreach



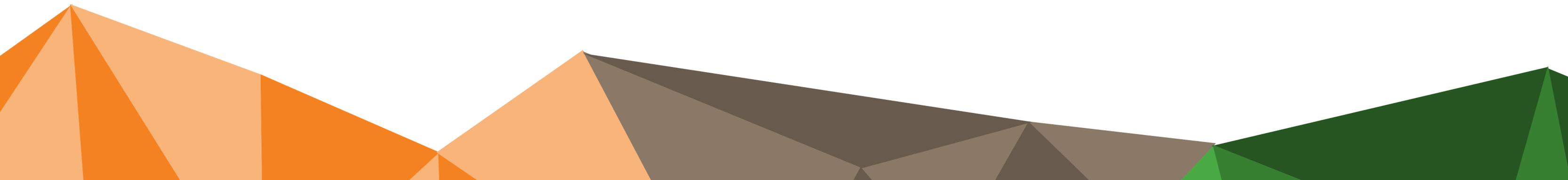
- ✓ Individuals and families defined as Homeless under the following categories are eligible:
 - ✓ Category 1 – Literally Homeless
 - ✓ Individuals and families must be living on the streets (or other places not meant for human habitation) and be unwilling or unable to access services in emergency shelter.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

Eligibility for Street Outreach



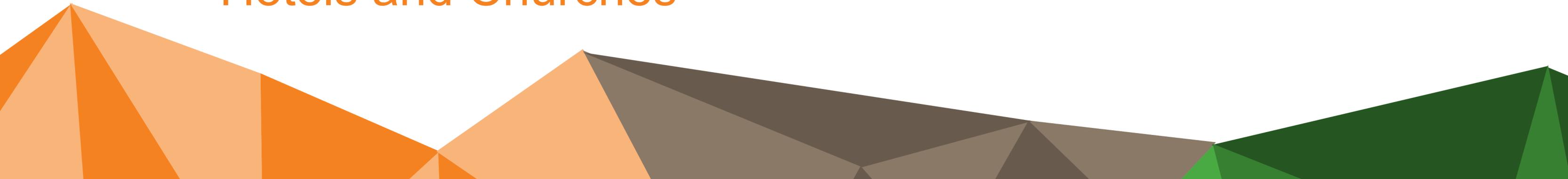
- ✓ City Streets and Alleys
- ✓ Bridges and Underpasses
- ✓ Bus Stations
- ✓ Parks
- ✓ Vacant Lots and Abandoned Buildings
- ✓ Vehicles
- ✓ Railroad Tracks
- ✓ Rural Locations (wooded and camping areas)

Where Do
We Do
Outreach?



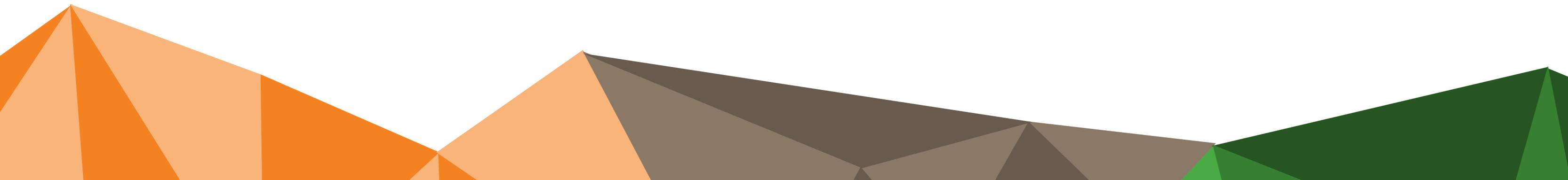
- ✓ Shelters and Missions
- ✓ Drop-in Centers
- ✓ Medical Programs
- ✓ Meal Programs
- ✓ Substance Abuse Treatment Programs
- ✓ Institutions (Detox, Jail)
- ✓ Public Facilities (Libraries, Hospitals, Bus Stations)
- ✓ Public Welfare Agencies and Social Security
- ✓ Hotels and Churches

Where Don't
We Do
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



- 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



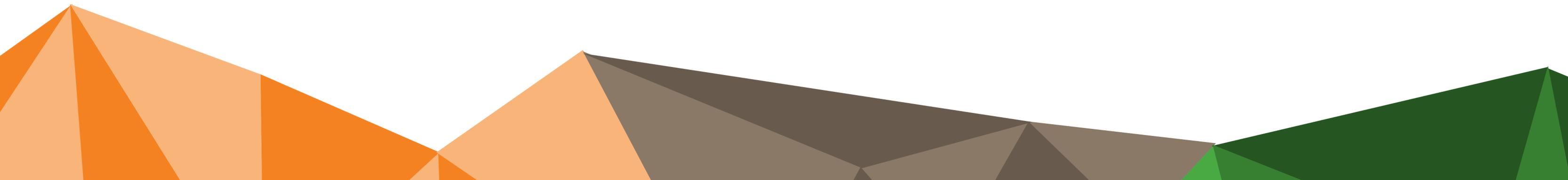
3) **Emergency health services**- the direct outpatient treatment of medical conditions that are provided by licensed medical professionals operating in community-based settings, including streets, parks, and other places where health services are inaccessible or unavailable within the area.

4) **Emergency mental health services**- the direct outpatient treatment by licensed professionals of mental health conditions operating in community-based settings including streets, parks, and other places where health services are inaccessible or unavailable within the community.

Street Outreach Eligible Activities

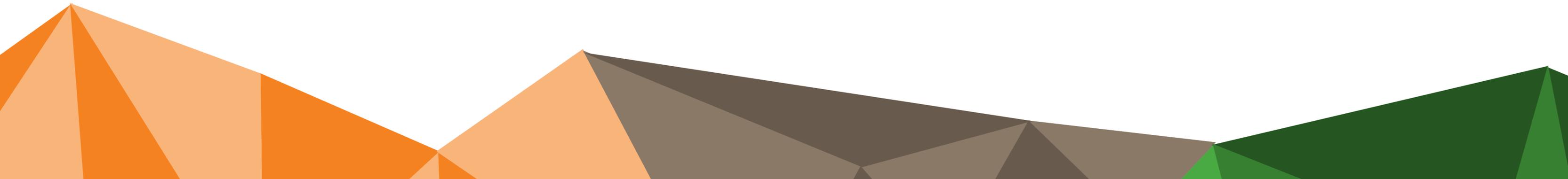
- ✓ DCA anticipates the bulk of funding to be spent on street-based Engagement and Case Management.
- ✓ Sub-grantees should note that activities 3 and 4 refer to Emergency Health and Mental Health services, rather than services that may be delivered in typical settings on a routine basis.
- ✓ Street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

Street Outreach Eligible Activities



- ✓ 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.

Incentives



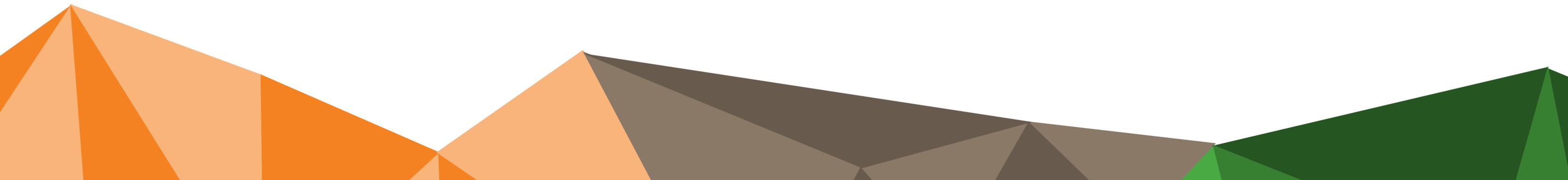
Where more than 1 Outreach team works in the same area, agencies collaborate to provide complimentary services by:

- ✓ 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.

Street Outreach Collaboration

- ✓ 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

What Makes Good Outreach Workers?

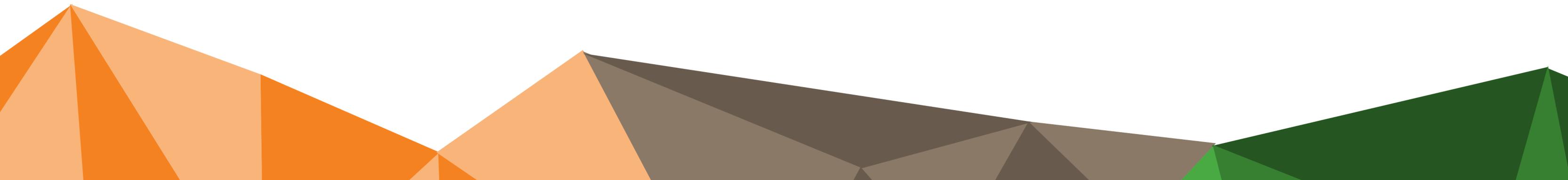


Street Outreach Performance Measures

- 1) For each Street Outreach program, performance will be measured based on the following standards:
- 2) An increase in the number of contacts with unduplicated individuals made during outreach.
- 3) An increase in the percentage of households that access emergency shelter.
- 4) An increase in the percentage of discharged households that access permanent housing.
- 5) An increase in the percentage of households that increase cash and non-cash income during program enrollment

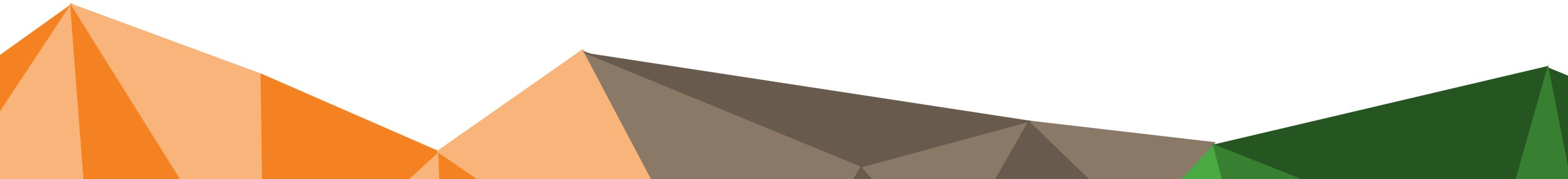
- ✓ There should be a project on HMIS dedicated to your DCA ESG-funded Outreach project. All household members receiving assistance from your agency should be enrolled and later discharged from the project (**including children**).
- ✓ Every household member should have a Contact and/or an Engagement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

Street Outreach and HMIS



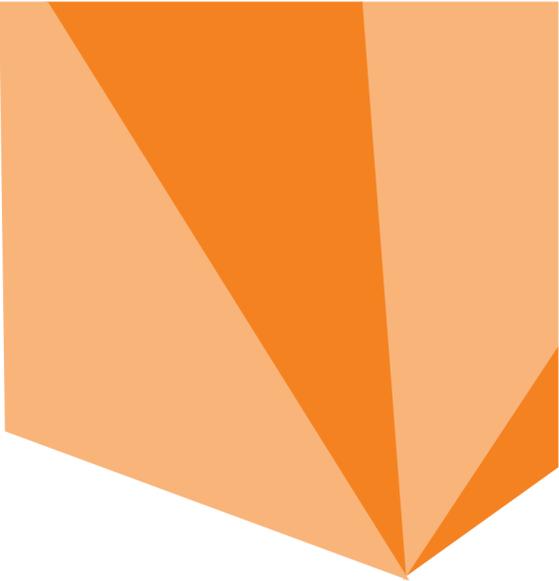
- ✓ There is no perfect model for rural projects
 - talk to your peers
- ✓ Troubleshoot with DCA staff
- ✓ ESG website: <https://dca.ga.gov/safe-affordable-housing/homeless-special-needs-housing/emergency-solutions-grants>
- ✓ SAMHSA webinar:
<http://homeless.samhsa.gov/Resource/HR-C-Webcast-Resources-Effective-Street-Outreach-Why-Its-Important-How-YOU-Can-Do-It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

Summary/ Resources



QUESTIONS

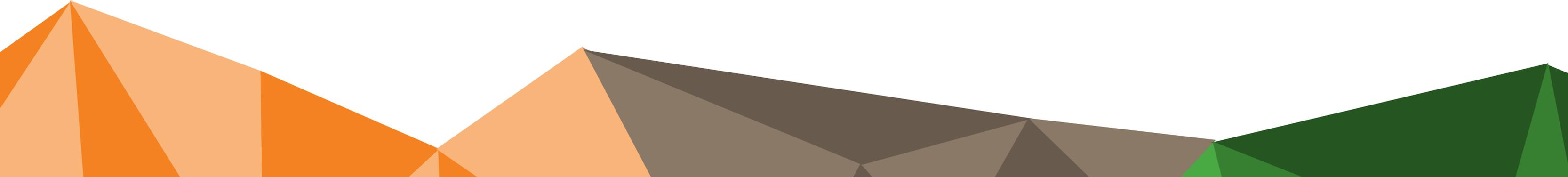




DCA ESG

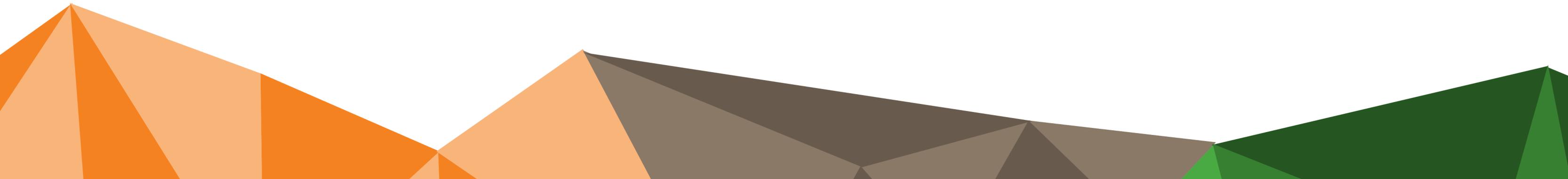
Support Services

Overview



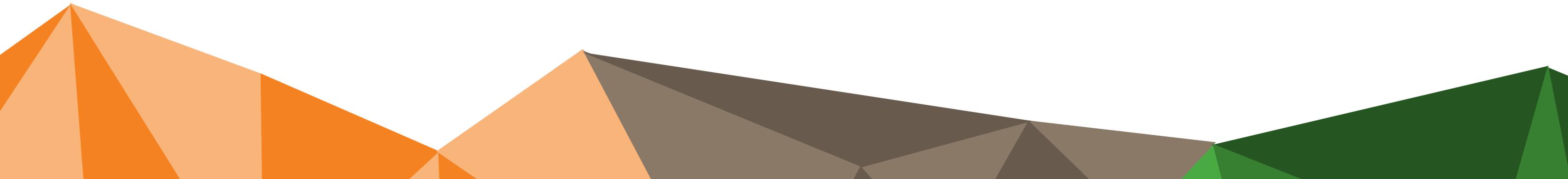
- ✓ A **Supportive Services Only** project is defined by DCA to be a distinct initiative undertaken by a sub-grantee to provide supportive services **directly** to “homeless” and “at- risk” persons (by HUD definition). Services must be collaborative and available to a network of identified homeless service 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.

Support Services



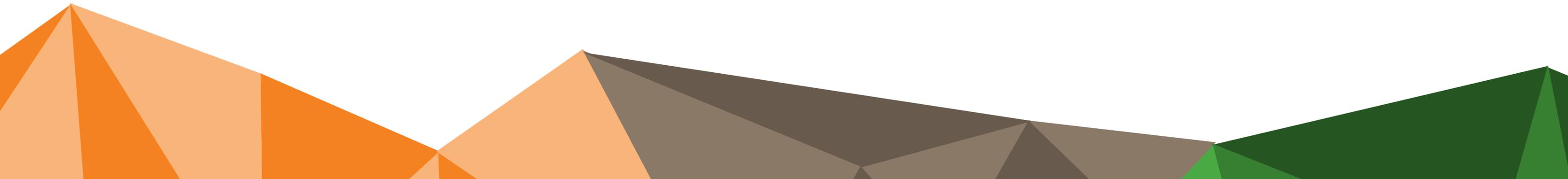
- ✓ Must set up projects, record services in HMIS
- ✓ Clients will be literally homeless or part of a homelessness prevention project
- ✓ Except for aftercare case management, service must be offered to clients being assisted by other ESG/CoC providers in the area
- ✓ Services must be reasonably accessible...low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

Support Services



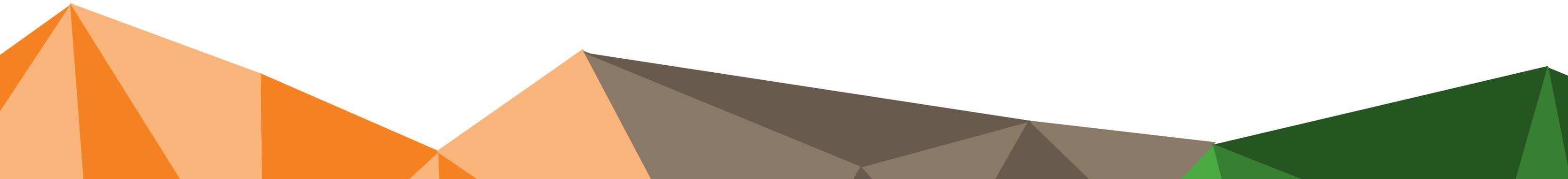
- ✓ Limited to case management, transportation and childcare.
- ✓ Agency must demonstrate that mainstream services are not available for the project.
- ✓ These projects must be directly connected to projects moving clients into permanent housing.

Support Services



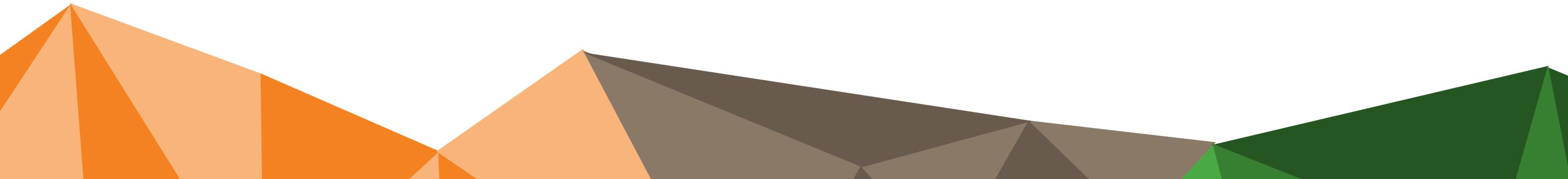
- ✓ There should be a project on HMIS dedicated to your DCA ESG-funded Supportive Service project. All household members receiving assistance from your agency should be enrolled and later discharged from the project (**including children**).

Support Services and HMIS



- ✓ 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/endinghomelessness/solutions/rapid-re-housing/>
- ✓ Reach out to DCA and HMIS staff for assistance please!

Resources

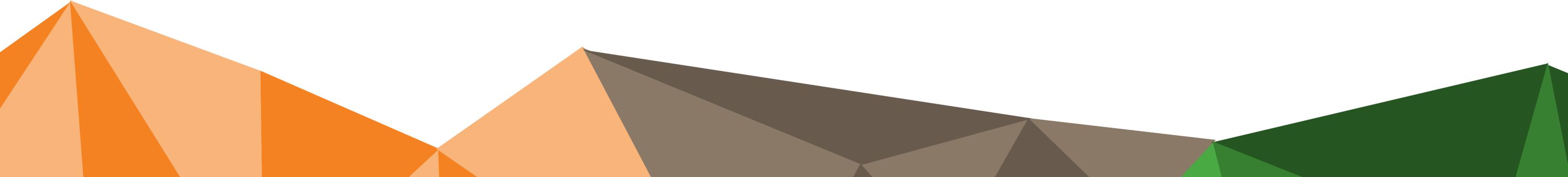


QUESTIONS





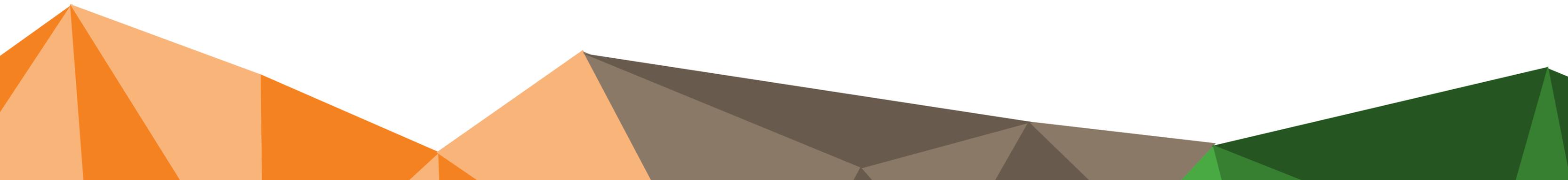
2022 - 2023
ESG Application Scoring



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. Organizational documentation & capacity
5. HUD designated System Performance Measures
6. Participation –CoC where an agency is located, Homeless Coalition, DCA trainings

2022 – 2023 ESG Application Scoring



Organization Name **Funds Requested** **Requested 2018** **Contract ID** **Contract ID**
Project Name **Match** **Award 2018** **Org Denial?** Yes No **Project Denial?** Yes No **Award 2019**
email **Total Budget** **Current Balance** **DCA OrgID**
UniqueID **ORG_ID** **NOI_ID** **Total Persons Served** **Total Households Served** **Funds Requested** **Total Budget** **Cost per Person Served** **Cost per Household Served** **Project Type** error
Counties **CoC** **Go to Award List 2019**
EIN: **Submit**

SCORING - Total Score Org Doc Score Program Design Score *Review Status (Calculated) -- Incomplete*
 Use "Find" to locate "Complete" vs. "Incomplete":

1. CoC or ESG Priority High Low
(Always Applicable)
 Weighted Score: of

2. Monitoring Performance N/A
 Score: /5 Weighted Score: of

3. HMIS Data Quality N/A

a. Universal Data Elements:	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/>	N/A
b. Income and Housing DQ	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/>	N/A
c. Chronic Homelessness	<input type="text"/>	/1	<input type="text"/>	<input type="checkbox"/>	N/A
d. Appropriate Length of Stay	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/>	N/A
e. Bed Utilization	<input type="text"/>	/1	<input type="text"/>	<input type="checkbox"/>	N/A
f. Personally Identifiable Info (PII)	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/>	N/A

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

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

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

Totals & Weighted Scores by Scheme: / of
 Average Scores Entered? Yes

6. Organizational Documentation *(Always Applicable)*

7. Participation

Score, Training:	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/>	N/A
Score, Continuum of Care:	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/>	N/A
Score, Homeless Counts:	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/>	N/A
Score, Coalitions:	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/>	N/A

Weighted Score by Scheme: of

Bonus Points:

Within DCA ESG Entitlement:	<input type="text"/>	of 2
Serves 5-10 BoS w/ no additional Entitlement:	<input type="text"/>	of 2
Serves 11+ BoS w/ no additional Entitlement:	<input type="text"/>	of 3
Signed up to become referral agent:	<input type="text"/>	of 1
CES Lead w/great Performance Measure:	<input type="text"/>	of 2

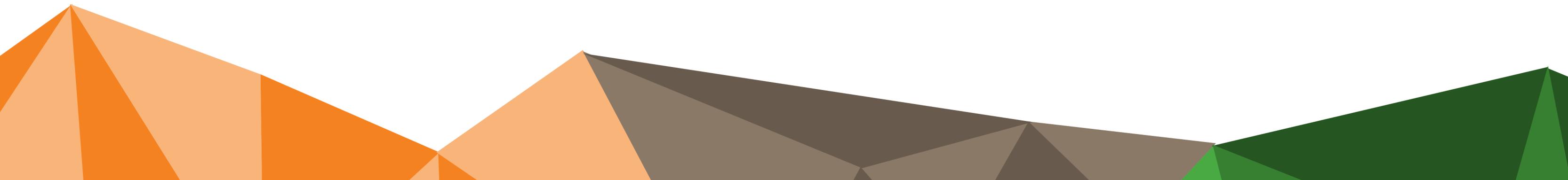
SCORING TOTAL of

0.00

Reviewing Staff General Comments for Management Consideration

- ✓ 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

2022 - 2023 Application Process

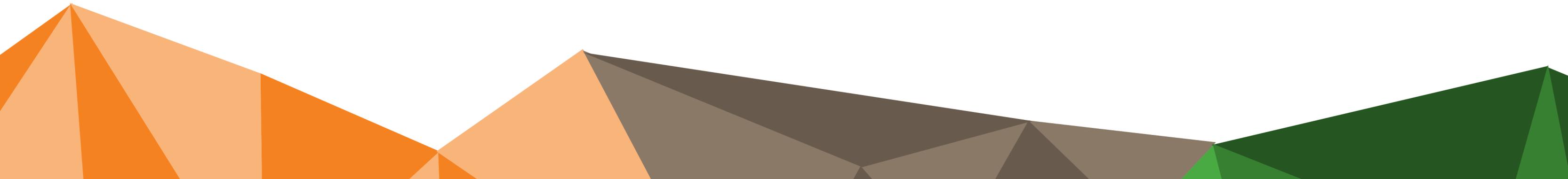




Contract Exhibits

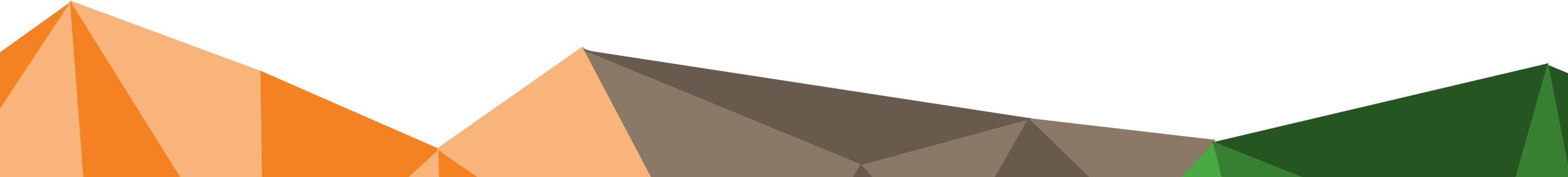
- ✓ Each contract will be sent to the Agency Primary and Senior Contact.
- ✓ Each contract contains:
 - ✓ Exhibit A – Budget pages
 - ✓ Exhibit B – Environmental Review
 - ✓ Exhibit C – Resolution
 - ✓ Exhibit D – HMIS
 - ✓ Exhibit E – Homeless Definition and Recordkeeping
 - ✓ Exhibit F – Special Conditions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

Contracts





Homeless Definition

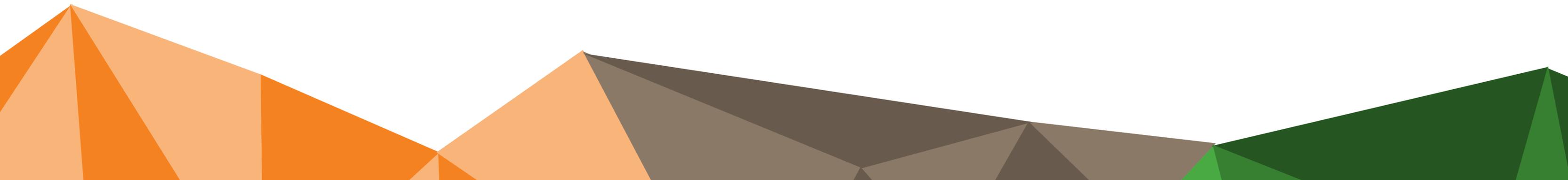


CATEGORIES:

(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)

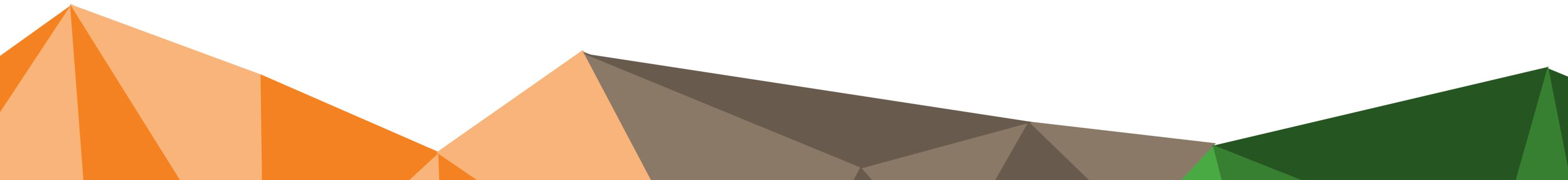
Who is Homeless?



CATEGORIES:

(4) 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 CATEGORY 1, may qualify for Prevention if at risk)

Who is Homeless?



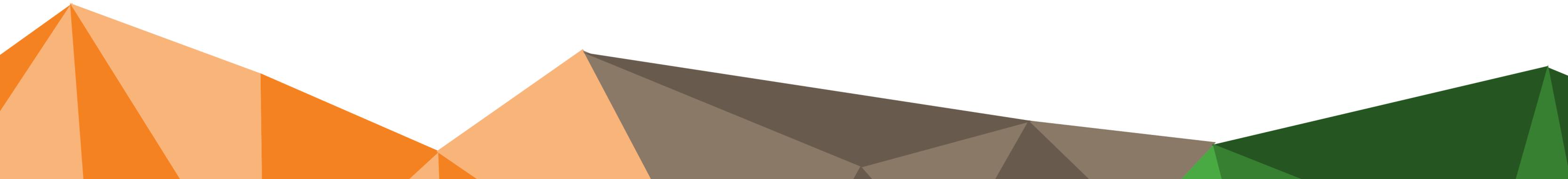
A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act, who ...

- ✓ 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.

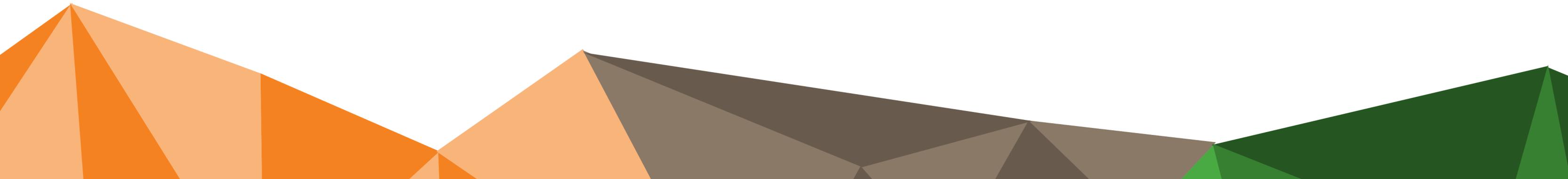
A family with a head of household who meets the criteria set forth above is chronically homeless.

Who is Chronically Homeless?



- ✓ 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

Qualifying Disabilities for Chronic Homelessness



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

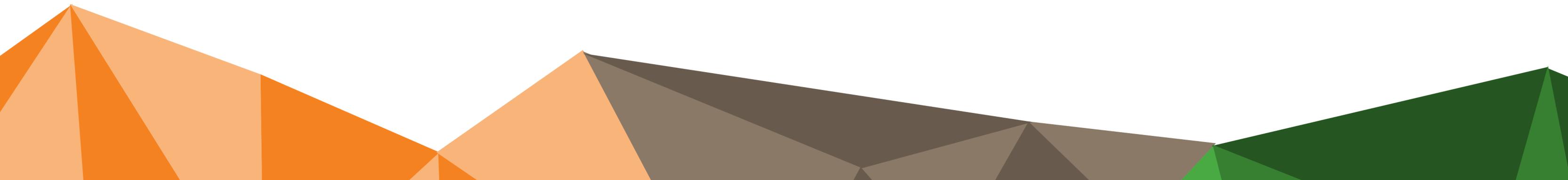
AND

✓ 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...

**Who is At-Risk
of
Homelessness?
(Homeless
Prevention)**

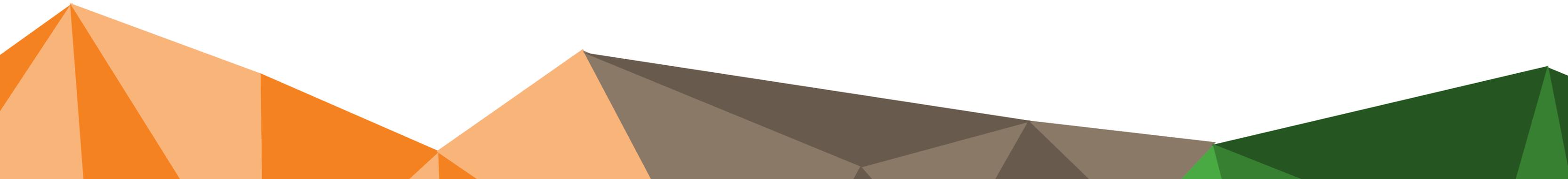


...AND

✓ 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)

**Who is At-Risk
of
Homelessness?
(Homeless
Prevention)**



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.

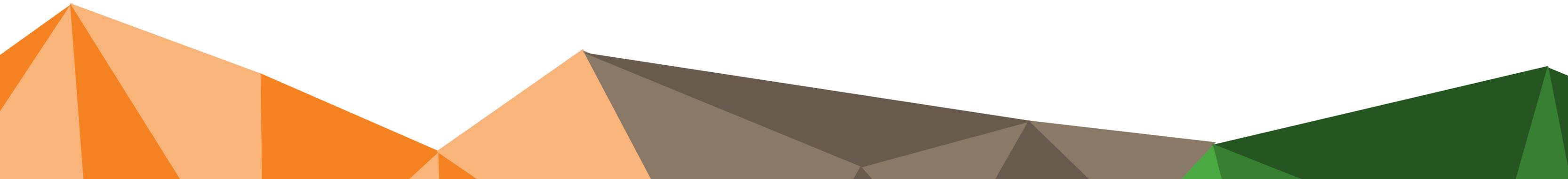
Homeless Verification



HUD prefers this order for homeless verification:

1. Third Party verification,
 - ✓ written and source documentation,
 - ✓ HMIS records;
 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.

Homeless Verification



✓ DCA approved forms will be emailed to all funded agencies.

Please ensure your email is clearly printed on the sign-in sheet.

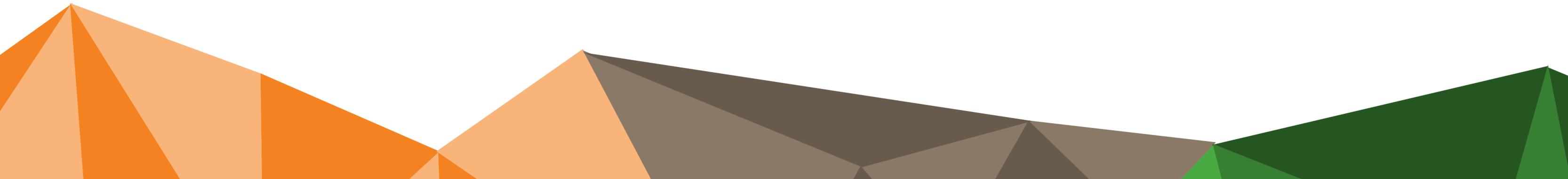
✓ The DCA Third-Party Verification form provides a template for agencies but is only required when acceptable third-party documentation is not otherwise obtainable.

✓ 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 Homeless Verification Forms



✓ Chronic Homeless Certification

- ✓ May be used, along with attached documentation, to analyze whether an individual/family meets the chronic homeless definition

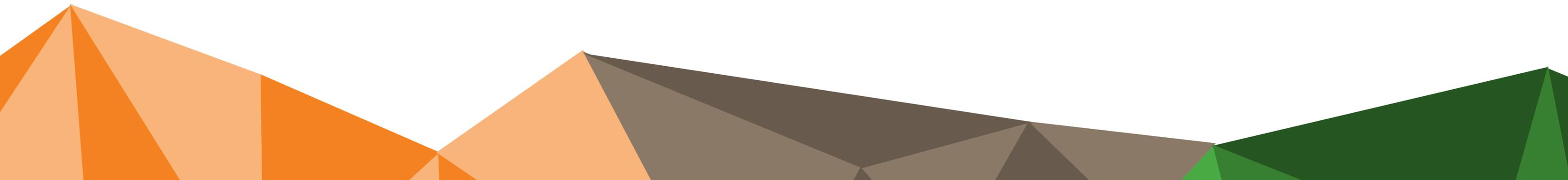
✓ Chronic Homelessness Third Party Verification

- ✓ 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

DCA Chronic Homeless Forms



✓ 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.

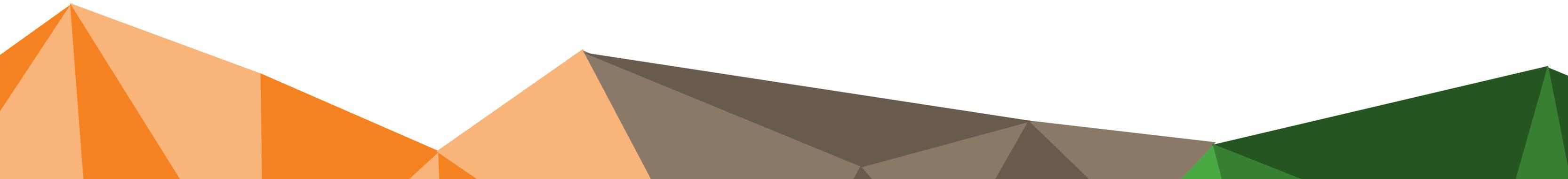
✓ If at any point the youth does not want someone to be contacted because he or she fears for their safety – the intake worker SHOULD NOT contact the person and should document the youth's feelings and statements in the case file.

✓ 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

✓ <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/>

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 90 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. ESG 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>

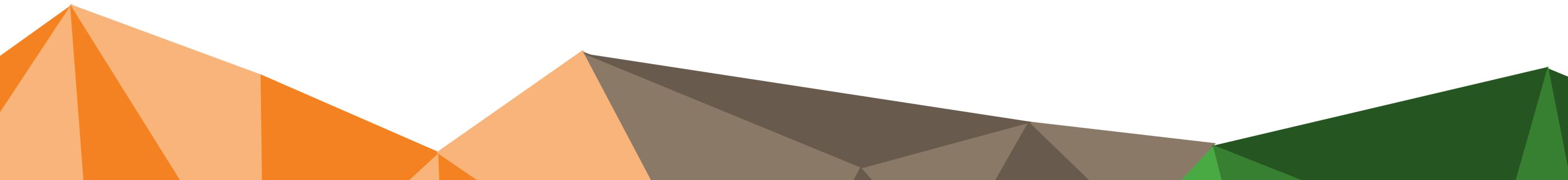
NOTE: Additional guidance on documenting homeless status can be found at [Criteria and Supporting Requirements for Definition of Homeless - HUD Exchange](#). Youth who are not determined to be homeless under one of the Categories above may be considered [at-risk of homelessness](#), and eligible for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



ESG 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



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

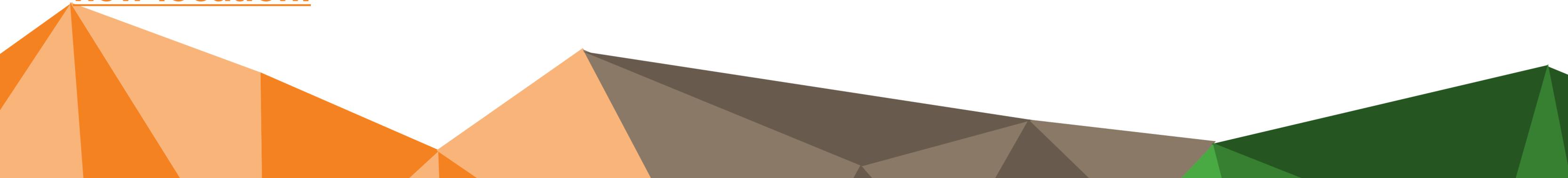
Measure	Desired Outcome
6a. Successful placement from Street Outreach	Increase in percentage of people who exit SO to permanent housing, temporary destinations (except street), and some institutional destinations
6b. Successful placement in or retention of permanent housing	Increase in percentage of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



Environmental Review

- ✓ 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 Reviews

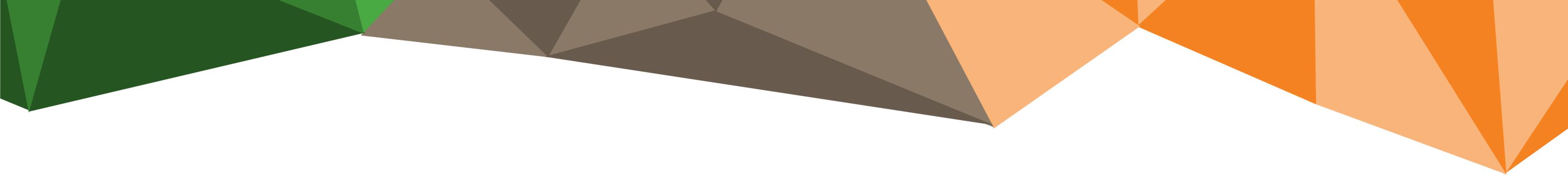


Environmental Review Process

- ✓ 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.

QUESTIONS





Coordinated Entry System



Hello!

I Am Isaac L. Davis

and

I AM Amanda Brand

We are the Coordinated Entry Coordinators

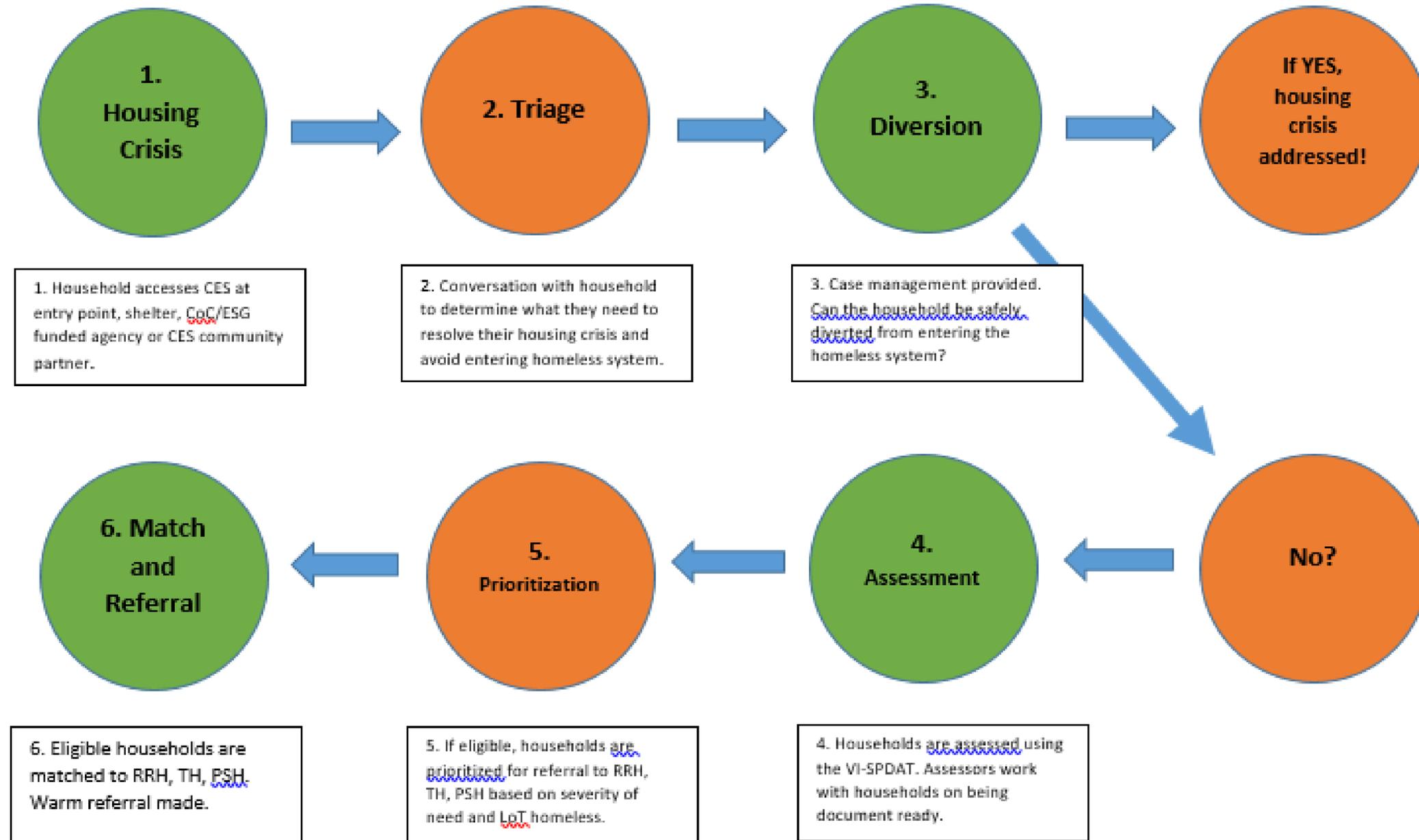
You can contact me at Isaac.Davis@dca.ga.gov

You can contact me at Amanda.Brand@dca.ga.gov



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



Prevention Prioritization

	A	B	C	D
	Client ID	Category	Population	Subpopulation
1		1. Rental Assistance	1. Youth (18-24)	1. Veteran
2		2. Financial assistance	2. Families	2. Eviction Date
3		3. Services	3. Singles	3. Date of Assessment
4				
5				
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				

Navigation: < > **Prioritization** | Referral | Data | (+)

Prevention Referral

	A	B	C	D	E
1	Client ID	Date of referral	Agency	Program	Case Manager
2				Prevention	
3					
4					
5					
6					
7					
8					
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20					

Prioritization **Referral** Data (+)

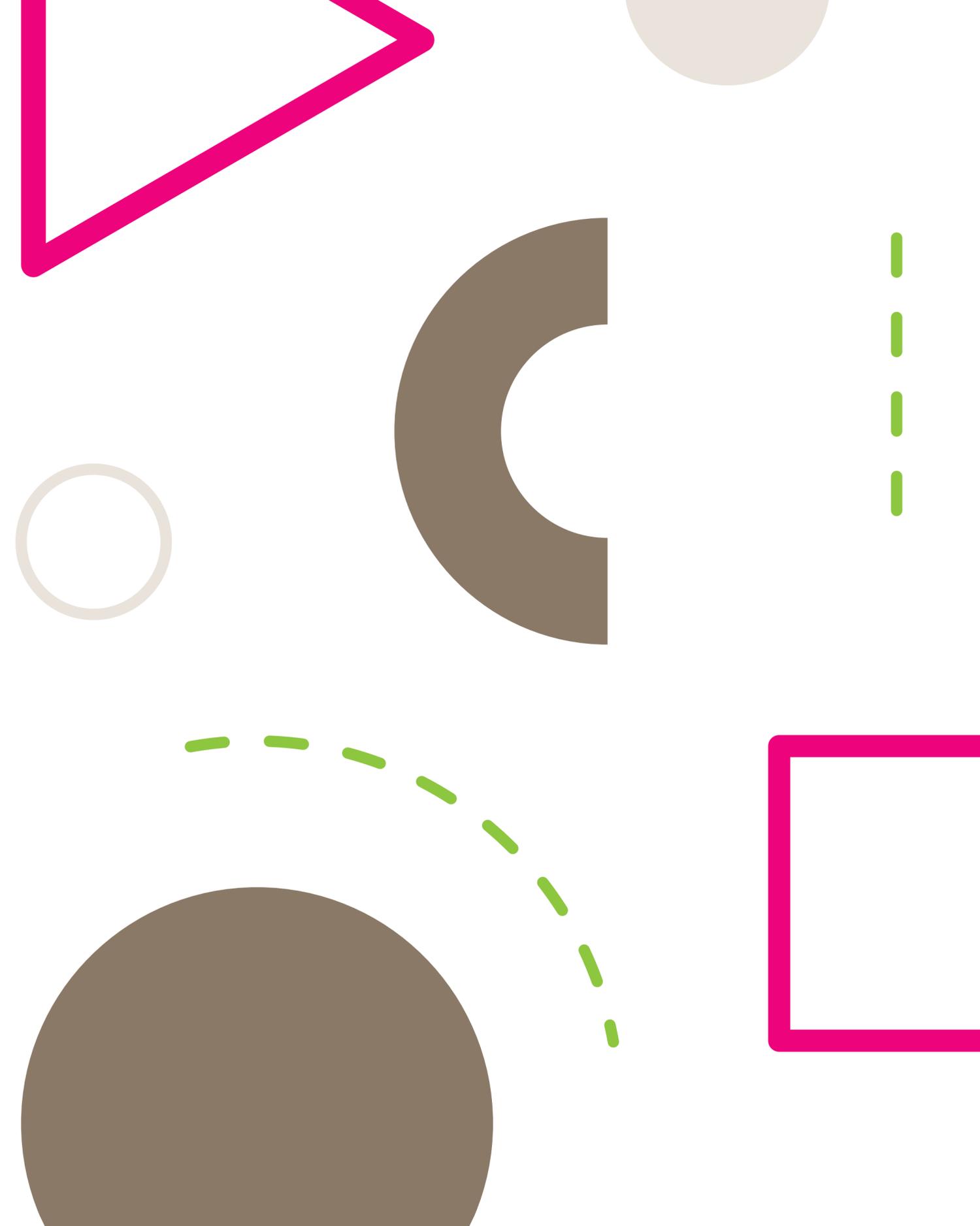


Governance and Tools

- 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>



Contact Information



Isaac Davis

Isaac.Davis@dca.ga.gov

404-370-2985

Amanda Brand

Amanda.Brand@dca.ga.gov

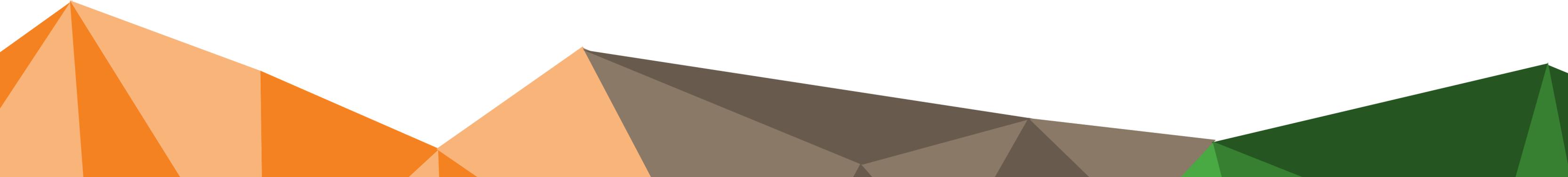
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QUESTIONS



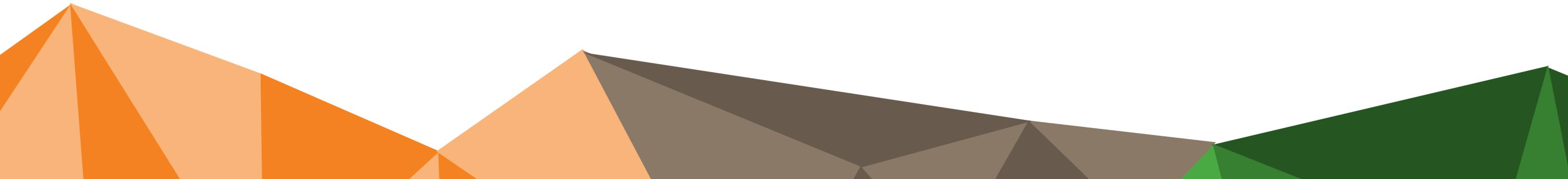


Required Forms



- ✓ 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 2022 will be emailed upon completion of implementation trainings

Required Forms



6. If yes, how long are you able to stay in your current housing situation?

Can no longer stay there	Go to question #6.
2-7 days	Refer to mainstream or prevention resources
1-3 weeks	Refer to mainstream or prevention resources
Indefinite/Unknown	Refer to mainstream or prevention resources

7. If you are currently housed, why can't you stay in your current housing situation?

Late rent
3 day notice to evict
Court eviction or foreclosure
Utility shut-off
Problems with landlord
Overcrowding
Other: _____
Domestic violence/sexual violence

If checked, refer to appropriate mainstream resource to attempt prevention/diversion

If fleeing violence, refer to DV resources to assessment site to complete VI/SPDAT

8. Is there anyone else you could stay with for the next 3-7 days? Yes No

No <i>If no, refer to emergency shelter.</i>	_____
	<i>If yes, please list where.</i>

	What resources would you need?

Date of Birth: _____

Number of people in household (including head of household): _____

Is there another way we can contact you, besides by phone, to make follow-up referrals or obtain additional eligibility information?

Address: _____

E-mail: _____

Results of screening:

Referred to emergency shelter	Shelter Name	
Referred to assessment site to complete VI/SPDAT	Site Name	
Referred to prevention resources	What resource?	
Completed VI/SPDAT at pre-screen location	Score	
Referred to mainstream resources	What resource?	
Referred to DV resources	What resource?	
Provided mediation service(s)	Outcome?	

CE Prevention and Diversion Screening Tool

Script: Hi, my name is _____ and I work for _____ which is part of the _____ Coordinated Entry System. The purpose of this conversation is to assist you/your family with finding a safe place to stay. First, let me get your contact information.

Contact information:

Name _____ Contact # _____

"I'll need to ask you a few questions to better understand your current housing status.

Are you currently homeless or do you believe that you will become homeless in the next 72 hours? Yes No

Are you currently living with, leaving, or attempting to leave an intimate partner/someone you're living with that makes you feel unsafe?

If yes, are you currently being protected by law enforcement. If yes, refer to agency providing DV resources or to assessment site to complete VI/SPDAT (next question)

Emergency or DV Shelter
Motel/Hotel paid by agency
Hospital or treatment facility (less than 90 days)
Jail, Prison or Detention Center (less than 90 days)
_____ to emergency shelter and/or assessment site to complete VI/SPDAT

Own apartment/house/trailer
With a family member or friend
Motel/Hotel paid by self, family, friend
Other: _____
Continue with screening

4. Are you safe in your current situation? Yes No

If no, admit or refer to emergency shelter.

5. Are you able to stay in your current situation? Yes No

If no, skip to question number 7.

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

These forms should be completed to assess every household experiencing.

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

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



DCA Verification of Homelessness

Emergency Shelter, Hotel-Motel, Support Services Only

✓ This form is a checklist to assist in ensuring you collect all required forms and documents to certify homelessness.

VERIFICATION OF HOMELESSNESS EMERGENCY SHELTER, HOTEL/MOTEL VOUCHERS, SUPPORTIVE SERVICES ONLY		
Participant Name:	Participant HMIS #:	ESG Project Entry Date:
ESG Program Type for which Homelessness is Being Certified		
<input type="checkbox"/> Emergency Shelter		<input type="checkbox"/> Supportive Services Only
<input type="checkbox"/> Hotel/Motel Vouchers		

Instructions: Identify the housing status applicable to the participant household below and indicate the attached documentation for that housing status. Complete the Chronic Homeless Information section for each applicant.

Unless otherwise noted, the general order of priority for obtaining evidence is third-party documentation first, intake worker observations second, and certification by the person seeking assistance third.

CATEGORY 1: LITERALLY HOMELESS				
Housing Status	Documentation Attached			
<input type="checkbox"/> Living on the street or sleeping in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (including a car, park, abandoned building, bus station, airport, or camp ground)	<input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority)			
<input type="checkbox"/> Living in a shelter designed to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by a charitable organization or government program)	<input type="checkbox"/> Written referral from previous shelter staff, charitable organization, or government program (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> HMIS shelter record OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority)			
<input type="checkbox"/> Exiting an institution where the applicant resided for 90 days or less and resided in a place not meant for human habitation immediately before entering the institution	<p style="text-align: center;"><i>Documentation must include one item from each column below.</i></p> <table border="0"> <tr> <td style="vertical-align: top;"> Homeless Status Prior to Institution <input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3rd priority) </td> <td style="vertical-align: top;"> Institutional Stay Documentation <input type="checkbox"/> Discharge paperwork, written referral from institution, or DCA Third Party Verification form showing dates of institutional stay OR <input type="checkbox"/> Completed DCA Staff Certification form verifying institutional stay (2nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form verifying institutional stay (3rd priority) </td> </tr> </table>		Homeless Status Prior to Institution <input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority)	Institutional Stay Documentation <input type="checkbox"/> Discharge paperwork, written referral from institution, or DCA Third Party Verification form showing dates of institutional stay OR <input type="checkbox"/> Completed DCA Staff Certification form verifying institutional stay (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form verifying institutional stay (3 rd priority)
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DCA Third Party Written Homeless Verification

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

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:	
<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: 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 <input type="checkbox"/> Currently staying at facility/program	
Facility or Program Type:	
This facility or homeless service program is classified as one of the following:	
<input type="checkbox"/> Emergency shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> 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) <input type="checkbox"/> Other (describe): _____	
<i>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).</i>	
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: _____	

<i>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.)</i>	
Verifying Agency/Person	
I certify that the information documented above is true and accurate.	
Printed Name:	Signature:
Date:	Title:
Organization:	Address:
Phone:	Email Address:

DCA Staff Certification of Homelessness and Domestic Violence

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

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:

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

Option 1: Third Party Oral Verification

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

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

Verification of homelessness was provided:

- Over the phone
- In person

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

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

Option 2: Staff Observation Verification

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

DCA Self Certification of Homelessness and Domestic Violence

✓ This form is required for client self declaration of homelessness or 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: _____

10 | Current Living Situation:

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

Identify the appropriate Living Situation and collect the data on all questions for ALL Living Situations, except **HOMELESS SITUATION**.

The data in this element are transactional data; each time there is a contact, a record of the contact must be recorded including the date and the client location.

Homeless Situation
 Institutional Situation
 Transitional and Permanent Housing Situation

Check below and no further questions will be asked.

HOMELESS SITUATION

Place not meant for habitation
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter.
 Safe Haven

A checkmark here above indicates the end of the assessment.

Select an option below and complete the assessment.

INSTITUTIONAL SITUATION

Foster care home or foster care group home
 Hospital or other residential non-psychiatric medical facility
 Jail, prison, or juvenile detention facility
 Long-term care facility or nursing home
 Psychiatric Hospital or Other Psychiatric Facility
 Substance Abuse Treatment Facility

TRANSITIONAL AND PERMANENT HOUSING SITUATION

Residential or half residential
 Hotel or motel, including extended stay
 Transitional Housing
 Host Home (non-crisis)
 Staying or living in a friend's home
 Staying or living in a family member's home
 Rental by client, with GPD TIP subsidy
 Rental by client, with VASH housing subsidy
 Permanent housing (other than RRH) fully owned by client
 Rental by client, with RRH or equivalent subsidy
 Rental by client, with HCV voucher (tenant or public housing)
 Rental by client in a public housing unit
 Rental by client, with no ongoing housing subsidy
 Rental by client, with other ongoing housing subsidy
 Owned by client, with ongoing housing subsidy
 Owned by client, no ongoing housing subsidy
 Client Doesn't Know
 Client Refused
 Data Not Collected

Is client going to have to leave their current living situation within 14 days?*

Yes Client Refused
 No | If no, end this assessment.
 Client Doesn't Know Data Not Collected

Has a subsequent residence been identified?*

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

Does individual or family have resources or support networks to obtain other permanent housing?*

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

Does individual or family have resources or support networks to obtain other permanent housing?*

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

Has the client moved 2 or more times in the last 60 days?*

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

Client Intake Form (Head of Household and Adult)

1 Client Demographics

*** Required Fields

First Name:* _____ **Last Name:*** _____
Middle Name: _____ **Suffix:** _____ **HoH:*** _____
Phone Number: _____ **Data Quality:*** _____
 Reported Not Reported
 Full SSN Reported Approximate or Partial SSN
 Client Doesn't Know Client Refused
 Data Not Collected

Birthdate:* _____
 Reported
 Approximate or Partial DOB
 Client Doesn't Know
 Client Refused
 Data Not Collected

Race:* (Select all that apply)

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

Ethnicity:*

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

Relationship to Head of Household:*

Self
 Spouse
 Daughter
 Son
 Dependent Child
 Other Family Member
 Other Non-Family Member

Client Contact Information:

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

2 Project Enrollment

Project Start Date:* _____ **Case Manager:** _____

3 Entry Assessment

Disabling Condition:* _____

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

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

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

5 Barriers/Special Needs

Identify whether a client has each individual barrier or not.

<p>Alcohol Abuse*</p> <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	<p>Expected to be of long-continued and substantially impairs ability to live independently?*</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know
<p>Chronic Health Condition*</p> <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	<p>Expected to be of long-continued and substantially impairs ability to live independently?*</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know
<p>Drug Abuse*</p> <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	<p>Expected to be of long-continued and substantially impairs ability to live independently?*</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know
<p>Mental Health*</p> <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	<p>Expected to be of long-continued and substantially impairs ability to live independently?*</p> <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
<p>Physical Disability*</p> <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	<p>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*</p> <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

These two elements don't need to collect
 "Substantially impedes the individual's ability to live independently."

HIV/AIDS*

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

Client Intake Form (Child)

1 Client Demographics

*** Required Fields

First Name: * [] Last Name: * []
 Middle Name: [] Suffix: [] HoH: * []

Data Quality:*

Reported []
 Name []
 []

Social Security Number:*

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

Race:* (Select all that apply)

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

Birthdate:*

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

Relationship to Head of Household:*

Self
 Spouse
 Daughter
 Son
 Dependent Child
 Other Family Member
 Other Non-Family Member

2 Project Enrollment

Client Contact Information:

Address: [] City/State/Zip: []
 Email: [] Home Phone: []

3 Entry Assessment

Project Start Date:* [] **Case Manager:** []

Disabling Condition:* []

Notice of Occupancy Rights under VAWA (Form HUD-5380)

- ✓ This form MUST be provided:
 - ✓ To clients entering Emergency Shelters
 - ✓ To ineligible HP or RRH projects
 - ✓ At Move-in
 - ✓ With notice of eviction or termination of assistance

NOTICE OF OCCUPANCY RIGHTS UNDER
THE VIOLENCE AGAINST WOMEN ACT

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

[Insert Name of Housing Provider¹]

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that [insert name of program or rental assistance] is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.” |

Protections for Applicants

If you otherwise qualify for assistance under [insert name of program or rental assistance], you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

¹ The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

³ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Notice of Occupancy Rights under VAWA (Form HUD-5382)

✓ This form **MUST** be given
with the HUD-5380 form.

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

(1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.

(2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or

(3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

DCA Verification of Income

✓ This form must be used to verify income for households entering the program without 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

✓ 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).

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: _____

ESG Income Eligibility Calculation Worksheet

- ✓ This form MUST be used for Homeless Prevention and Rapid Re-housing clients.

ESG-CV PREVENTION Income Eligibility Calculation Worksheet				
To be eligible for ESG-CV Prevention assistance, households must be below 50% of the Area Median Income (and meet other eligibility requirements). Grantees are required to use this worksheet to determine whether an applicant household meets the ESG income eligibility threshold. A copy of this worksheet should be kept in the ESG-CV participant case file. *This form should be used for ESG-CV Prevention initial eligibility and re-certification (every 6 months).				
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)				
50% of Area Median Income (AMI) for Household Size		\$ -		
Household Member Number/Name	Sources of Household Income	Gross Documented Current Income Amount	Number of Payments per Year	Annual Gross Income (Gross Income amount X # of
	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	\$ -		\$ -
	TANI/Public Assistance	\$ -		\$ -
	TANI/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		\$ -		
50% of Area Median Income for Household Size		\$ -		
Variance (If less than AMI, then household is income eligible)		\$ -		
Is the household at or below 50% Area Median Income?		YES-Income Eligible		

Rent Reasonableness Checklist

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

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:

$$\frac{\text{Contract Rent}}{\text{Contract Rent}} + \frac{\text{Utility Allowance}}{\text{Utility Allowance}} = \frac{\text{Proposed Gross Rent}}{\text{Proposed Gross Rent}}$$

Approved rent does not exceed applicable Payment Standard (Fair Market Rents (FMR)) 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: _____

Fair Market Rent Documentation System

- ✓ <https://www.huduser.gov/portal/datasets/il.html#2020>
- ✓ This website should be used to determine the FMR for Homeless Prevention and Rapid Re-housing.



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.

Fair Market Rent Documentation System

- ✓ <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.

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.						Utility or Service	per month cost
Complete below for the actual unit rented						Space Heating	
Name of Family						Cooking	
						Other Electric	
						Air Conditioning	
						Water Heating	
Unit Address						Water	
						Sewer	
						Trash Collection	
						Range/Microwave	
Number of Bedrooms						Refrigerator	
						Other	
						Total	

based on form HUD-52667 (04/15)

ref. Handbook 7420.8

Previous editions are obsolete
EFFECTIVE 1/1/2019

Rental Assistance Agreement

- ✓ This form is required for all households in the Homeless Prevention and Rapid Re-housing projects.

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:

- 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.*
- 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.
- 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.

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.

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	Date
Printed Name:	

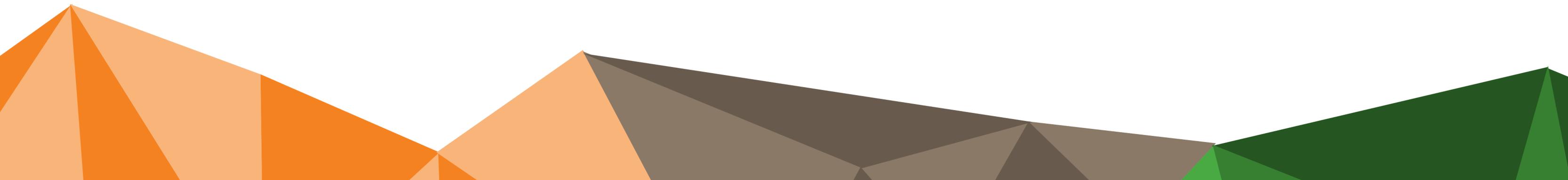
Tenant	Date
Printed Name:	

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.

VAWA Lease Addendum

- ✓ 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



Lead Based Paint Required Forms

- ✓ This form is required for all households in the Homeless Prevention and Rapid Re-housing projects.

Emergency Solutions Grant		2013
ESG Lead-Based Paint Document Checklist		
About this Tool		
<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.	

Lead Based Paint Required Forms

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

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. 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...

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

- ✓ The ESG Lead-Based Paint Property by Owner Certification form is required for all households in the RRH and Homeless Prevention programs.

Emergency Solutions Grant	2013																		
ESG Lead-Based Paint Property Owner Certification Form																			
About this Tool																			
<p>The <i>ESG Lead-Based Paint Property Owner Certification Form</i> 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.</p>																			
INSTRUCTIONS																			
<p>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.</p>																			
<ol style="list-style-type: none">1. Have all identified problems with the paint surfaces been repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No2. Have all identified problems with paint surfaces been repaired using safe work practices? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.4. Did the unit pass the clearance exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.																			
<table border="1"><tr><td colspan="2">Name of Tenant</td></tr><tr><td colspan="2">Address</td></tr><tr><td colspan="2">Unit Number</td></tr><tr><td colspan="2">City</td></tr><tr><td>State</td><td>Zip</td></tr><tr><td colspan="2">Name of Property Owner/Manager</td></tr><tr><td>Property Owner/Manager Signature</td><td>Date</td></tr><tr><td colspan="2">Name ESG Program Staff</td></tr><tr><td>ESG Program Staff Signature</td><td>Date</td></tr></table>		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
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																		

⁷To 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 1-800-424-6213; (3) visit the U.S. Environmental Protection Agency website at <http://www.epa.gov/lead>; and (4) use an "online professional locator."

⁸Note to grantee: This tool cannot be used for lead-based paint stabilization of your own work. Instead, you will be able to pay for one clearance examination. To require grantees to include this tool in the work, based on their local housing program conditions to appropriate expense rules to paying the grantees to landlords.

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 minimus 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 minimus 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 minimus 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 minimus 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.⁶ Once the bags are sealed, do not reopen them.
7. **Obtain clearance.** If the deteriorated paint surfaces exceed the de minimus 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 minimus thresholds.

⁶Check with your State lead program to ensure there is no state regulation prohibiting disposal with household trash.

Lead Based Paint Required Forms

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 minimus 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 _____.

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 900,000 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.

ATTACHMENT 3: ONGOING MONITORING AND MAINTENANCE REQUIREMENTS

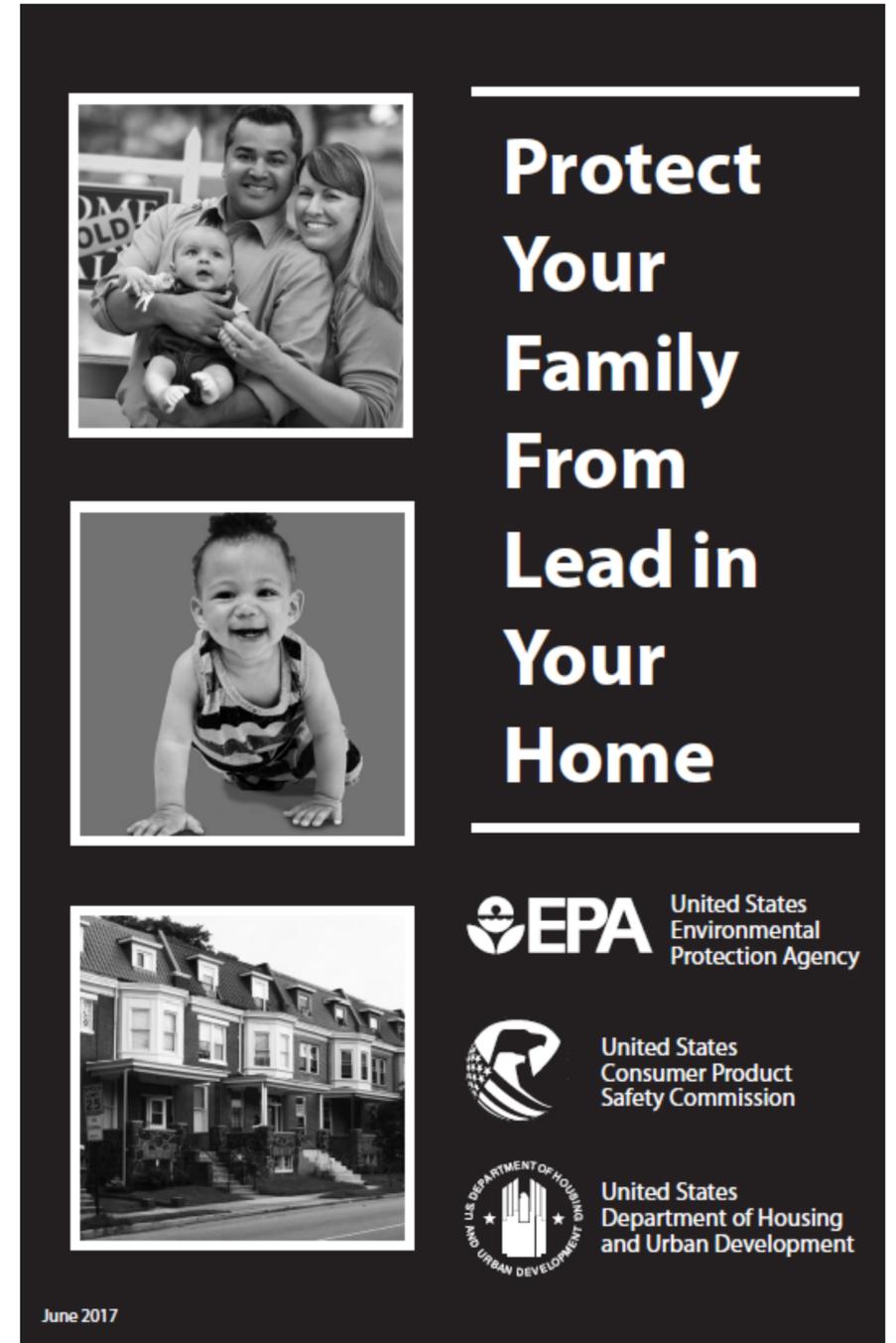
Property owners/landlords should take the following steps to ensure that paint is not deteriorating and creating lead-contaminated dust and paint chips, as it will help prevent children from being lead poisoned.

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 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).

Lead Based Paint Required Forms

- ✓ The Protect Your Family From Lead in Your Home pamphlet **MUST** be given to every household in the Rapid Re-housing and Homeless Prevention projects.



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

 **EPA** United States
Environmental
Protection Agency

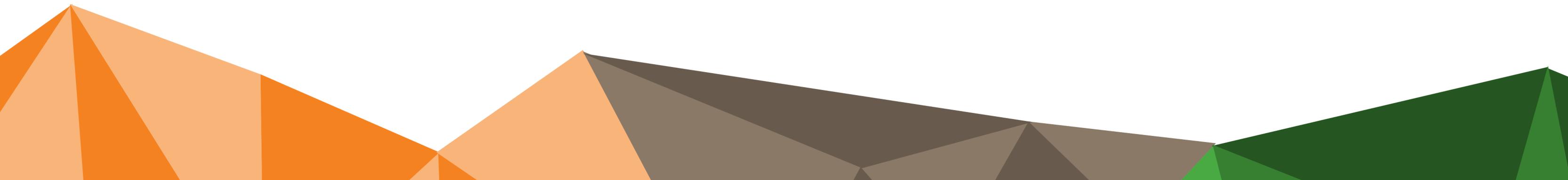
 United States
Consumer Product
Safety Commission

 **U.S. DEPARTMENT OF HOUSING
AND
URBAN DEVELOPMENT** United States
Department of Housing
and Urban Development

June 2017

- ✓ 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 unit(s)

Lead-Based Paint



Habitability Standards Inspection

- ✓ The Habitability Standards Inspection Checklist form is required for all households in the Homeless Prevention and Rapid Re-housing projects.

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 Housing Quality Standards (HQS) used for other HUD programs are different than the minimum standards for permanent housing and emergency shelter assisted with ESG funds. While in most respects HQS is more stringent and detailed than the ESG minimum standards for permanent housing and emergency shelter, the ESG standards for fire safety are more specific. Sub-grantees may not use HQS instead of the ESG habitability standards.

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.

HMIS Project Discharge Form
Emergency Shelter & Street Outreach (Including PATH)

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:* _____

(ONLY REQUIRED FOR PATH PARTICIPANTS):

Date of PATH Status Determined:* _____
 Client Became Enrolled in PATH:* Yes No (Client formally contacted)
 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)

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:*

_____ Last Name:* _____
 _____ Suffix: _____
 _____ Social Security Number:* _____

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.

_____ motel paid for with shelter voucher
 _____ persons (including homeless youth)
 _____ for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
 _____ or Psychiatric Facility
 _____ Treatment or Detox Center

_____ 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

HMIS Discharge Forms

- ✓ An Individual Service Plan (ISP)
- ✓ Case Notes
- ✓ Service Notes
- ✓ Met with their Case Manager at least once a month
- ✓ Been contacted 90 days after discharge
 - ✓ This is documented in HMIS/DV Comparable Database
 - ✓ All DCA ESG Projects
- ✓ Been contacted 180 days after discharge
 - ✓ This is documented in HMIS/DV Comparable Database
 - ✓ Homelessness Prevention and Rapid Re-Housing

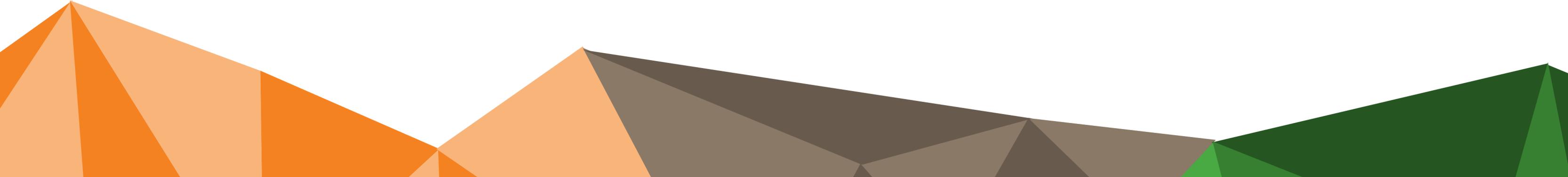
All Clients
MUST
Have:

QUESTIONS





DCA ESG Monitoring



Risk Analysis

- ✓ 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.

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. Spending			
i. Agency submitted a reimbursement request by December 31st.	HIGH	5	
ii. Spent down at least 40 percent of the awarded amount by January 31st.	MED	3	
iii. Spent down over 50 percent of the awarded amount by January 31st.	LOW	1	
Comments:			
D. Financial Compliance			
i. 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	
ii. 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:			

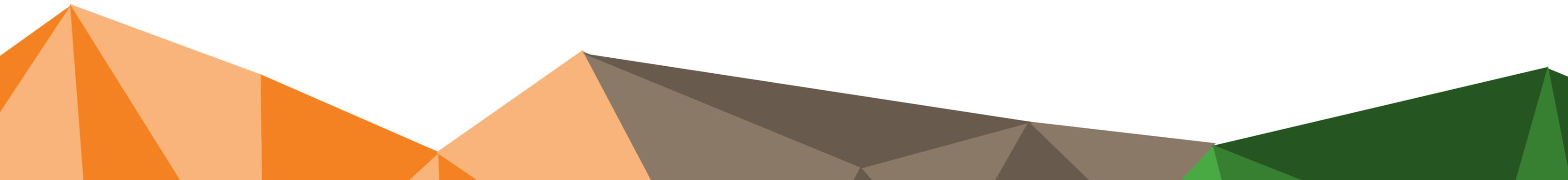
Risk Analysis

- ✓ 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.

II. GRANT MANAGEMENT			
A. Staff Capacity			
i. During the last two program years, key staff have demonstrated an inability to administer the ESG program as evidenced through recurring monitoring finding(s), or failure to resolve open findings timely; OR one or more vacancies for key ESG staff have existed for more than six months.	HIGH	15	
ii. Although no issues as specified in (i) above have been identified, one or more vacancies for key staff have existed for the past 3 to 6 months; OR key program staff have been hired in the past two program years, but lack necessary experience and have not received program training.	MED	10	
iii. No program deficiencies have been identified as evidenced through findings AND any key staff vacancies have existed for less than three months AND any key staff hired in the past program year have received or do not need program training.	LOW	1	
Comments:			
B. On-Site Monitoring			
i. Within the last three program years, the recipient has received three or more findings that are still open, overdue and resolved/unresolved; OR hasn't been monitored within two years.	HIGH	10	
ii. Within the last two years, the recipient has up to two findings.	MED	5	
iii. Within the last two years, an on-site monitoring visit was conducted AND no findings were identified.	LOW	1	
Comments:			
III. SERVICES			
A. Meeting Project Objectives			
i. The number of persons and/or households served didn't meet the projected persons and/or household numbers by 50 percent or more.	HIGH	5	
ii. The number of persons and/or households served didn't meet the projected persons and/or household numbers between 21% - 49%.	MED	3	
iii. The number of persons and/or households served didn't meet the projected persons and/or household numbers between 0% - 20%; OR exceeded the projected numbers.	LOW	1	
Comments:			
B. Multiple Projects			
i. The sponsor carries out multiple programs, which involve one or more funding sources.	HIGH	5	
ii. The sponsor carries out one program, which involves one or more funding sources.	MED	3	
iii. The sponsor carries out only one program, which involves only one funding source.	LOW	1	
Comments:			
Overall Risk Assessment - Total Score			
Factor	Maximum Score	Points Assigned	
I. Financial Management	15	0	
II. Grant Management	25	0	
III. Services	10	0	
Total	50	0	

- ✓ 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

DCA ESG Monitoring



QUESTIONS

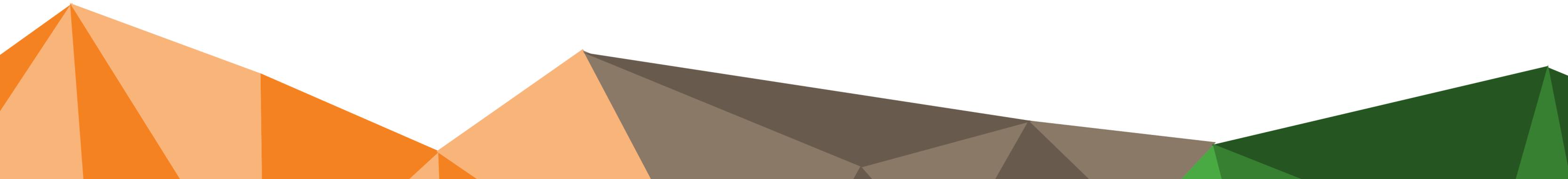


Fair Housing



- ✓ 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.

Civil Rights Laws

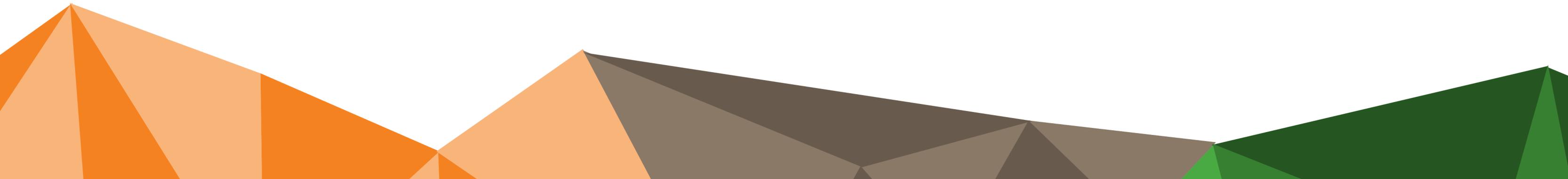


**Limited English Proficient
(LEP)
And
Violence Against Women Act
(VAWA)**



- ✓ 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.

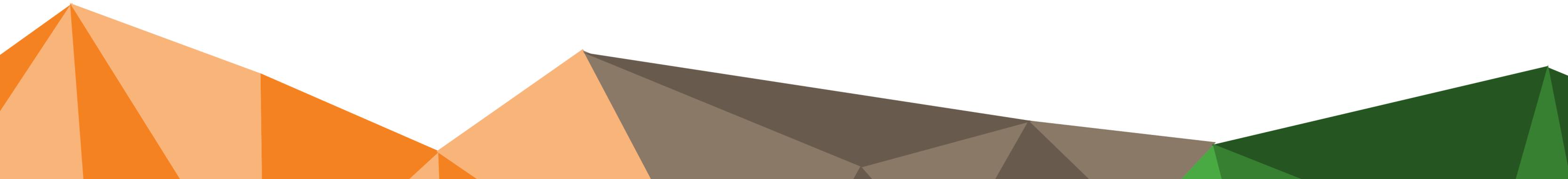
Best LEP Practices



- ✓ 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.

Who is protected under VAWA?

The majority of VAWA applies to rental assistance



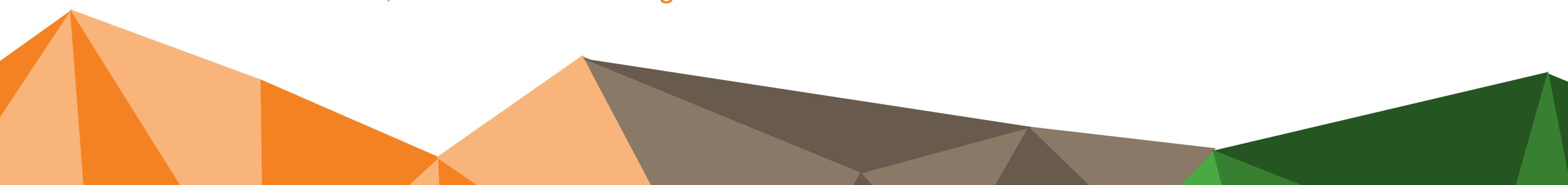
- ✓ We have started monitoring
 - ✓ Does agency provide the notice and certification to applicants/participants as required?
 - ✓ Policy?
 - ✓ Acknowledgment of receipt or other documentation that it was provided?
 - ✓ Has agency adopted an emergency transfer plan?
 - ✓ Must keep data on emergency transfers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

DCA Monitoring

- ✓ (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 Records Retention Requirements



Fair Housing Violence Against Women's Act (VAWA) LAP Training (ESG/ESG-CV) Webinar

- ✓ **Wednesday, December 7, 2022, 10:00 am – 11:15 am**
 - ✓ **This is MANDATORY!**

QUESTIONS



Reminders from the ESG Finance Team



Finance ESG Reimbursement Training Webinars

- ✓ Emergency Shelter/Hotel/Motel Voucher/Supportive Services Only
 - ✓ Monday, November 28, 2022, 10:00 am – 11:30 am
- ✓ Homelessness Prevention and Rapid Re-Housing
 - ✓ Monday, November 28, 2022, 2:00 pm – 3:30 pm
- ✓ Street Outreach
 - ✓ Tuesday, November 29, 2022, 10:00 am – 11:00 am
 - ✓ **Only attend webinars for funded projects*

✓ These are MANDATORY!

Homeless Management Information System (HMIS)



Hello!

I Am Chandra Woods

I am the HMIS Data Analyst

You can contact me at Boshmis@dca.ga.gov or
Chandra.woods@dca.ga.gov

I Am Jimmecia Douglas

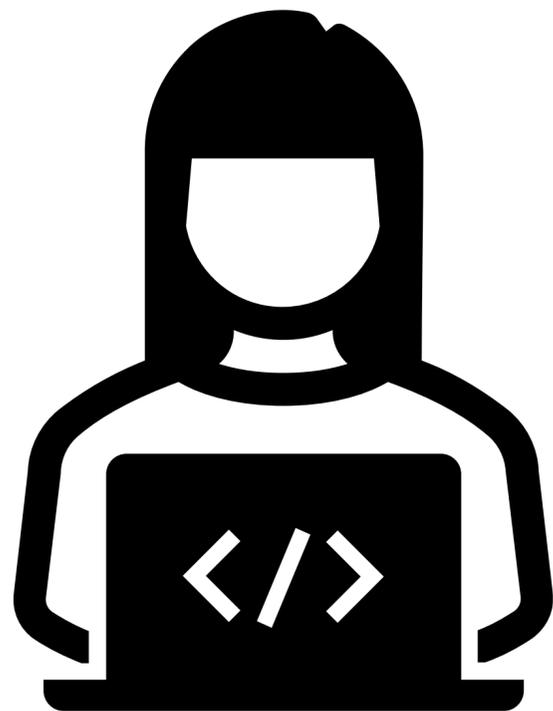
I am the DV Data Analyst

You can contact me at gadv@dca.ga.gov or
Jimmecia.douglas@dca.ga.gov

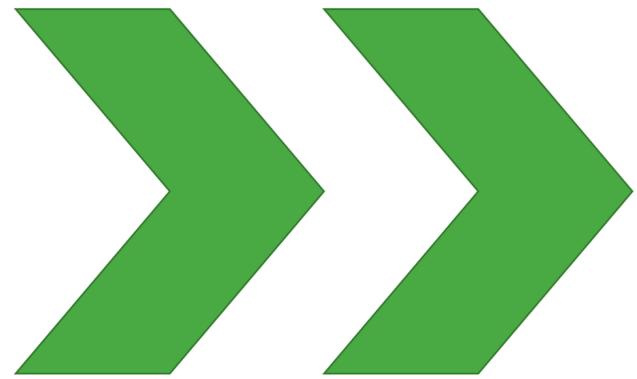
GEORGIA
BALANCE
BOS
of STATE
SERVING 152 COUNTIES



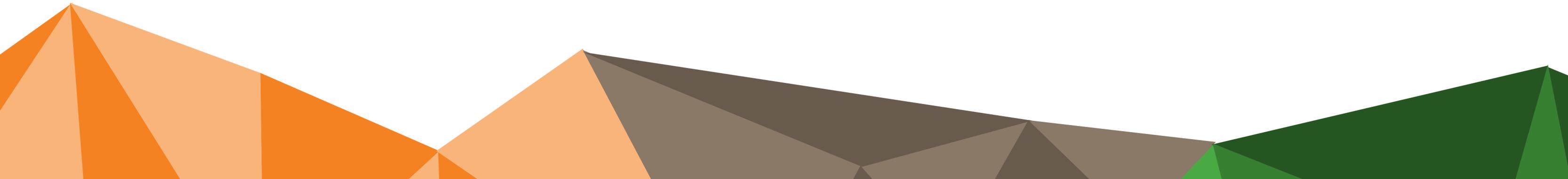
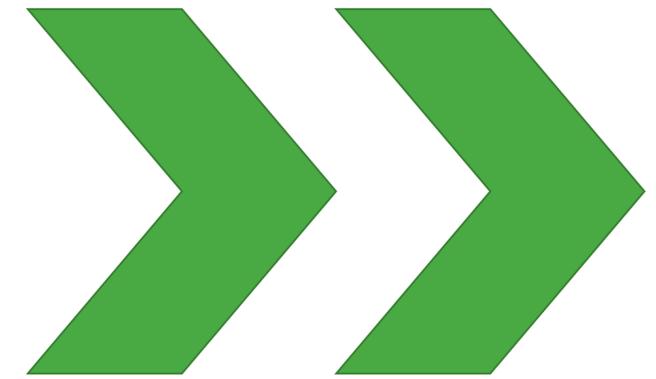
HMIS / Comparable Database Requirements



Georgia Client Track / Georgia DV Comparable Database are **REQUIRED** for ESG Funding.



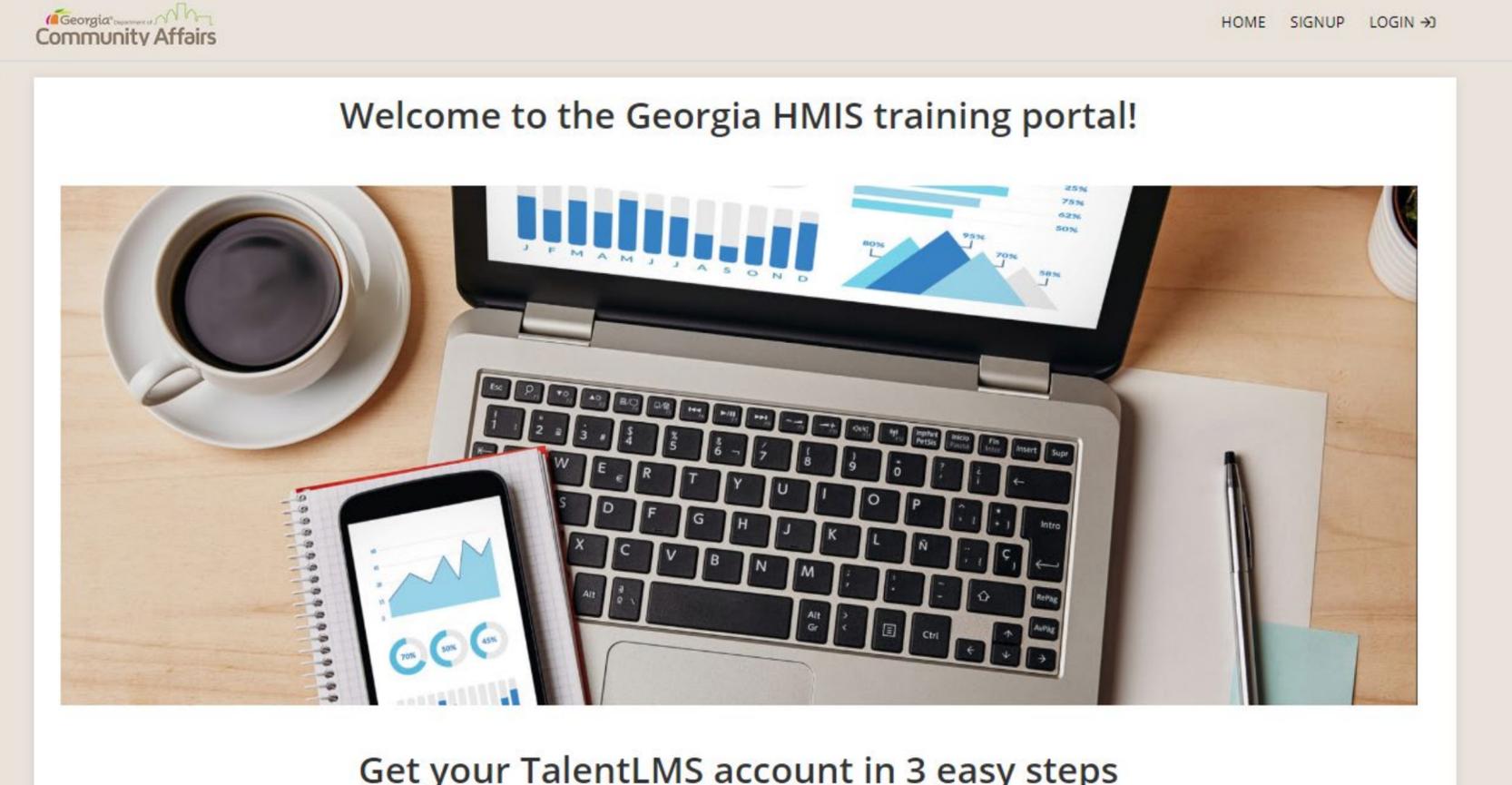
Talent LMS



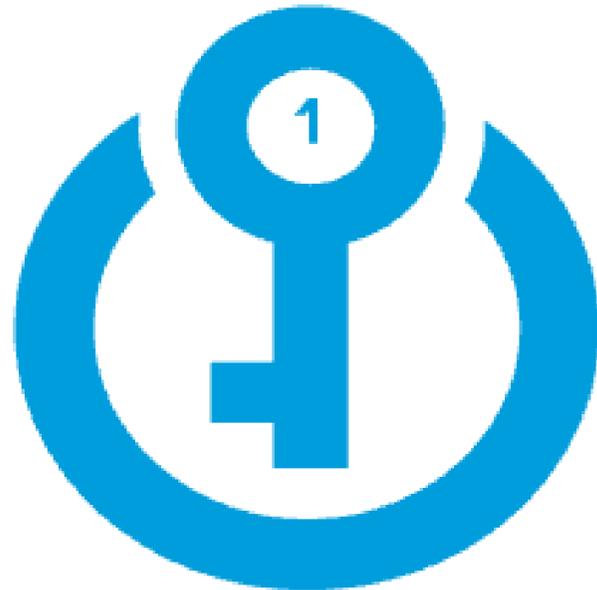
Talent LMS

The GA HMIS Implementation and the GA DV Comparable Database has begun using TalentLMS.

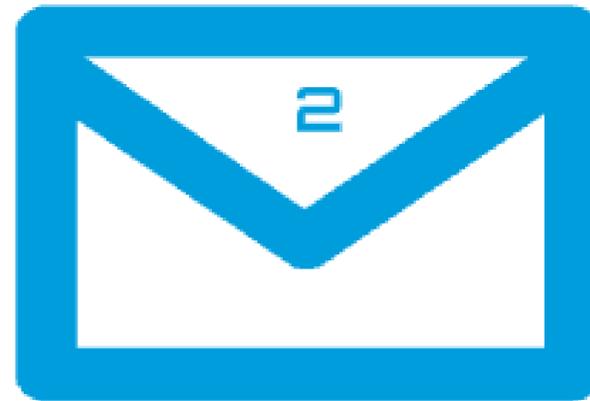
TalentLMS is a cloud-based Learning Management System that is specifically developed for more engaging trainings, managing online courses, and distributing course materials to deliver training more efficiently



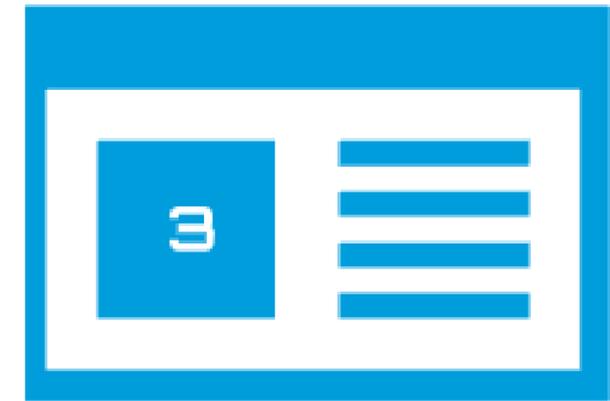
The screenshot shows the Georgia HMIS training portal website. The header includes the Georgia Community Affairs logo and navigation links for HOME, SIGNUP, and LOGIN. The main content area features a welcome message: "Welcome to the Georgia HMIS training portal!". Below the text is a photograph of a laptop on a desk with a coffee cup, a tablet, and a pen. The laptop screen displays a bar chart with months (J, F, M, A, M, J, J, A, S, O, N, D) and a line graph with data points. The tablet also shows a line graph and circular progress indicators. At the bottom of the page, there is a call to action: "Get your TalentLMS account in 3 easy steps".



Click on the "SIGNUP" button at the top of this page to create an account in TalentLMS



Check your email to "Confirm your account" by clicking the link contained in the TalentLMS notification*



You now have access to TalentLMS and you can begin your HMIS Training with the "00 | Intro to TalentLMS" course

BE AWARE THIS LINK EXPIRES IN 48 HOURS

* (if you don't see this email immediately, check your "spam" folder)

Home

Search my courses

Info, Name, Grid, List view toggles

19 courses in progress, 20 completed courses, 6 badges, 3100 points, 7th level

GA HMIS 101 | Introduction/User Agreement

- 00 | Intro to TalentLMS (COMPLETED)
01 | Intro to HMIS (COMPLETED)

GA HMIS 102 | Initial Required ClientTrack Training

- 02 | First Time Login (COMPLETED)
03 | Basic Navigation (COMPLETED)
04 | New Client Search (COMPLETED)
05 | Client Enrollment (COMPLETED)
06 | Assessments: Universal Data (COMPLETED)
07 | Assessments: Barriers (COMPLETED)
08 | Assessments: Financial (COMPLETED)
09 | Assessments: Domestic Violence (COMPLETED)
10 | Current Client Search (COMPLETED)
11 | Sharing Client Data (COMPLETED)
12 | Submitting Issues (COMPLETED)

Start or resume course

Navigation sidebar: COURSE CATALOG, PROGRESS, JOIN GROUP, DISCUSSIONS, CALENDAR

Access to the System



 **ClientTrack**[®]
by **eccovia**

Sign in to **GEORGIA HOUSING AND FINANCE
AUTHORITY**

User Name

Password

[Did you forget your password?](#)



User id : Joey.smith@agency.com
Password: test@2022

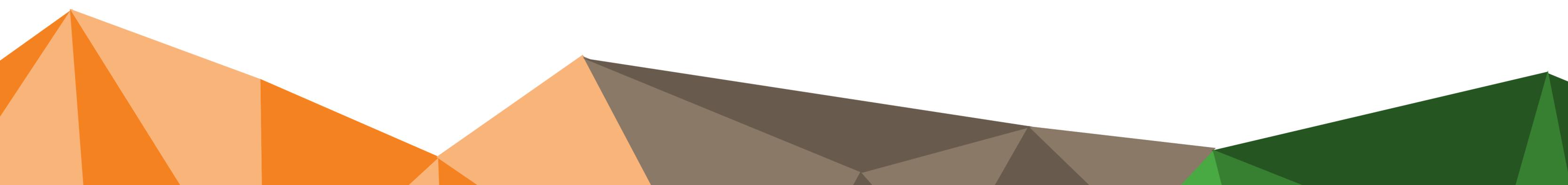
- Do not save your password in your web browser
- Please log into system within 45 days or you will be locked out

Access to the System





Enrollments



Enrollments

- Clients should be enrolled within **48 business hours**.
- Make sure to enroll the client into the correct ESG program.
- You will not be able to change the program once the enrollment is saved.
- Intake forms are available on paper but entry into HMIS is still required.
- List all family members at once when enrolling a client starting with the head of household.
- The head of household must be listed as “self”.



Enrollments

Main Dashboard

Clients

Project Intake

Program Enrollment

Intake (2298) **Glen Banks** 9/12/1978 ClientID 409497

HUD Program Enrollment

Select the Project you are enrolling the client into. ClientTrack will display a list of clients in the client's family. Please select all the clients you are enrolling.

The Project Start Date is:

- For **Street Outreach** projects – it is the date of first contact with the client.
- For **Emergency Shelters** – it is the night the client first stayed in the shelter for the consecutive shelter period from entry to exit. Night by night shelters, which use a bed-night tracking method will have a project start date that will allow clients to re-enter as necessary without “exiting and restarting” for each stay for a specified period.
- For **Safe Havens** and **Transitional Housing** – it is the date the client moves into the residential project (i.e. first night in residence).
- For all types of **Permanent Housing**, including **Rapid Re-Housing** – it is the date following application that the client was admitted into the project. To be admitted indicates the following factors have been met:
 - Information provided by the client or from the referral indicates they meet the criteria for admission (for example if chronic homelessness is required the client indicates they have a serious disability and have been homeless long enough to qualify – though all documentation may not yet have been gathered)
 - The client has indicated they want to be housed in this project
 - The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, scattered-site subsidy) or expects to have one in a reasonably short amount of time
- For all other types of Service projects including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

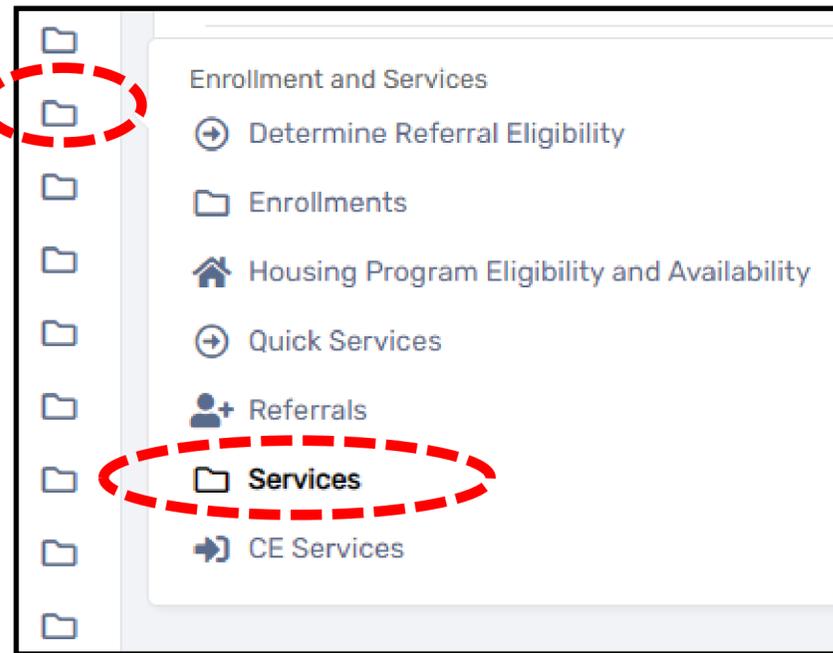
Project: * ESG - ES - 501

Household

Excerpt from the HMIS Data Standards Manual "A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."

<input type="checkbox"/>	Name	Gender	Age	Project Start Date	Exit Date	Case Manager	Relationship to Head of Household*
<input type="checkbox"/>	Banks, Glen	Male	44	MM/DD/YYYY	MM/DD/YYYY		-- SELECT --

Enrollments – Services

A screenshot of a service entry form. The form fields are: Enrollment: 10/13/2022 - DCA ESG - RRH - 501; Grant (Select to view available services): ESG - RRH - 501; Service: -- SELECT -- (with a dropdown menu open showing options: ESG - Case Management, ESG - Emergency Health Services, ESG - Emergency Mental Health Services, ESG - Engagement); Location: -- SELECT --; Date: *; Units: 1.00; Unit Value: \$1.00; Total: \$1.00; User Performing the Service: Chandra Woods; Check Number: (empty field); Comments: (empty text area).

There are multiple ways to add service notes in the system including:

- **Services** in the Client Dashboard / Workspace
- **Quick Services** in the Client Workspace
- **Case Notes** at the bottom of the page will have a space to insert a service

Enrollments – Services

ESG - Case Management

ESG - Child Care

ESG - Credit Repair

ESG - Education Services

ESG - Emergency Health Services

ESG - Emergency Mental Health Services

ESG - Employment Assistance/Job Training

ESG - Engagement

ESG - Hotel/Motel Vouchers

ESG - Housing Search and Placement

ESG - Landlord Incentive

ESG - Last Month's Rent

ESG - Legal

ESG - Life Skills Training

ESG - Mediation

ESG - Mental Health Services

ESG - Moving Costs

ESG - Outpatient Health Services

ESG - Rental Application Fees

ESG - Rental Assistance

ESG - Security Deposit

ESG - Substance Abuse Treatment Services

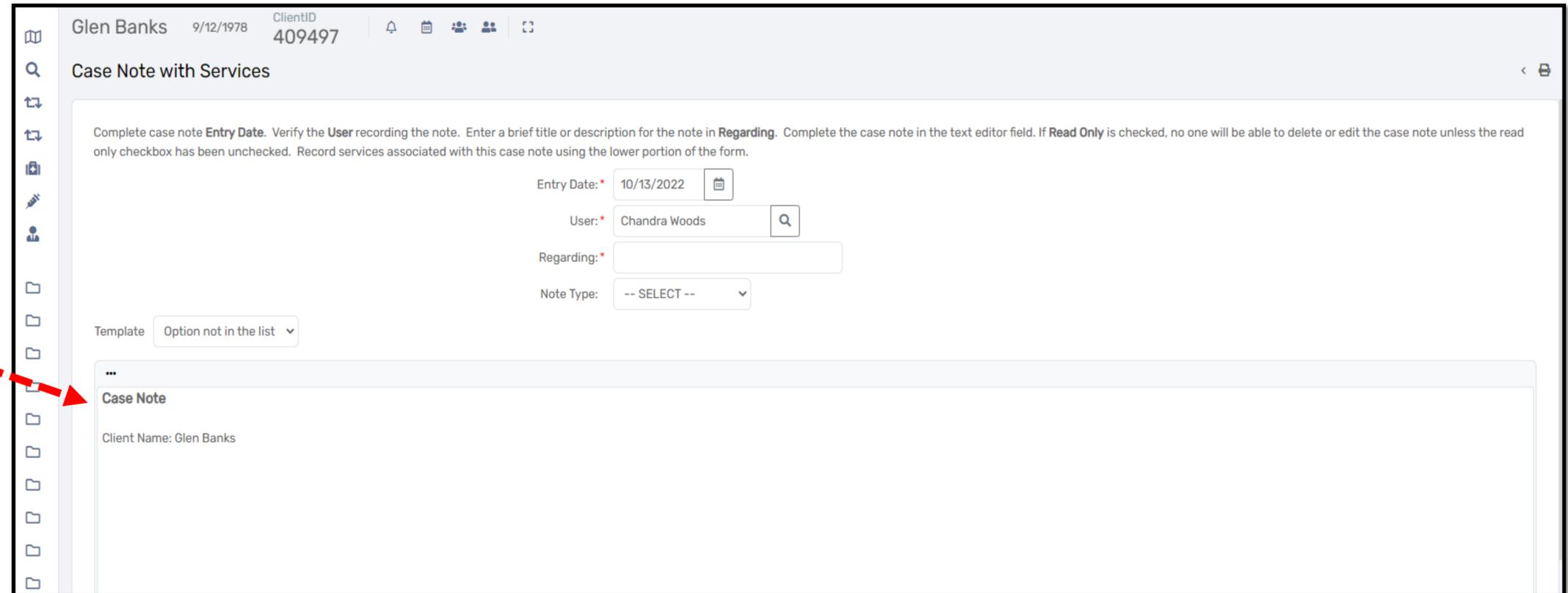
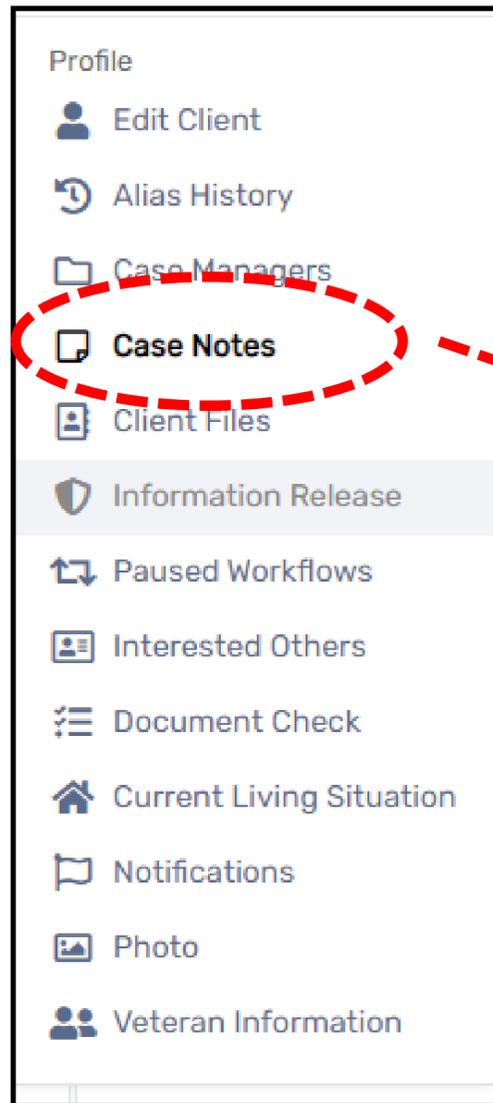
ESG - Transportation

ESG - Utility Deposits

ESG - Utility Payments



Enrollments – Case Notes



Case Notes are shared WITHIN the organization. Others outside the organization CAN NOT see the note.

Enrollments – Housing Move In Date

Edit Client's Profile

- PH - Rapid Re-Housing
 - DCA ESG - RRR - 501 1
 - Edit Enrollment
 - Edit Project Entry Workflow**
 - Add Household Member
 - Update/Annual Assessment 0
 - Living Situation
 - View Case Members
 - Link Assessments
 - Associated Assessments 0
 - Exit the Enrollment
 - Review Entry Assessments
 - Delete Enrollment

Intake (2298) Glen Banks 9/12/1978 ClientID 409497

HUD Program Enrollment

Select the Project you are enrolling the client into. ClientTrack will display a list of clients in the client's family. Please select all the clients you are enrolling.

The Project Start Date is:

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- For **Safe Havens and Transitional Housing** – it is the date the client moves into the residential project (i.e. first night in residence).
- For all types of **Permanent Housing**, including **Rapid Re-Housing** – it is the date following application that the client was admitted into the project. To be admitted indicates the following factors have been met:
 - Information provided by the client or from the referral indicates they meet the criteria for admission (for example if chronic homelessness is required the client indicates they have a serious disability and have been homeless long enough to qualify – though all documentation may not yet have been gathered)
 - The client has indicated they want to be housed in this project
 - The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, scattered-site subsidy) or expects to have one in a reasonably short amount of time
- For all other types of Service projects including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

Project: DCA ESG - RRR - 501

Household

Excerpt from the HMIS Data Standards Manual "A household is a single individual or a group of persons who apply together to a continuous project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."

<input type="checkbox"/>	Name	Gender	Age	Project Start Date	Exit Date	Case Manager	Relationship to Head of Household*	Housing Move-in Date
<input checked="" type="checkbox"/>	Banks, Glen	Male	44	10/13/2022	MM/DD/YYYY	Chandra Woods	Self	MM/DD/YYYY

Housing Move In Date

- Go to the Client's Profile
- Click on the THREE dots next to the Project
- Click on Edit Project Entry Workflow
- Go to the Program Enrollment Page
- Add the Housing Move In Date

Enrollments – Date of Engagement

Edit Client's Profile

- ESG - SO - 501 1
- Edit Enrollment
- Edit Project Entry Workflow
- Add Household Member
- Update/Annual Assessment
- Living Situation
- View Case Members
- Link Assessments
- Associated Assessments
- Exit the Enrollment
- Review Entry Assessments
- Delete Enrollment

Intake (2298) **Glen Banks** 9/12/1978 ClientID 409497

HUD Program Enrollment

will have a project start date and will allow clients to re-enter as necessary without "exiting and restarting" for each stay for a specified period.

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Project: * ESG - SO - 501

Household

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<input type="checkbox"/>	Name	Gender	Age	Project Start Date	Exit Date	Case Manager	Relationship to Head of Household*	Date of Engagement
<input checked="" type="checkbox"/>	Banks, Glen	Male	44	10/17/2022	MM/DD/YYYY	Chandra Woods	Self	MM/DD/YYYY

Date of Engagement

Date of Engagement

- Go to the Client's Profile
- Click on the THREE dots next to the Project
- Click on Edit Project Entry Workflow
- Go to the Program Enrollment Page
- Add Date of Engagement

Enrollments – County Assessment

Edit Client's Profile

- ⋮ DCA ESG - RRH - 501
- ✎ Edit Enrollment
- 📁 Edit Project Entry Workflow
- 🏠 Add Household Member
- 🕒 Update/Annual Assessment
- 🏠 Living Situation
- 📁 View Case Members
- ➔ Link Assessments
- 🔍 Associated Assessments
- ➔ Exit the Enrollment
- 📁 Review Entry Assessments**
- 🗑️ Delete Enrollment

Details Progress 5 of 20

October 13, 2022
DCA ESG - RRH - 501
Entry
Chandra Woods

County Assessment	Complete
HMIS Universal Data	Complete
Housing Navigation Form	
Veteran Assessment	
HMIS Barriers	Complete
Domestic Violence	Complete
Income	Complete
(SSVF Prevention Only) Homelessness Prevention	

- Go to the Client's Profile
- Click on the THREE dots next to the Project
- Click on Review Entry Assessments
- Click on County Assessment
- Complete County Assessment

Clients / Client Dashboard / Assessment Status / ClientTrack Form

Glen Banks 9/12/1978 ClientID 409497

County Assessment

Use this form to indicate the county and Zip Code in which the client is currently experiencing homelessness, once the household has moved into housing indicate the county and Zip Code of where the client has been housed.

Assessment Active

Information Date: 10/13/2022

County of Homelessness: Macon Bibb County GA 31201

County Housed: Forsyth Monroe County GA 31029

Comments:

Restriction: Restrict to Organization Restrict to MOU/Info Release



Glen Banks 9/12/1978 ClientID 409497

County Assessment

Use this form to indicate the county and Zip Code in which the client is currently experiencing homelessness, once the household has moved into housing indicate the county and Zip Code of where the client has been housed.

Assessment Active

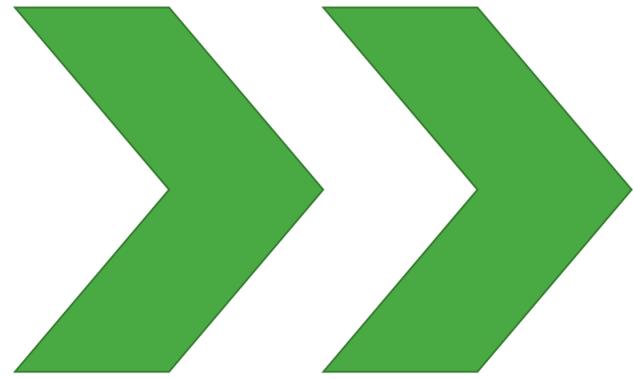
Information Date: * 10/13/2022

County of Homelessness: * Macon Bibb County GA 31201

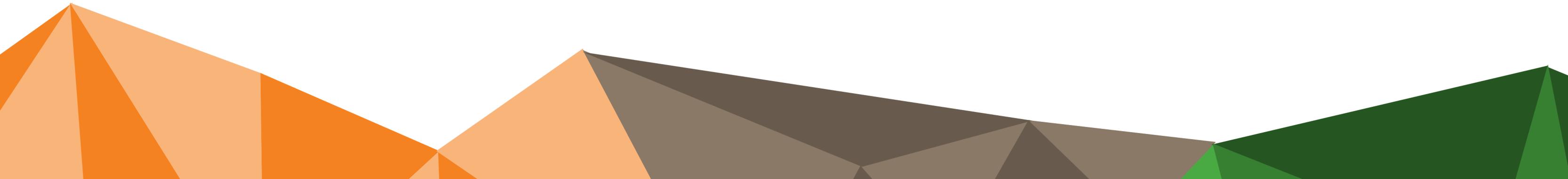
County Housed: Forsyth Monroe County GA 31029

Comments:

Restriction: * Restrict to Organization
 Restrict to MOU/Info Release

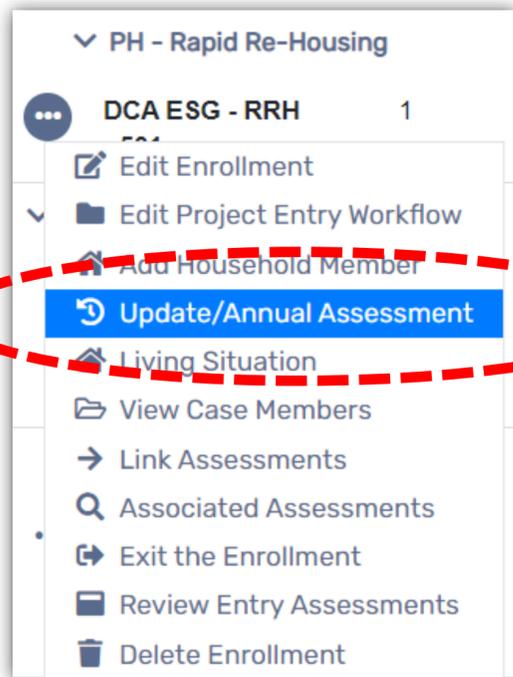


**Update/
Annual
Assessments**

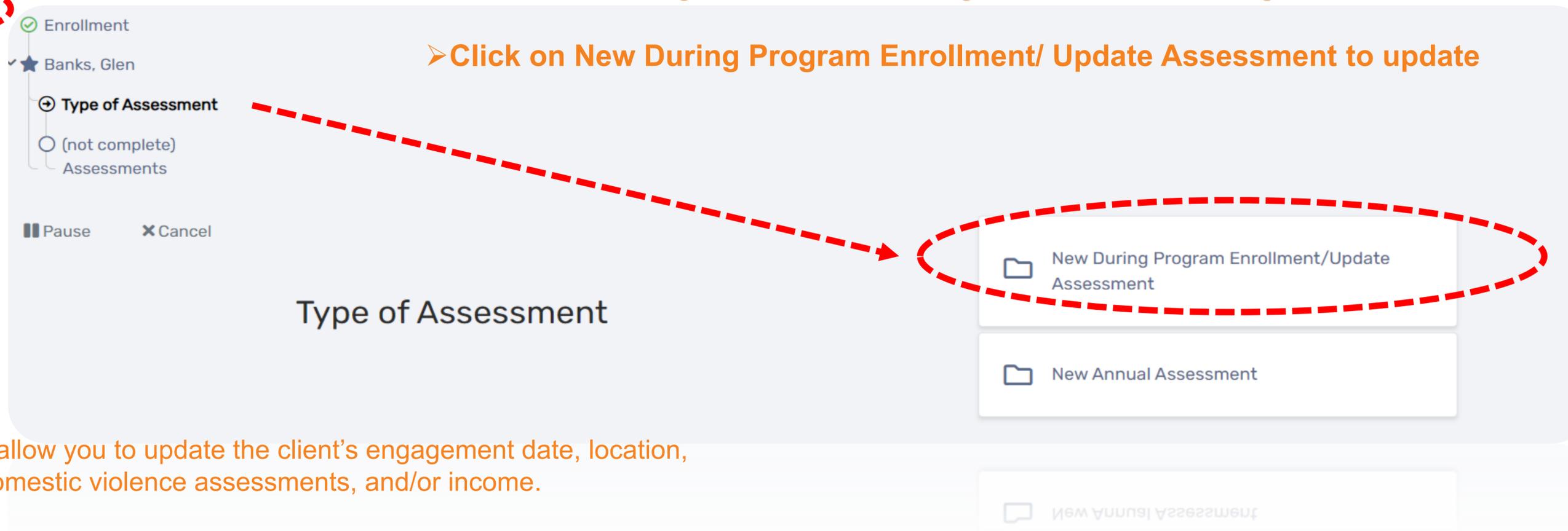


Update / Annual Assessments

Update Client's Profile



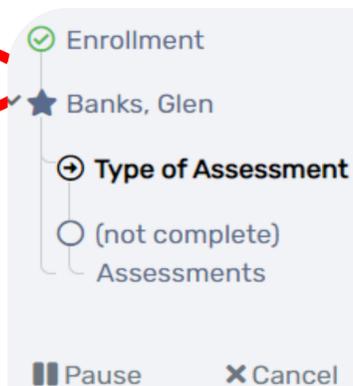
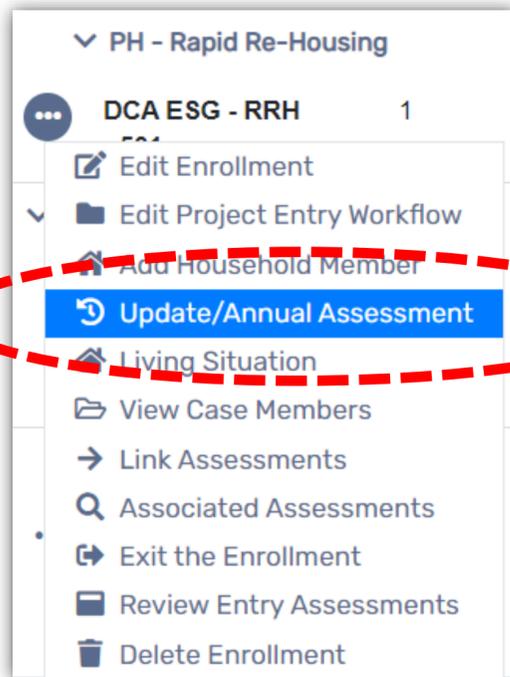
- Go to the Client's Dashboard
- Click on the THREE dots next to the Project
- Click on Update/Annual Assessment
- On the HUD Program Enrollment Page click on "No Changes"
- Click on New During Program Enrollment/ Update Assessment to update



Update assessments allow you to update the client's engagement date, location, insurance, barriers, domestic violence assessments, and/or income.

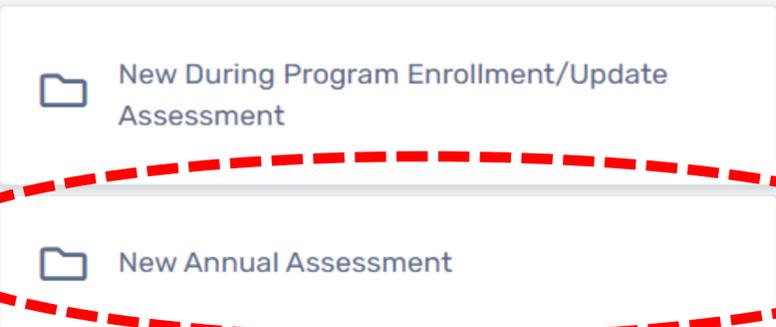
Update / Annual Assessments

Update Client's Profile

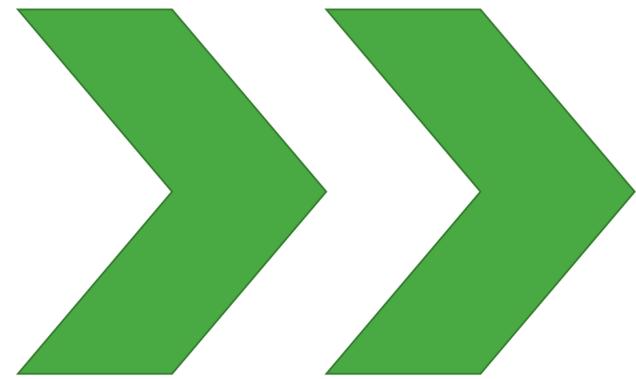


Type of Assessment

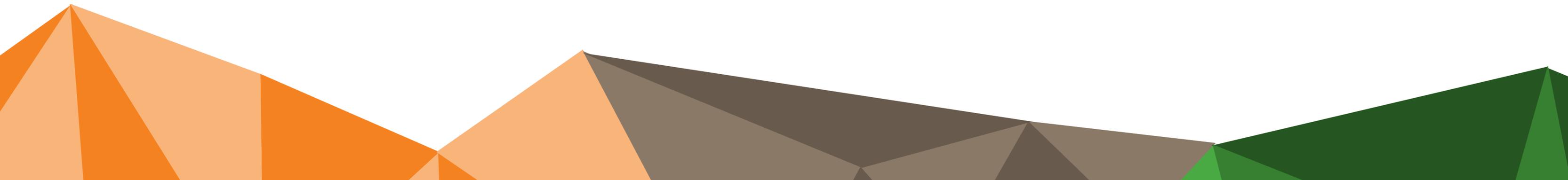
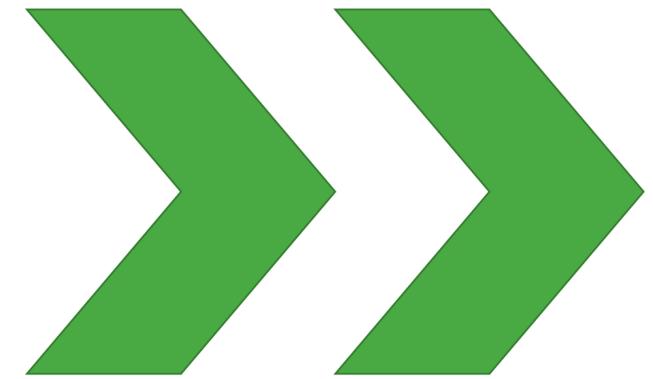
- Go to the Client's Dashboard
- Click on the THREE dots next to the Project
- Click on Update/Annual Assessment
- On the HUD Program Enrollment Page click on "No Changes"
- Click on New Annual Assessment to update the yearly assessment



Annual assessments must be conducted within 10 days before or after the client's anniversary in the program. After this time period, an annual assessment will be considered a data quality error.



Discharges



Discharges

Discharge Client
from Program

DCA ESG - RRH - 1

- Edit Enrollment
- Edit Project Entry Workflow
- Add Household Member
- Update/Annual Assessment
- Living Situation
- View Case Members
- Link Assessments
- Associated Assessments
- Exit the Enrollment**
- Review Entry Assessments
- Delete Enrollment

- Go to the Client's Dashboard
- Click on the **THREE** dots next to the Project
- Click on **Exit the Enrollment** to **DISCHARGE** the client from the program

DO NOT Select Delete Enrollment, this will remove the enrollment completely!!



Discharges

Discharge Client
from Program

HUD Program Exit Glen Banks 9/12/1978 ClientID 409497

Enrollment Exit

To exit the client from the Enrollment, enter the **Exit Date** and **Destination**.

Exit Date: * 10/17/2022

Destination: * -- SELECT --

Exit Reason: -- SELECT --

Case Manager Assignment: Chandra Woods

End Case Assignment:

➤ Once a client is no longer in the program, they should be discharged from the HIMS system within **48 business hours**.

➤ It is important to capture the correct **Exit Destination** and **Exit Reason**

Discharges - Destination

Discharge Client from Program



Glen Banks 9/12/1978 ClientID 409497

Enrollment Exit

To exit the client from the Enrollment, enter the **Exit Date** and **Destination**.

Exit Date: * 10/17/2022

Destination: * -- SELECT --

Exit Reason: -- SELECT --

Case Manager Assignment: Chandra Woods

End Case Assignment:

- SELECT --
- Homeless Situation**
 - Place not meant for habitation (e.g., 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, or RHY-funded Host Home shelter
 - Safe Haven
- Institutional Situation**
 - Foster Care Home or Foster Care Group Home
 - Hospital or other residential non-psychiatric medical facility
 - Jail, Prison, Juvenile Detention Facility
 - Long-term care facility or nursing home
 - Psychiatric Hospital or Other Psychiatric Facility
 - Substance Abuse Treatment or Detox Center
- Temporary and Permanent Housing**
 - Residential project or halfway house with no homeless criteria
 - Hotel or Motel paid for without emergency shelter voucher
 - Transitional Housing for homeless persons (including homeless youth)
 - Host Home (non-crisis)
 - Staying or living with friends, temporary tenure (e.g., room, apartment or house)
 - Staying or living with family, temporary tenure (e.g., room, apartment or house)
 - Staying or living with family, permanent tenure
 - Staying or living with friends, permanent tenure
 - Moved from one HOPWA funded project to HOPWA PH
 - Moved from one HOPWA funded project to HOPWA TH
 - Rental by client, with GPD TIP housing subsidy
 - Rental by client, VASH housing Subsidy
 - Permanent housing (other than RRH) for formerly homeless persons
 - Rental by client with RRH or equivalent subsidy
 - Rental by client, with HCV voucher (tenant or project based)
 - Rental by client in a public housing unit
 - Rental by client, no ongoing housing subsidy
 - Rental by client, other ongoing housing subsidy
 - Owned by client, with ongoing housing subsidy
 - Owned by client, no ongoing housing subsidy
- Other**
 - No exit interview completed
 - Other
 - Deceased
 - Client doesn't know
 - Client refused
- Data not collected

Discharges – Exit Reason

Discharge Client
from Program

Glen Banks 9/12/1978 ClientID 409497

Enrollment Exit

To exit the client from the Enrollment, enter the **Exit Date** and **Destination**.

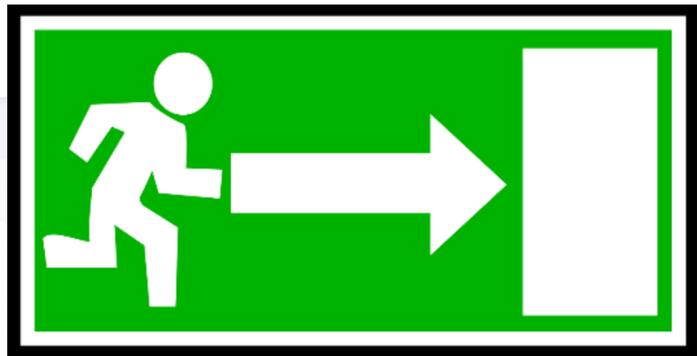
Exit Date: * 10/17/2022

Destination: * -- SELECT --

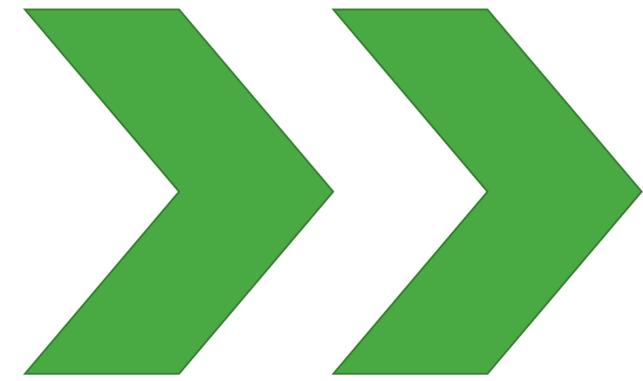
Exit Reason: * -- SELECT --

Case Manager Assignment: Chandra Woods

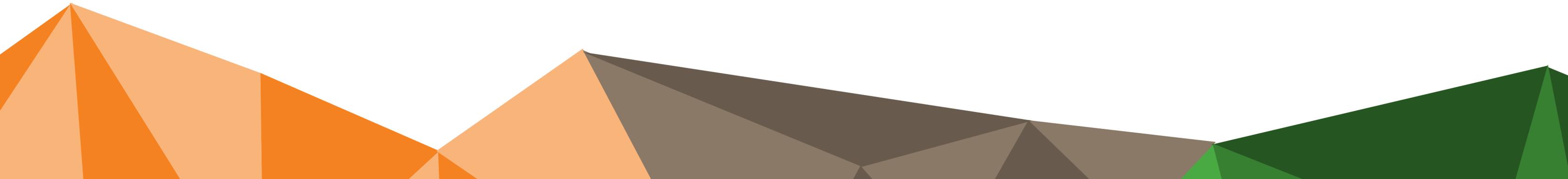
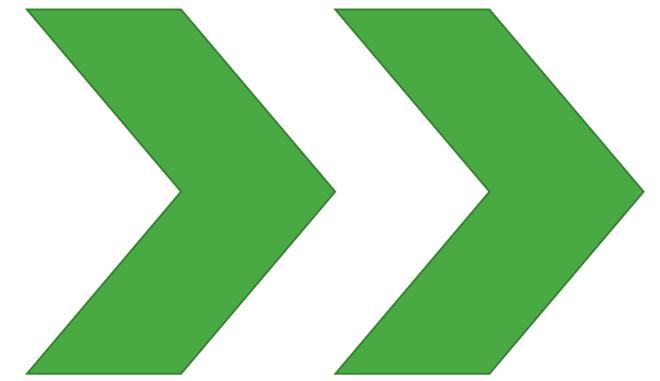
End Case Assignment:



- SELECT --
- Left for a housing opportunity before completing program
- Completed Program
- Non-payment of rent/occupancy charge
- Non-Compliance with Program
- Criminal activity/destruction of property/violence
- Reached maximum time allowed by program
- Needs could not be met by program
- Disagreement with Rules/Persons
- Death
- Other
- Unknown/Disappeared



HUD Data Quality Report



HUD Data Quality Report

- DQRs need to be submitted **MONTHLY** and with all reimbursement requests. Errors outside of the acceptable range should have a written explanation stating why the issues cannot be resolved. This will help with processing reimbursements faster.
- Error rates should be less than 10% for all data elements.
 - **SSN** – ALL ESG Clients should have a 9-digit number to ensure correct data quality
 - **Relationship to Head of Household** – Each family unit should ONLY have 1 person listed as SELF
 - **Income and Sources at Annual Assessment** – If a client has been in the program for 12 months, an Annual Assessment needs to be completed
 - **Timeliness** – Clients should be enrolled and discharged within 48 business hours and should appear in Q6 between 0 and 3 days.

Running the HUD Data Quality Report

The screenshot shows the '2022 HUD Data Quality Report' configuration page. The interface includes a left sidebar with a 'Reports' tab highlighted by a red dashed circle. A red box with the text 'Click on the Reports tab on the left side' points to this tab. Below the sidebar, a list of reports is shown, with 'HUD Data Quality Report' selected and highlighted by a red dashed oval. A green box with the text 'On the 3rd folder select HUD Data Quality Report' points to this report. In the main content area, the 'Date Range List' is set to 'Since This Date, Last Year', and the 'Begin Date' is '10/17/2021' and the 'End Date' is '10/17/2022', both dates highlighted by a red dashed oval. A red box with the text 'Insert the Program Dates' points to this date range. Below the date range, the 'Organization' section is visible, with a red dashed oval around the 'Organization:' label. A dropdown menu is open, showing several organizations, with 'DCA Compliance' checked and highlighted by a green box. A red box with the text 'Select Organization' points to this dropdown menu. The top of the page shows the breadcrumb 'Reports / ClientTrack Form' and the title '2022 HUD Data Quality Report'.

Reports / ClientTrack Form

2022 HUD Data Quality Report

Click on the Reports tab on the left side

On the 3rd folder select HUD Data Quality Report

Insert the Program Dates

Select Organization

Organization: *

- CSRA EOA
- Dalton Organization of Churches (DOC-UP)
- Dalton's Greater Works, Inc
- Dalton-Whitfield Community Development Corp.
- ✓ DCA Compliance

Begin Date: 10/17/2021 to 10/17/2022

Date Range List: Since This Date, Last Year

Running the HUD Data Quality Report

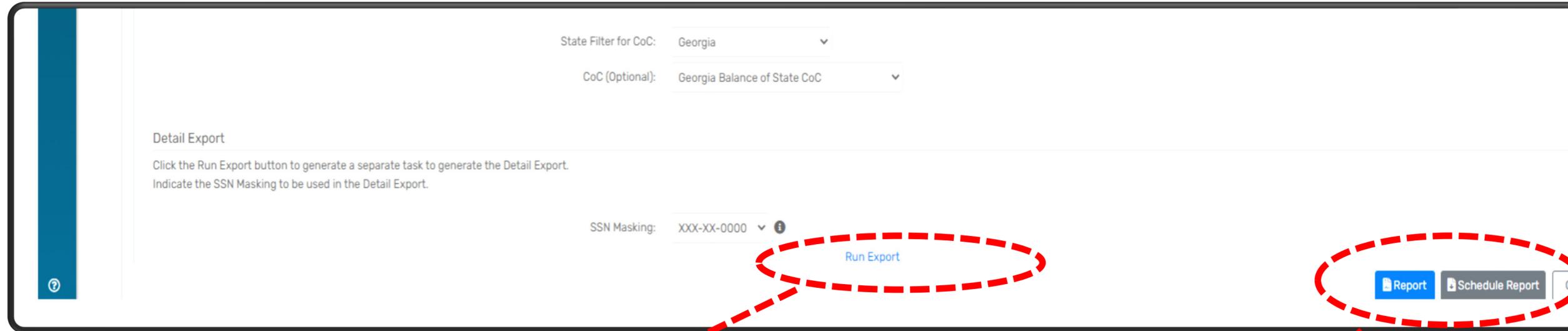
The screenshot shows the '2022 HUD Data Quality Report' interface. It is divided into several sections: Grant(s), Program, CoC Filter, and Detail Export. Red dashed circles highlight specific elements in each section, with callout boxes providing instructions.

- Grant(s) section:** A red dashed circle highlights the 'Grant(s):' dropdown menu, which is currently set to 'Filter by Grant(s)' and 'ESG - ES - 501'. A callout box labeled 'Select the Grant' points to this area.
- Program section:** A red dashed circle highlights the 'Program Type:' dropdown menu, which is currently set to 'Emergency Shelter'. Other options include 'Transitional Housing', 'PH - Permanent Supportive Housing (disability required for entry)', 'Street Outreach', and 'PH - Rapid Re-Housing'. A callout box labeled 'Select the Program Type and Program' points to this area.
- CoC Filter section:** A red dashed circle highlights the 'State Filter for CoC:' dropdown menu, which is currently set to 'Georgia'. Below it, the 'CoC (Optional):' dropdown menu is set to 'Georgia Balance of State CoC'. A callout box labeled 'Select the COC' points to this area.
- Detail Export section:** A red dashed circle highlights the 'SSN Masking:' dropdown menu, which is currently set to 'XXX-XX-0000'. A callout box labeled 'How the SSN appear on the report' points to this area.

At the bottom right of the interface, there are buttons for 'Report', 'Schedule Report', and 'Cancel'. A 'Run Export' button is also visible at the bottom center.

Running the HUD Data Quality Report

3 Methods to Run the DQ Report



The screenshot shows a web interface for generating a report. At the top, there are two dropdown menus: 'State Filter for CoC' set to 'Georgia' and 'CoC (Optional)' set to 'Georgia Balance of State CoC'. Below these is a section titled 'Detail Export' with instructions: 'Click the Run Export button to generate a separate task to generate the Detail Export. Indicate the SSN Masking to be used in the Detail Export.' Underneath, there is an 'SSN Masking' dropdown set to 'XXX-XX-0000'. At the bottom right, there are three buttons: 'Run Export', 'Report', and 'Schedule Report'. The 'Run Export' button is circled in red, and the 'Report' and 'Schedule Report' buttons are also circled in red. A red dashed arrow points from the 'Run Export' button to the first callout box, and another red dashed arrow points from the 'Report' and 'Schedule Report' buttons to the second and third callout boxes respectively.



➤ **Run Export** – CSV file that provide the raw data of the program (Excel format)

➤ **Report** – PDF version that provide program data (PDF format)

➤ **Schedule Report** – Set an exact time and date for report to run

HUD Data Quality Report – PDF Version

HUD Data Quality Report

10/17/2021 to 10/17/2022

Report Criteria

Organizations: DCA Compliance
 Programs: ESG - ES - 501
 Grants: ESG - ES - 501
 Program Types: Emergency Shelter
 CoC: Georgia Balance of State CoC



HUD Data Quality Report

10/17/2021 to 10/17/2022

Gender (3.6)	0	0	0.00%
Overall Score			12.50%



HUD Data Quality Report

10/17/2021 to 10/17/2022

11+ days	0	0
----------	---	---



Q1. Report Validation Table

Total Number of Persons Served	16
Number of Adults (age 18 or over)	14
Number of Children (under age 18)	2
Number of Persons with Unknown Age	0
Number of leavers	3
Number of adult leavers	3
Number of adult and head of household leavers	3
Total Number of Stayers	13
Number of Adult Stayers	11
Number of Veterans	1
Number of Chronically Homeless Persons	2
Number of youth under age 25	2
Number of parenting youth under age 25 with children	0
Number of Adult Heads of Household	13
Number of child and unknown-age heads of household	0
Heads of households and adult stayers in the project 365 days or more	6

Q2. Personally Identifiable Information (PII)

Data Element	Client Doesn't Know / Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	0	0	0	0.00%
Social Security Number (3.2)	1	0	1	12.50%
Date of Birth (3.3)	0	0	0	0.00%
Race (3.4)	0	0		0.00%
Ethnicity (3.5)	0	0		0.00%

Q3. Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	0	0.00%
Project Entry Date (3.10)	0	0.00%
Relationship to Head of Household (3.15)	0	0.00%
Client Location (3.16)	1	7.69%
Disabling Condition (3.8)	2	12.50%

Q4. Income and Housing Data Quality

Data Element	Error Count	% of Error Rate
Destination (3.12)	0	0.00%
Income and Sources (4.2) at Start	4	28.57%
Income and Sources (4.2) at Annual Assessment	6	100.00%
Income and Sources (4.2) at Exit	0	0.00%

Q5. Chronic Homelessness

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	14			1	2	2	14.29%
TH	0	0	0	0	0	0	0.00%
PH (all)	0	0	0	0	0	0	0.00%
Total	14						14.29%

Q6. Timeliness

Time for Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	8	3
1-3 Days	0	0
4-6 days	0	0
7-10 days	0	0

Q7. Inactive Records: Street Outreach & Emergency Shelter

Data Element	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	0	0	0.00%
Bed Night (All clients in ES - NBN)	0	0	0.00%

HUD Data Quality Report Detail

- This report will give you detailed information on data errors.
- Allow up to **24 hours** for this report to download.
- If you share your computer, please use a password with this report for security.
 - The password does not have to be the same as your HMIS login password.
- HMIS admins **will not** be able to retrieve your password if you forget it.
- The report will show up under *Files on Server*

HUD Data Quality Report Detail

Detail Export

Click the Run Export button to generate a separate task to generate the Detail Export.
Indicate the SSN Masking to be used in the Detail Export.

SSN Masking: XXX-XX-0000 

[Run Export](#)

Export Encryption

If you encrypt the export, the generated exports will be zipped and encrypted using 256 bit AES encryption that can only be decrypted using the password you provide. Strong passwords are not enforced here, but the password you provide must be at least 8 characters long.

If you choose to not to encrypt your export, the file exported may contain person identifying information in plain text. All appropriate cautions should be exercised to ensure the protection of this information.

Indicate if the exported file(s) should include a header line at the beginning of the file that indicates what each of the values in the CSV file represent and if values in the CSV should *always* be enclosed in double-quotes.

Encrypt Export:

Password: *

Confirm Password: *

Done

Export Encryption

If you encrypt the export, the generated exports will be zipped and encrypted using 256 bit AES encryption that can only be decrypted using the password you provide. Strong passwords are not enforced here, but the password you provide must be at least 8 characters long.

If you choose to not to encrypt your export, the file exported may contain person identifying information in plain text. All appropriate cautions should be exercised to ensure the protection of this information.

Indicate if the exported file(s) should include a header line at the beginning of the file that indicates what each of the values in the CSV file represent and if values in the CSV should *always* be enclosed in double-quotes.

Encrypt Export:

Include Header Row in CSV File(s):

Always Quote CSV Values(s):

ClientTrack is not responsible for the protection, use, or misuse of information contained in the exported file(s).

I assume the full responsibility of ensuring the security of the exported file(s) and any data contained within

Done

HUD Data Quality Report Detail

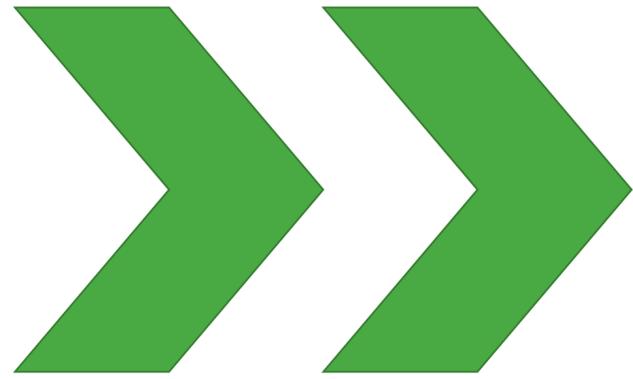
Files on Server

Displayed below is a list of the files available for you to download. Files with an expiration date will be automatically removed on the date specified. Click a file to download it. To remove the file, click the delete link. Once deleted, the file will no longer be available for download by any user and will not be available for processing if used in an import.

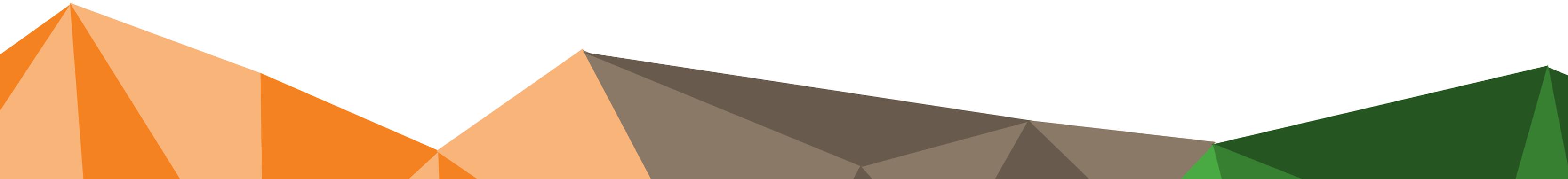
Files on Server [status of export or import tasks.](#)

	Created	Expires	
HUD Data Quality 2022_20221017200145_TaskID_113034.zip	10/17/2022 8:01 PM	10/17/2023 8:01 PM	
HMIS APR_CAPER 2022 Validation_20220725193510_TaskID_113034.zip	7/25/2022 7:35 PM	7/25/2023 7:35 PM	
HMIS CAPER 2022 Export_20220725193447_TaskID_113034.zip	7/25/2022 7:34 PM	7/25/2023 7:34 PM	
HMIS APR_CAPER 2022 Pre-Load_20220725193447_TaskID_113034.zip			

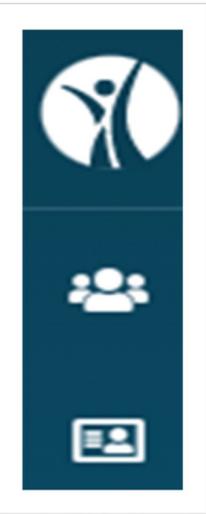
Name	Type	Compressed size	Password prot...	Size	Ratio	Date modified
Data (Validation Only)	Microsoft Excel Comma Separate...	4 KB	No	17 KB	80%	10/17/2022 3:01 PM
DQ_1_Detail (Validation Only)	Microsoft Excel Comma Separate...	1 KB	No	10 KB	91%	10/17/2022 3:01 PM
DQ_2_Detail (Validation Only)	Microsoft Excel Comma Separate...	1 KB	No	1 KB	33%	10/17/2022 3:01 PM
DQ_3_Detail (Validation Only)	Microsoft Excel Comma Separate...	1 KB	No	1 KB	34%	10/17/2022 3:01 PM
DQ_4_Detail (Validation Only)	Microsoft Excel Comma Separate...	1 KB	No	2 KB	72%	10/17/2022 3:01 PM
DQ_5_Detail (Validation Only)	Microsoft Excel Comma Separate...	1 KB	No	2 KB	70%	10/17/2022 3:01 PM
DQ_6_Detail (Validation Only)	Microsoft Excel Comma Separate...	1 KB	No	3 KB	78%	10/17/2022 3:01 PM
DQ_7_Detail (Validation Only)	Microsoft Excel Comma Separate...	1 KB	No	1 KB	11%	10/17/2022 3:01 PM
DQ1	Microsoft Excel Comma Separate...	1 KB	No	1 KB	56%	10/17/2022 3:01 PM
DQ2	Microsoft Excel Comma Separate...	1 KB	No	1 KB	34%	10/17/2022 3:01 PM
DQ3	Microsoft Excel Comma Separate...	1 KB	No	1 KB	25%	10/17/2022 3:01 PM
DQ4	Microsoft Excel Comma Separate...	1 KB	No	1 KB	37%	10/17/2022 3:01 PM
DQ5	Microsoft Excel Comma Separate...	1 KB	No	1 KB	41%	10/17/2022 3:01 PM
DQ6	Microsoft Excel Comma Separate...	1 KB	No	1 KB	37%	10/17/2022 3:01 PM
DQ7	Microsoft Excel Comma Separate...	1 KB	No	1 KB	34%	10/17/2022 3:01 PM



Helpdesk Tickets



Helpdesk Tickets



Help Center

- View the documentation**
- Watch a video
- System Administration Guide**
Documentation on system administration and configuration.
- Keyboard Shortcuts**
View documentation on Keyboard Shortcuts used for accessibility

[About ClientTrack](#)

Request Help

- Report an issue**
There is a problem on the current page.
- Ask a question**
I have a question or request about the current page.
- Make a suggestion**
I have an idea on how to improve the current page.

[Server Status](#)

Report an Issue

Enter a summary of your issue *

The summary helps to quickly identify your issue when you're referring back to it later.

Please describe the issue

...

Please enter any details that might help describe the issue or might help in solving it.

[Click here to attach a file or drag-and-drop](#) [View Debug Information](#)

How can we reach you?

Email Address *

Phone Number *

[Notify additional people](#)

Contact Information



Chandra Woods

Chandra.woods@dca.ga.gov

Boshmis@dca.ga.gov

Jimmechia Douglas

Jimmechia.douglas@dca.ga.gov

gadv@dca.ga.gov

QUESTIONS

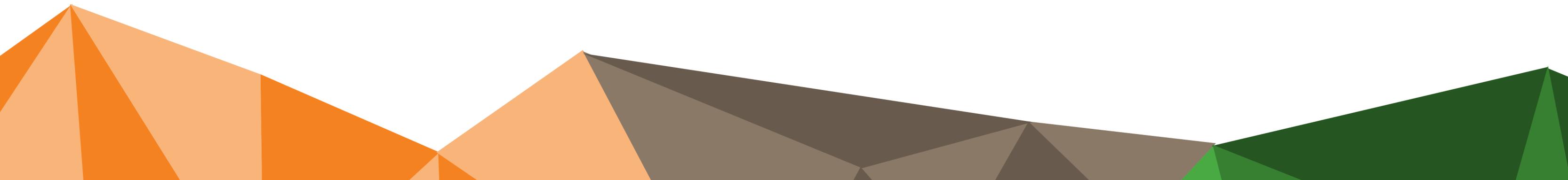


Reports



- ✓ Data Quality Report with every Reimbursement Request
- ✓ Environmental Review form for Coastal Agencies

Required Reports



✓ **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/>

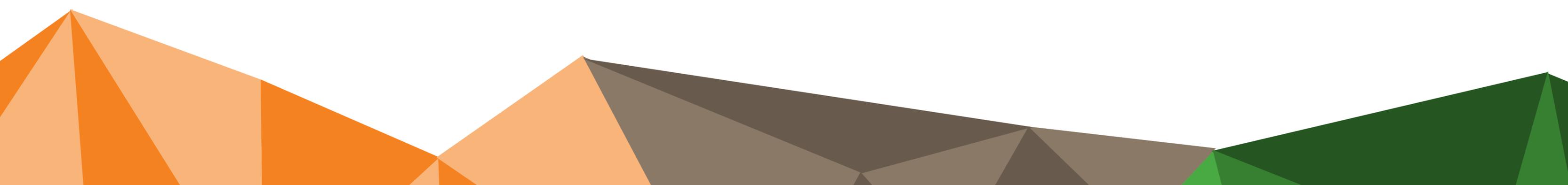
✓ **Georgia Housing Search:**

www.georgiahousingsearch.org

✓ **Georgia Gateway:**

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

ESG Resources



Who to Contact

LaDrina M. Jones
ESG Program Team Lead
LaDrina.Jones@dca.ga.gov

- ✓ ESG Program Questions
- ✓ Eligible Items Questions
- ✓ Required Document Questions
 - ✓ Compliance Questions

Dr. Harvinder Makkar
Special Needs Housing Manager
Harvinder.Makkar@dca.ga.gov

- Supervisor of:
- ✓ LaDrina M. Jones

Who to Contact

Christy Lovett
Legal Consultant
Christy.Lovett@dca.ga.gov

- ✓ Violence Against Women's Act (VAWA) Questions
 - ✓ Fair Housing Questions
- ✓ Language Access Plan Questions

Heather Smith
Grants Compliance Manager
Heather.Smith@dca.ga.gov

- ✓ Reimbursement Request Questions
 - ✓ Contractual Questions
 - ✓ Some GrAAM Questions

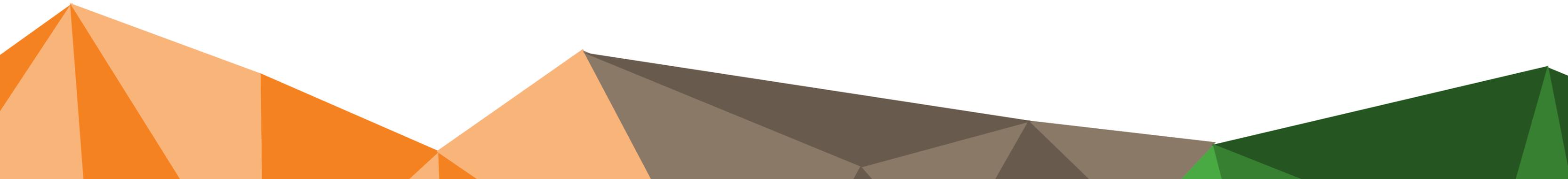
Who to Contact

Chandra Woods
HMIS Data Analyst
Chandra.Woods@dca.ga.gov
BoSHMIS@dca.ga.gov

✓ HMIS Questions

Jimmeicia Douglas
DV HMIS Data Analyst
Jimmeicia.Douglas@dca.ga.gov
GADV@dca.ga.gov

✓ Domestic Violence (DV) Comparable Database Questions



Who to Contact

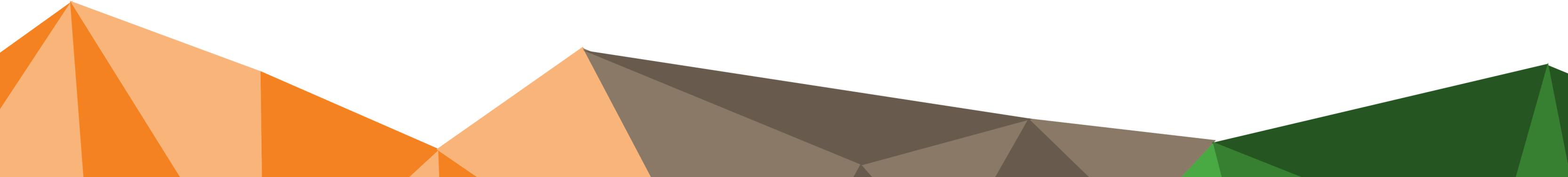
Isaac L. Davis

Coordinated Entry System Coordinator
Isaac.Davis@dca.ga.gov

- ✓ Coordinated Entry (CE) questions
 - ✓ i.e. VI-SPDAT, Prevention/Diversion, implementation, etc.

Amanda Brand

Coordinated Entry System Coordinator
Amanda.Brand@dca.ga.gov

- ✓ Coordinated Entry (CE) questions
 - ✓ i.e. VI-SPDAT, Prevention/Diversion, implementation, etc.
- 

Thank You
for
All You Do!

