

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: FL-505 - Fort Walton Beach/Okaloosa, Walton Counties CoC

1A-2. Collaborative Applicant Name: Okaloosa Walton Homeless Continuum of Care/ Opportunity, Inc

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Okaloosa Walton Homeless Continuum of Care

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	0
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	0
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	No	
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(s)	Yes	3
10.	Homeless or Formerly Homeless Person(s)	Yes	3
11.	Hospital(s)	No	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	No	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	No	
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	No	
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	2
24.	Other nonprofit homeless assistance provider(s)	Yes	5
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	No	
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	2
29.	School District(s)	Yes	2
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	2
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	2
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

New members are invited to join the CoC throughout the year, with a focused annual membership drive to ensure the opportunity to participate is broadly communicated. The CoC's membership process, benefits of membership, and incentives for participation are publicly communicated on the lead agency's website, where information is continuously available and the process for joining or renewing membership has been digitized and streamlined for easy online access.

The CoC also conducts an annual direct email campaign soliciting new members and regularly promotes membership opportunities through its monthly newsletter, which reaches more than 630 subscribers. CoC social media is used to reach additional community partners and targeted agencies, with current platforms reaching more than 2,000 followers. These multiple communication channels provide ongoing public notice and ensure that organizations and community stakeholders have regular opportunities to learn about and join the CoC.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

FL-505 maintains a transparent, ongoing process to solicit and consider input from a broad array of individuals and organizations with knowledge of homelessness or an interest in preventing and ending homelessness in Okaloosa and Walton Counties. Stakeholder input informs the CoC's assessment of system performance, strategic planning, system improvement, and priority-setting processes.

HHA regularly convenes quarterly CoC Stakeholder Meetings that are open to the public and provide opportunities for community partners, service providers, people with lived experience, local government, housing providers, behavioral health and healthcare organizations, faith-based organizations, veterans' service providers, law enforcement, corrections, and other interested community members to receive updates, discuss community needs, provide feedback, and identify opportunities for system improvement. Meeting information and opportunities for participation are communicated through HHA's website, email communications, and community outreach.

The CoC also uses community-level data and assessments to facilitate informed discussion and establish priorities. HHA recently shared the results of its Housing Needs Assessment with CoC stakeholders and community partners. Findings regarding housing needs, affordability, gaps, and barriers are used to inform strategic planning, resource allocation, project development, Written Standards, funding priorities, and system improvement efforts. Stakeholders have opportunities to discuss the findings, identify emerging needs, and provide input on strategies and priorities.

HHA also maintains regular dialogue with local elected officials and governmental partners regarding homelessness trends, housing availability and affordability, system performance, community needs, and potential solutions. Additional input is gathered through ongoing conversations with community organizations, housing providers, and other partners regarding service gaps, barriers to housing, and opportunities for collaboration.

Stakeholder feedback is considered alongside HMIS data, Point-in-Time Count results, Housing Needs Assessment findings, program and system performance data, and other community-level information. These multiple feedback channels ensure that FL-505's strategies and priorities reflect both objective data and the perspectives of stakeholders with direct experience, expertise, or an interest in preventing and ending homelessness.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

FL-505 maintains a transparent and inclusive process for organizations that have not previously received CoC Program funding to learn about, participate in, and apply for CoC funding opportunities. HHA actively encourages new organizations to engage with the CoC and does not limit participation or consideration to organizations with a history of receiving CoC funding.

Information regarding CoC membership, funding opportunities, application requirements, timelines, eligible activities, and the local competition process is communicated through HHA's website, email communications, public meetings, and direct outreach to community organizations. HHA welcomes organizations with knowledge of homelessness, housing, supportive services, or related community needs to participate in CoC meetings and committees, where they can learn about the CoC Program and provide input before submitting a proposal.

HHA makes a particular effort to engage faith-based organizations, recognizing their significant role in serving individuals and families experiencing homelessness throughout Okaloosa and Walton Counties. The CoC has an ongoing collaborative relationship with numerous faith-based institutions that provide shelter, food, outreach, transportation, financial assistance, housing support, and other services to individuals and families experiencing or at risk of homelessness. These relationships provide opportunities for faith-based organizations to participate in CoC discussions, learn about available funding opportunities, and explore pathways to becoming formal CoC partners or applicants.

When CoC funding opportunities become available, HHA communicates the requirements and application process broadly and provides technical assistance and clarification to prospective applicants as appropriate. New applicants are evaluated through the same transparent, objective, and documented local competition process as existing applicants, consistent with HUD requirements and the CoC's approved policies and procedures.

Through this process, FL-505 promotes broad community participation and ensures that organizations without a prior history of CoC funding—including faith-based organizations—have a meaningful opportunity to understand the CoC Program, develop partnerships, submit proposals, and compete for funding.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

FL-505 will use its 2025 Housing Needs Assessment and Analysis to guide resource allocation, project development, and system improvement. The assessment identified a primary gap: insufficient capacity to engage and house people experiencing unsheltered homelessness, compounded by shortages of affordable housing, shelter, and Permanent Supportive Housing (PSH). In 2025, 233 individuals were unsheltered; all 142 emergency shelter beds were full; and 97 chronically homeless individuals eligible for PSH lacked available units. FL-505 will implement a coordinated strategy addressing relevant subpopulations, including unsheltered and chronically homeless individuals, veterans, people with behavioral health needs, families, and youth. Strategies will include expanded outreach; additional individual shelter and non-veteran PSH capacity; improved shelter/Rapid Rehousing (RRH) exits to permanent housing; extended stabilization; prevention; and affordable housing preservation and development. Outreach, shelter, behavioral health, treatment/recovery, healthcare, schools, and housing providers will coordinate through the CoC. School data identified 627 students experiencing homelessness in Okaloosa County and 297 in Walton County in 2024–2025, including households and youth not captured by HUD's homeless definition; FL-505 will pursue prevention and non-federal resources for these populations. FL-505 will establish annual performance targets through its CoC funding priorities and Strategic Plan, including: increase outreach placements to shelter or housing above the 27% baseline; increase shelter/RRH exits to permanent housing above the 56% baseline; reduce returns to homelessness; and increase available PSH and individual shelter capacity. Progress will be measured through HMIS, PIT/HIC, System Performance Measures, and project-level outcomes, with annual targets reviewed and adjusted based on performance. Implementation will be supported through CoC, ESG, SSVF, local/state, and philanthropic resources, as appropriate. HHA staff will implement the strategies and report progress to the FL-505 CoC governing body and HHA Board through annual planning and performance reviews. The CoC will incorporate these strategies into its Strategic Plan, Written Standards, annual funding priorities, and project monitoring. Performance data will be used to identify gaps, redirect resources, and establish priorities.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	75%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

FL-505 is not a rural CoC.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

FL-505 leverages a broad network of behavioral health, substance use treatment, recovery, emergency response, and outreach organizations to connect individuals experiencing homelessness with appropriate levels of care and ongoing recovery supports. Through these partnerships, the CoC promotes access to outpatient mental health and substance use disorder treatment, crisis intervention, psychosocial supports, medication management, recovery services, and suicide prevention resources.

HHA works collaboratively with Freedom Life Compass, a faith-based recovery program that provides substance use recovery support and helps individuals experiencing homelessness connect to treatment, structured recovery services, and community-based supports. HHA also partners with Bridgeway, Inc. and other behavioral health providers to facilitate access to substance use disorder treatment and related services, including treatment options appropriate to individual needs and circumstances. CoC providers coordinate referrals and follow-up to help ensure that participants remain connected to treatment and supportive services.

The CoC also maintains strong relationships with Emergency Medical Services (EMS) and local law enforcement, including crisis response teams. These partnerships are particularly important for individuals experiencing behavioral health or substance use crises in the community. Crisis response partners can facilitate immediate assessment, emergency intervention, transportation, and connection to appropriate behavioral health or substance use services while CoC providers address housing and ongoing stabilization needs.

CoC agencies use coordinated case management and referral processes to connect participants with services across the continuum, including outpatient treatment, crisis services, substance use treatment and recovery programs, psychiatric services and medication management, peer and psychosocial supports, and other community-based resources. Providers work to address barriers to engagement and maintain communication regarding referrals and service connections, as appropriate and consistent with participant consent and confidentiality requirements.

Suicide prevention and crisis response are incorporated into the CoC's broader behavioral health coordination. Participants identified as being at risk are connected to qualified crisis and behavioral health providers for assessment and intervention, while housing and supportive service providers.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

FL-505 has established partnerships that provide individuals experiencing homelessness with direct access to certified peer recovery specialists and other peer-based recovery supports. Freedom Life Compass, Bridgeway, Inc., One Hopeful Place, and local law enforcement crisis response teams employ certified peer recovery specialists who provide recovery support, engagement, navigation, and connections to treatment and community resources.

HHA works collaboratively with these organizations to connect individuals experiencing homelessness to peer specialists who use lived experience to build trust, encourage engagement, and help participants navigate behavioral health and substance use disorder services. Peer recovery specialists assist individuals in identifying recovery goals, accessing appropriate treatment and levels of care, overcoming barriers to services, and connecting with ongoing recovery supports.

Freedom Life Compass provides faith-based recovery services and peer support for individuals working toward recovery and stability. Bridgeway, Inc. provides substance use disorder treatment and recovery services, including peer-based supports. One Hopeful Place incorporates peer recovery support within its broader housing and supportive service environment. Law enforcement crisis response teams provide another important access point, using certified peer recovery specialists to engage individuals experiencing behavioral health or substance use crises who may not otherwise connect with traditional services.

CoC housing providers, case managers, and housing navigators further support recovery navigation by helping participants identify resources, make referrals, coordinate services, and maintain connections to treatment and recovery supports. These efforts complement clinical treatment and housing services while supporting participants' individual recovery goals.

The availability of certified peer recovery specialists across multiple community partners creates multiple pathways for individuals to engage in recovery and receive ongoing support while working toward housing stability and long-term self-sufficiency.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

FL-505 uses coordinated outreach, crisis response, assessment, and case management to identify individuals experiencing Serious Mental Illness (SMI) and connect them with appropriate behavioral health services. The CoC maintains a strong partnership with Bridgeway, Inc.'s Treatment for Individuals Experiencing Homelessness (TIEH) team, which is a key resource for individuals experiencing homelessness who have significant mental health needs.

CoC outreach teams, housing providers, Emergency Medical Services, and law enforcement crisis response teams help identify individuals experiencing behavioral health crises or persistent mental health challenges and facilitate connections to the TIEH team and other appropriate providers. These partnerships support warm handoffs and coordinated referrals rather than relying on individuals to navigate the behavioral health system independently. The TIEH team provides intensive, community-based engagement and care coordination for individuals experiencing homelessness with behavioral health needs, helping connect participants to comprehensive treatment, medication management, psychiatric services, benefits, housing, and other supports necessary to promote stability. CoC providers continue to coordinate with behavioral health partners as participants move from crisis response and outreach toward treatment and housing stability.

FL-505 also collaborates with law enforcement crisis response teams that employ certified peer recovery specialists. These teams provide an additional pathway for identifying individuals experiencing SMI, responding to behavioral health crises, engaging individuals who may be difficult to reach through traditional services, and connecting them with appropriate treatment and community-based supports.

CoC case managers and housing navigators complement these intensive services by helping participants obtain documentation and benefits, access housing, coordinate appointments, address barriers to treatment, and maintain connections to services after housing placement. Through these partnerships, FL-505 combines assertive outreach, intensive care coordination, behavioral health treatment, peer support, and housing stabilization to promote sustained engagement and improved housing stability for individuals experiencing SMI.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

FL-505 maintains an ongoing partnership with Early Childhood Court (ECC). The ECC Director regularly participates in HHA CoC stakeholder meetings, while HHA's Coordinated Entry Specialist attends ECC stakeholder meetings. HHA also presented to ECC stakeholders within the past year on homelessness, Coordinated Entry, and available housing resources. This collaboration facilitates connections to housing, behavioral health, substance use treatment, and recovery supports for families involved.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

For families involved with ECC, court involvement can provide an additional structure for engagement with recommended services and supports. With appropriate consent and within applicable confidentiality requirements, HHA and ECC partners coordinate around housing goals, service participation, and progress toward stability. HHA can work with ECC to identify appropriate housing options and available funding resources while ECC and its partners reinforce participation in services and other court-ordered requirements. This coordinated approach helps families address housing instability alongside the behavioral health, substance use, and family needs that may affect successful reunification and long-term independence.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

FL-505 maintains an ongoing partnership with the County Law Enforcement Crisis Response Team (CRT), which provides crisis response and outreach to individuals experiencing behavioral health and substance use crises. HHA coordinates with CRT through quarterly trainings, including HHA presentations on trauma-informed care and homelessness response. CRT also recently presented at an HHA CoC stakeholder meeting regarding crisis response resources and collaboration.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	55
1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

FL-505 has a strong formal partnership with Bridgeway, Inc., a CCBHC and TIEH provider. TIEH case managers participate in monthly By-Name-List meetings and case conferencing, while HHA supports TIEH clients with housing stability and addressing housing barriers. The TIEH Director serves on the CoC Board, and team members regularly attend CoC Stakeholder Meetings, strengthening behavioral health and housing coordination. Bridgeway will also hold the PATH contract and provide in-depth services.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

Freedom Life Compass Transitional Housing will fully operate as sober housing. This program will set aside 50% of available units specifically for clients in substance abuse recovery, but all program participants will be required to adhere to sober living rules and regulations. The program will exclude or deny admission or continued occupancy to clients refusing to agree to or adhere to sobriety requirements.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

FL-505 coordinates across a broad network of behavioral health, substance use treatment, recovery, emergency response, and outreach organizations to facilitate warm hand-offs to housing and supportive service providers and prevent entry into homelessness. Key partners, including Bridgeway's Treatment for Individuals Experiencing Homelessness (TIEH) team and Emergency Medical Services (EMS), are fully certified in HMIS and participate in the CoC's Coordinated Entry System, allowing for timely identification, referral, prioritization, and connection to housing resources reducing the number of individuals entering homelessness.

Through HMIS, Coordinated Entry, monthly By-Name-List meetings, case conferencing, and ongoing communication among partners, individuals can be connected directly to appropriate housing navigation, treatment, recovery, and supportive services rather than being left to navigate systems independently. HHA works closely with TIEH case managers and other partners to address barriers, prioritize individuals with high housing needs, and support successful housing placement and stabilization.

This coordinated network also supports prevention by allowing partners to identify housing instability and emerging behavioral health or substance use needs early and connect individuals to appropriate resources before homelessness occurs. EMS, crisis response, outreach, treatment, and recovery partners provide additional pathways for identifying individuals in crisis and connecting them with Coordinated Entry and housing resources.

FL-505's integrated approach ensures that behavioral health and emergency response partners remain connected to the homelessness response system and that referrals are accompanied by active coordination, follow-up, and housing-focused support.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$852,420
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$245,605
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	29%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$61,401
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	36%

1C-3.

Participation Requirements for Supportive Services.

You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%
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1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

FL-505 maintains an ongoing, collaborative process for consulting with ESG recipients regarding the planning, allocation, and use of ESG funds. HHA recognizes that effective coordination between the CoC and ESG recipients is essential to aligning resources, addressing community needs, avoiding duplication, and strengthening the local homelessness response system. ESG recipients participate in HHA's CoC Stakeholder Meetings, committees, and other community planning activities, providing regular opportunities to discuss homelessness trends, service gaps, housing needs, system performance, and funding priorities. HHA monitors ESG recipients annually to confirm compliance and proper allocation of ESG funds.

The CoC uses community-level data and stakeholder input—including HMIS data, Point-in-Time Count results, Coordinated Entry data, housing needs assessments, and program performance information—to identify gaps and inform strategic priorities. These discussions help the CoC and ESG recipients coordinate the use of ESG and CoC resources, identify populations and geographic areas with unmet needs, and consider opportunities to strengthen prevention, emergency shelter, rapid rehousing, street outreach, and housing stabilization.

HHA will continue to consult with ESG recipients through regular CoC meetings, stakeholder engagement, data and performance discussions, planning activities, and direct communication regarding funding priorities and community needs. ESG recipients will have opportunities to provide input on strategies and priorities before and during the development of plans and funding recommendations.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

FL-505 coordinates closely with emergency shelter providers to connect individuals and families with Coordinated Entry, housing navigation, and other CoC assistance. Shelter providers participate in HMIS and the Coordinated Entry System, allowing individuals and families entering shelter to be identified, assessed, prioritized, and connected to appropriate housing resources.

HHA and shelter partners maintain regular communication regarding available housing resources, participant needs, barriers to housing, and referrals. Shelter staff help connect eligible individuals and families to Coordinated Entry, while HHA's Coordinated Entry and Housing Navigation teams work with participants to identify appropriate housing opportunities and supportive services.

Participants are discussed through case conferencing and the By-Name List process when appropriate, helping ensure that those with significant barriers receive coordinated attention and housing-focused support.

The CoC also works with shelter providers to facilitate transitions from emergency shelter to permanent housing, including Rapid Re-Housing, Permanent Supportive Housing, and other appropriate housing interventions. HHA assists with housing navigation, landlord and unit identification, referrals, and coordination with supportive service providers to address barriers that could prevent successful placement or housing retention.

Through HMIS, Coordinated Entry, case conferencing, and ongoing communication, FL-505 works to ensure that shelter is a pathway to permanent housing rather than an endpoint. This coordinated approach helps individuals and families move from crisis response to stable housing as efficiently as possible while connecting them with the services needed to maintain housing stability.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

FL-505, through HHA as the CoC and HMIS Lead, regularly uses and shares PIT, HIC, HMIS, and System Performance data with state and local government partners, as permitted by applicable law, HUD requirements, HMIS policies, and participant privacy protections. Data are used to identify trends, assess system performance, understand housing and service needs, and inform planning and resource allocation.

HHA shares aggregate and de-identified information through CoC reports, Housing Needs Assessments, stakeholder presentations, strategic planning activities, and direct communication with local and state government partners. PIT and HIC data help identify changes in homelessness and available housing and shelter capacity, while HMIS and System Performance data provide insight into housing outcomes, service utilization, length of homelessness, returns to homelessness, and system effectiveness.

HHA regularly discusses homelessness trends and system performance with local governments, elected officials, community partners, and other stakeholders. Data are also incorporated into community planning and funding discussions to identify gaps, establish priorities, and evaluate progress toward reducing and ending homelessness. HHA participates alongside other community leaders in the Okaloosa and Walton Community Health Improvement Plan working groups and utilizes data to help inform the strategies of those groups in navigating the homeless response system.

As the FL-505 HMIS Lead since 2009, HHA maintains established policies and procedures governing HMIS data quality, security, privacy, access, and reporting.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

FL-505 uses multiple data sources alongside HMIS to develop a more complete understanding of housing instability, identify service needs, improve care coordination, and inform system planning. HHA combines HMIS data with school system data, Shimberg Center for Housing Studies research, and information from law enforcement and corrections partners.

School system data help identify housing instability among children and families and inform coordination with schools and community partners. This supports earlier identification of families experiencing homelessness or housing instability and helps connect them with Coordinated Entry, housing navigation, and other community resources.

HHA uses Shimberg research and housing market data to understand rental costs, housing affordability, availability, and other local housing conditions. These data are considered alongside HMIS and Point-in-Time data to identify housing gaps, inform housing development and landlord engagement strategies, and guide resource allocation.

Law enforcement and corrections data provide additional information regarding individuals and families who may interact with the justice system while experiencing or at risk of homelessness. HHA uses these partnerships to improve identification, outreach, referrals, and connections to housing and supportive services, while respecting applicable confidentiality and data-sharing requirements.

HHA also incorporates information from behavioral health, emergency response, and other community partners through Coordinated Entry, By-Name List case conferencing, and ongoing stakeholder collaboration. These complementary data sources help identify needs and barriers that may not be fully reflected in HMIS alone.

Together, these sources allow FL-505 to move beyond a single-system view of homelessness. HHA uses available data to identify emerging needs, target outreach, coordinate services, improve housing stability, evaluate system performance, and inform strategic planning and resource allocation.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

FL-505 maintains an ongoing partnership with CareerSource Okaloosa Walton, the local workforce development system. HHA regularly collaborates with CareerSource on community engagement activities and has presented to CareerSource leadership on available housing resources, Coordinated Entry, and opportunities for continued collaboration. The agencies regularly refer individuals between systems so that people experiencing homelessness or housing instability can access both housing and employment resources. HHA connects individuals to CareerSource for employment, training, career development, and income-building opportunities, while CareerSource can connect individuals who identify housing needs to HHA and the CoC's housing resources. This reciprocal partnership helps address the interconnected barriers of housing instability and employment and supports individuals in achieving and maintaining housing stability.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

FL-505 street outreach projects have strong, ongoing partnerships with law enforcement and EMS that support coordinated street outreach, crisis response, and connections to housing and services. Members of EMS and local law enforcement Crisis Response Teams (CRT) are fully certified in HMIS and participate in Coordinated Entry, allowing first responders to directly engage with the homelessness response system and make informed connections to services.

HHA regularly collaborates with CRT personnel through training, information-sharing, and community engagement. HHA provides quarterly training on trauma-informed care and homelessness response, while CRT members have presented to CoC stakeholders regarding crisis response resources and collaboration. These relationships help establish positive, trust-based interactions with individuals experiencing homelessness and provide first responders with practical pathways for connecting people to Coordinated Entry, outreach, housing navigation, behavioral health, substance use, and other supportive services.

By integrating EMS and law enforcement partners into HMIS, Coordinated Entry, and outreach FL-505 strengthens the transition from crisis response to ongoing engagement and housing services. Rather than relying solely on enforcement or emergency response, partners can help identify housing needs, facilitate appropriate referrals, and connect individuals with the CoC's established service network. This collaborative approach promotes consistent engagement, reduces fragmentation, and increases opportunities for individuals experiencing homelessness to access housing and supportive services.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

FL-505 and its recipient agencies support participant-driven family and support-network reunification when it is identified as an appropriate component of a housing stability plan. Case managers work with individuals and families to identify safe and appropriate reunification opportunities and coordinate the services and resources needed to make reunification successful.

Assistance may include transportation to another geographic area, housing assistance, treatment and recovery services, and ongoing case management. When a participant's support network is located outside the FL-505 geographic area, providers coordinate with agencies and service systems in the destination community to facilitate a safe transition and continuity of care. Case managers help address barriers such as transportation, housing, treatment, documentation, and connections to community resources.

These efforts are participant-centered and consider the individual's preferences, safety, housing needs, and support network. When appropriate, reunification can provide individuals experiencing homelessness with a stable support system while reducing barriers to permanent housing and long-term stability.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

FL-505 cooperates with and supports local efforts to address homelessness and does not interfere with or impede lawful community efforts to address public safety, environmental, or other community concerns. HHA works collaboratively with local governments, law enforcement, EMS, and other first responders to ensure that efforts involving individuals experiencing homelessness include appropriate opportunities for connection to housing and supportive services. HHA and partner agencies participate in coordinated outreach and efforts to address homelessness in wooded areas and other locations where individuals may be living unsheltered. Case managers participate alongside first responders and local partners to engage individuals respectfully, provide information and resources, identify immediate needs, and connect individuals to appropriate services. When needed, HHA staff can conduct Coordinated Entry assessments in the field and facilitate connections to the CoC's housing and service system.

HHA provides first responders and local partners with information about Coordinated Entry, shelter and housing resources, behavioral health and substance use services, and other community resources. This collaborative approach allows local authorities to address their responsibilities while ensuring that individuals experiencing homelessness are offered meaningful pathways to housing and services. HHA's role is to support, not impede, local efforts and to provide practical resources that promote both effective community response and positive outcomes for people experiencing homelessness.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

FL-505 operates within Florida's statewide prohibition on regular public camping and sleeping on public property. Florida Statute 125.0231 prohibits counties and municipalities from regularly allowing public camping or sleeping on public property, including public buildings, grounds, and rights-of-way. This policy supports local governments' ability to address encampments and return public property to its intended use.

Local restrictions on overnight camping and use of public parks and other public property similarly provide local governments and first responders with tools to address unsafe or unauthorized camping. Okaloosa County, for example, has adopted provisions addressing public camping or sleeping on county streets, sidewalks, rights-of-way, public ways, buildings, and grounds.

The primary challenge is ensuring that enforcement and encampment clearance do not result in individuals simply moving from one unsheltered location to another. FL-505's mitigation strategy is to pair local enforcement and clearance efforts with housing-focused outreach and service engagement. HHA works directly with law enforcement, EMS, and other local partners during encampment responses. Case managers engage individuals, provide available resources, conduct Coordinated Entry assessments when necessary, and connect individuals to shelter, housing, treatment, transportation, and other supportive services.

HHA will continue to leverage these policies by maintaining regular communication with local governments and first responders, providing advance notice and coordinated outreach when possible, and ensuring that CoC staff and participating providers are available to engage individuals affected by encampment clearances. HHA will use HMIS and Coordinated Entry to identify existing service connections and housing opportunities, while case managers assist individuals with completing assessments and navigating available resources.

Where restrictive policies create barriers to immediate placement, the CoC will mitigate their effects through rapid outreach, coordinated referrals, transportation assistance, housing navigation, and continued engagement until an appropriate housing or service connection is established.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

FL-505 does not currently have any sanctioned or large-scale encampments within its geographic area. Unsheltered homelessness is generally dispersed throughout the community, with occasional small groups of individuals camping in wooded areas or other less visible locations. These situations are typically temporary or fluid rather than established, large-scale encampments.

The 2026 Point-in-Time Count identified 143 people experiencing unsheltered homelessness in Okaloosa and Walton Counties, representing a substantial reduction from 250 in 2024. HHA continues to work with local governments, law enforcement, EMS, and other community partners to identify and engage individuals experiencing unsheltered homelessness.

When small groups or individuals are identified in wooded areas, HHA case managers participate in outreach and response efforts, provide information and resources, and conduct Coordinated Entry assessments when needed. Staff connect individuals to available housing, shelter, treatment, transportation, and supportive services and work with partners to facilitate appropriate housing and service connections.

Because there are no large or sanctioned encampments, FL-505's approach focuses on early identification, outreach, engagement, and rapid connection to housing and services rather than managing permanent encampment sites. HHA will continue coordinating with first responders and local governments to address emerging areas of unsheltered homelessness and connect individuals to the CoC's housing and service system.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

FL-505 operates within Florida laws that prohibit the unlawful possession and use of controlled substances and drug paraphernalia. Florida Statutes Chapter 893 establishes the state's drug abuse prevention and control framework, including prohibitions on unlawful possession and use of controlled substances and drug paraphernalia. Local public-property and park regulations also prohibit illegal drug use in certain public spaces, providing local governments and law enforcement with tools to address public drug use and related safety concerns. Okaloosa County park regulations, for example, specifically prohibit the use of illegal drugs in county parks.

These policies help local partners address public drug use and provide a clear role for law enforcement when criminal activity or immediate public-safety concerns are present. The potential challenge is that enforcement alone does not address the underlying housing, behavioral health, or substance use needs that may contribute to repeated interactions with first responders.

FL-505 mitigates this through strong partnerships with law enforcement, EMS, and Crisis Response Teams. Members of EMS and Crisis Response Teams are fully certified in HMIS and participate in Coordinated Entry, allowing first responders to connect individuals to the CoC's housing and service system. HHA also provides quarterly training to Crisis Response Team personnel on trauma-informed care and homelessness response.

When individuals experiencing homelessness are encountered while using substances or otherwise interacting with first responders, HHA and participating providers can provide Coordinated Entry assessments, case management, housing navigation, transportation, treatment and recovery referrals, and connections to behavioral health and other supportive services. HHA works with partners to encourage engagement with appropriate treatment and recovery resources while respecting the respective roles of law enforcement, health care, and homeless service providers.

FL-505 will continue leveraging existing enforcement and public-safety policies while expanding the service pathway available during these interactions. HHA will maintain regular communication and training with law enforcement and EMS, strengthen referrals between first responders and Coordinated Entry, use HMIS and case conferencing to support continuity of care, and coordinate with treatment and recovery providers to address barriers to housing and ongoing services.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Overdoses and illicit drug use remain an ongoing community concern in the FL-505 geographic area, including among individuals experiencing homelessness. Available public health data demonstrate continued drug-overdose activity in both Okaloosa and Walton Counties, while local partners report that substance use can be encountered in public spaces and during interactions with individuals experiencing unsheltered homelessness.

Okaloosa County has established a strong community response to overdoses through its Post Overdose Support Team (POST), a multi-agency partnership involving law enforcement, EMS, and Bridgeway Center. The team provides rapid follow-up and ongoing support to individuals who survive an overdose, with the goal of connecting them to treatment and recovery resources. During the program's initial 2024 quarter, POST reported 89 opioid overdoses, 81 outreach visits, and 14 individuals enrolled in treatment.

HHA's partnerships with EMS, law enforcement Crisis Response Teams, behavioral health providers, and substance use treatment providers provide an important connection between overdose response and the homelessness response system. EMS and Crisis Response Team members participating in the CoC are HMIS-certified and participate in Coordinated Entry, allowing individuals experiencing homelessness to be connected to housing and supportive services when appropriate.

The CoC does not have evidence indicating that large concentrations of public illicit drug use or overdose activity are occurring at homeless encampments; FL-505 has no sanctioned or large-scale encampments. Instead, substance use and overdose concerns are addressed through coordinated, person-centered outreach and response. HHA and its partners provide case management, Coordinated Entry assessments, housing navigation, treatment and recovery referrals, transportation, and connections to behavioral health services. This coordinated approach allows public-safety and health partners to address immediate concerns while creating opportunities for individuals experiencing homelessness to engage with treatment, housing, and supportive services.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

FL-505 operates within Florida's established behavioral health framework for individuals whose mental health or substance use creates a risk of serious harm. Florida's Baker Act permits involuntary examination when statutory criteria are met, including when a person with a mental illness presents a substantial likelihood of serious bodily harm to themselves or others in the near future. Florida's substance use statutes also establish criteria for involuntary assessment and treatment when substance use creates specified risks of harm or severe impairment.

These laws provide beneficial pathways for law enforcement, behavioral health professionals, and other authorized parties to respond when an individual presents an immediate safety concern. FL-505 does not make clinical or legal determinations regarding involuntary treatment; those decisions remain with the professionals and authorities authorized under Florida law.

HHA maintains strong partnerships with law enforcement, EMS, Crisis Response Teams, behavioral health providers, and substance use treatment providers to support appropriate responses to individuals experiencing homelessness who may be in crisis or present safety concerns. Members of EMS and Crisis Response Teams are HMIS-certified and participate in Coordinated Entry, strengthening the connection between crisis response and the homelessness response system.

HHA mitigates potential gaps between crisis intervention and long-term stability by providing case management, Coordinated Entry assessments, housing navigation, transportation, and connections to behavioral health and substance use treatment. HHA also provides quarterly trauma-informed care and homelessness-response training to Crisis Response Team personnel. When an individual exits crisis or treatment services, CoC partners can help address housing barriers and reconnect the individual to appropriate ongoing services. FL-505 will continue leveraging existing behavioral health and public-safety policies by strengthening communication among first responders, treatment providers, and CoC partners; maintaining HMIS and Coordinated Entry participation among appropriate partners; providing trauma-informed training; and using case conferencing and housing navigation to support continuity of care. This approach allows authorized professionals to address immediate safety concerns while ensuring that homelessness and housing instability are addressed.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

FL-505 operates within Florida's comprehensive sexual offender and sexual predator registration framework, which supports compliance with the federal Sex Offender Registration and Notification Act (SORNA). Florida law requires registrants to provide permanent, temporary, or transient residence information, including location information when an individual does not maintain a permanent residence. Local law enforcement verifies registration information and reports it to the Florida Department of Law Enforcement (FDLE). These requirements provide a framework for maintaining accurate location information for individuals who may be experiencing homelessness. HHA's role is complementary. HHA and participating providers coordinate with law enforcement and corrections partners when housing services involve individuals subject to registration requirements and follow applicable privacy, confidentiality, and information-sharing requirements. A potential barrier is identifying appropriate housing when an individual has registration requirements, lacks a conventional address, or faces location restrictions that limit available housing options. FL-505 mitigates these challenges through communication with law enforcement and corrections partners, housing navigation, case management, and identification of housing options that comply with applicable requirements. HHA will continue leveraging established partnerships with law enforcement and corrections, coordinating housing placement with appropriate authorities, and ensuring that housing providers understand applicable requirements. HMIS and Coordinated Entry support housing navigation and service coordination while access to protected information remains limited to authorized purposes and personnel. Through this approach, FL-505 supports compliance with SORNA-related requirements while helping individuals subject to registration requirements identify lawful housing and supportive services. The CoC will continue strengthening communication among housing providers, law enforcement, corrections, and other authorized partners so registration requirements are appropriately considered during housing planning without unnecessarily preventing access to housing and services.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

FL-505 uses a comprehensive, multi-channel outreach strategy designed to identify and engage individuals and families experiencing homelessness throughout Okaloosa and Walton Counties, including people living in shelters, vehicles, wooded areas, and other locations where homelessness may be less visible.

HHA coordinates One Way Home, the CoC's Coordinated Entry System, through 15 access points across the two-county area. Individuals and families can access Coordinated Entry through community-based providers, 211, HHA's website, and direct outreach. HHA promotes access points, available resources, and housing opportunities through its website, social media, email communications, stakeholder meetings, and community outreach.

Street outreach and engagement are strengthened through partnerships with law enforcement, EMS, Crisis Response Teams, health departments, hospitals, corrections institutions, faith-based organizations, and other community partners. EMS and Crisis Response Team members are HMIS-certified and participate in Coordinated Entry, allowing first responders to help identify individuals experiencing homelessness and connect them to the CoC. HHA case managers also participate in outreach to wooded areas and other locations where people may be living unsheltered and can conduct Coordinated Entry assessments in the field when needed.

FL-505 places particular emphasis on reaching rural and hard-to-access populations. Faith-based and community organizations help distribute information and connect individuals to access points, while 211 provides information regarding access locations, schedules, transportation, and available resources. HHA also maintains a digital access option for individuals who cannot easily reach a physical access point.

Outreach is designed to be low-barrier, trauma-informed, and housing-focused. Once engaged, individuals are assessed through Coordinated Entry, connected to appropriate resources, and incorporated into the By-Name List and case conferencing process when appropriate. HHA uses HMIS, outreach information, PIT data, and partner feedback to identify gaps in coverage and adjust outreach strategies.

Through this coordinated network, FL-505 seeks to ensure that every individual and family experiencing homelessness has multiple pathways to learn about, access, and engage with the CoC's housing and supportive-service system.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	Yes

7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

FL-505 incorporates notification of educational services into its Coordinated Entry and housing-service practices for families experiencing homelessness. When a family with school-age children engages with Coordinated Entry or a participating homeless service provider, staff assess household needs and provide information regarding educational resources and the rights and services available to children and youth experiencing homelessness under the McKinney-Vento Homeless Assistance Act.

HHA and participating providers coordinate with local school systems and community partners to connect families with appropriate school-based resources, including the district's homeless education liaison. Families are informed that children and youth experiencing homelessness may be eligible for educational protections and services, including assistance with school enrollment and continuity of education.

These procedures support early identification of educational needs and encourage warm referrals between the homelessness response system and local education partners. Case managers assist families in navigating available resources and follow up as appropriate to address barriers that may affect a child's ability to access or remain engaged in education.

HHA will continue strengthening coordination with local school systems, incorporating educational-resource information into outreach and Coordinated Entry materials, and ensuring that participating providers understand their responsibility to inform families experiencing homelessness about available educational services and make appropriate referrals.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

FL-505 coordinates with child welfare, foster care, and other youth-serving systems to help young people transitioning from public systems of care access housing and supportive services. HHA works with community partners to identify youth who are experiencing or at risk of homelessness and connect them to Coordinated Entry, housing navigation, case management, and other appropriate resources.

HHA's Coordinated Entry process provides a pathway for youth transitioning from foster care or other public systems of care to be assessed for housing needs and connected to available resources. Case managers work with youth to identify barriers to housing stability, including lack of income, transportation, documentation, education, employment, and supportive connections, and coordinate referrals to appropriate community services.

HHA also maintains an ongoing partnership with Early Childhood Court (ECC), whose director regularly participates in HHA CoC stakeholder meetings while HHA's Coordinated Entry Specialist participates in ECC stakeholder meetings. This reciprocal relationship strengthens identification of families and youth with housing instability and facilitates connections to housing and supportive resources.

FL-505 will continue strengthening relationships with child welfare, foster care, education, behavioral health, workforce, and other youth-serving partners to promote early identification and warm referrals. HHA will use Coordinated Entry, HMIS, case conferencing, and community partnerships to support continuity of care and help youth transitioning from public systems of care move directly toward safe, stable housing and greater independence.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

FL-505 does not currently have a documented formal partnership with an RHY-funded Street Outreach Program, Basic Center Program, Transitional Living Program, or Maternity Group Home within the CoC's geographic area. When youth experiencing homelessness are identified, HHA works through its Coordinated Entry System and network of youth-serving, education, child welfare, behavioral health, and community partners to identify appropriate housing and supportive-service resources.

HHA's Coordinated Entry process provides a pathway for youth to be assessed and connected to available resources, with case managers assisting with housing navigation, transportation, treatment, education, employment, and other services as appropriate. When a youth's needs are better addressed through an RHY-funded provider outside the FL-505 area, HHA or the participating provider can facilitate a referral and coordinate with the receiving organization as appropriate.

FL-505 will continue to identify RHY-funded resources serving the region and establish relationships when appropriate. HHA will incorporate applicable RHY resources into its referral network and strengthen coordination with youth-serving systems to ensure that youth experiencing homelessness have access to appropriate housing and supportive services.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

FL-505 has identified Catholic Charities' Rapid Rehousing (RRH) project to serve families with children experiencing homelessness. Through Coordinated Entry, eligible families will be identified and referred to the project. RRH will provide housing assistance and supportive services to help families quickly obtain and maintain permanent housing, addressing an identified CoC need for targeted resources for families with children.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

Catholic Charities' RRH project will provide comprehensive, wraparound case management designed to address the multiple barriers that can prevent families from obtaining and maintaining stable housing. Case managers will work with each household to develop an individualized housing stability plan that identifies strengths, needs, goals, and measurable steps toward self-sufficiency. Case managers will provide ongoing housing-focused support, including housing navigation, landlord communication, lease compliance, budgeting, benefits coordination, transportation assistance, and connections to community resources. Case managers will also assess employment and income needs and connect participants with workforce resources, including CareerSource Okaloosa Walton. CareerSource provides career assessments, employment readiness, job search assistance, training opportunities, and connections to employers. Eligible participants may also be connected to WIOA-funded education and training, on-the-job training, and Registered Apprenticeship opportunities designed to increase skills, earnings, and job retention. Case managers will coordinate referrals to behavioral health, substance use treatment, healthcare, childcare, education, transportation, legal assistance, and other specialized services based on each family's needs. The project will use a collaborative, participant-centered approach, maintaining regular communication with service providers and monitoring progress toward housing and income goals. Through Coordinated Entry, case managers will coordinate with HHA and other community partners to ensure participants receive appropriate referrals and avoid duplication of services. Case management will continue throughout the RRH assistance period, with increasing emphasis on income growth, housing retention, and independent stability as households progress toward exiting assistance. The project will measure progress through outcomes such as housing retention, increased earned income, employment or training participation, connection to mainstream benefits and services, and successful transition from RRH assistance to sustainable permanent housing.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Catholic Charities' RRH project does not directly leverage TANF funding; however, the project will connect eligible families to mainstream family service systems and community resources that can strengthen household stability and reduce reliance on housing assistance.

Case managers will assess each family's eligibility for mainstream benefits and make referrals based on identified needs, including cash assistance, food assistance, childcare, healthcare, employment and workforce services, and other family supports. The project can also leverage the resources of existing CoC partners. For example, Matrix Community Outreach Center, a FL-505 CoC partner, provides TANF relief and can serve as a referral partner for eligible Catholic Charities RRH households.

Through coordinated referrals and follow-up, case managers will help families access available mainstream resources while focusing CoC-funded assistance on housing stabilization. These partnerships allow RRH households to benefit from resources outside the CoC project and strengthen their ability to increase income, meet basic family needs, maintain housing, and transition successfully from rental assistance.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

Catholic Charities' RRH project will combine housing assistance with comprehensive, wraparound case management to address the needs of families with children. Case managers will develop individualized housing stability plans and coordinate services based on each family's needs.

The CoC has formal partnerships with the Early Learning Coalition and Head Start to connect project participants with early childhood education, childcare, and family support services. These partnerships help families access childcare and early learning opportunities that support child development while enabling parents to pursue employment and increase household income.

Case managers will connect families to parenting education and family-support resources, as well as prenatal, postpartum, pediatric, and other healthcare services through appropriate community providers. Case managers will assist families in overcoming barriers to accessing care, including transportation, scheduling, and benefits enrollment.

For education, case managers will help families maintain school enrollment and educational continuity for school-age children, including connections to local school districts and McKinney-Vento resources when applicable. Families may also be connected to Head Start, early childhood education, GED programs, workforce training, and other educational opportunities based on their goals and eligibility.

These services will be coordinated with RRH rather than provided as isolated referrals. Case managers will monitor progress, follow up with families and partner providers, address barriers, and adjust service plans as needed. This integrated approach combines housing assistance with childcare, parenting support, healthcare, and education to strengthen family stability, support employment and income growth, and help families successfully maintain permanent housing after RRH assistance ends.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

FL-505 maintains active partnerships with the Department of Veterans Affairs (VA) and Priority Veteran, an SSVF provider. VA and Priority Veteran participate in the CoC's Veteran By-Name List (BNL) and coordinated case conferencing to identify Veteran households experiencing homelessness, coordinate services, and connect Veterans to appropriate housing and supportive services. These partnerships support rapid identification, referral, and housing placement.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

FL-505 partners with the sole victim service provider (VSP) serving the CoC's geographic area. The VSP participates in a dedicated Coordinated Entry process designed to address the safety and confidentiality needs of survivors, participates in the CoC's By-Name List and Coordinated Entry Committee, and has representation on the CoC Board of Directors. This partnership strengthens coordinated access to safe shelter, housing, and supportive services for survivors and their families.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

FL-505 partners with the local jail to prevent homelessness among individuals transitioning from incarceration. CoC staff participate in re-entry briefings and provide transportation and Coordinated Entry assessments for individuals preparing for release. This partnership allows housing needs to be identified before release and connects individuals to appropriate housing and supportive services through the CoC's coordinated system.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

FL-505 partners with Bridgeway Center through its Treatment for Individuals Experiencing Homelessness (TIEH) project to provide specialized services to people experiencing homelessness with significant behavioral health and medical needs. The TIEH team provides clinical services, case management, recovery support, and care coordination while working with HHA and other community partners to connect participants to housing and ongoing healthcare.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

FL-505 partners with aging-service organizations, including the Northwest Florida Area Agency on Aging and its local partner agencies, to connect older adults experiencing homelessness with specialized services. Referrals can include case management, in-home and community-based services, caregiver support, respite, meals, and healthcare resources.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

FL-505's Bridgeway Independent Living Permanent Supportive Housing (PSH) project prioritizes and serves individuals experiencing chronic homelessness. The project combines permanent housing with supportive services tailored to participants' needs, helping individuals with significant barriers to housing achieve and maintain long-term housing stability.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Bridgeway's Independent Living Permanent Supportive Housing project provides immediate, on-site access to behavioral healthcare through Bridgeway's Treatment for Individuals Experiencing Homelessness (TIEH) team. TIEH staff are available to respond to participants' behavioral health needs in their housing environment, reducing barriers to accessing care and allowing concerns to be identified and addressed promptly rather than relying solely on off-site referrals.

TIEH provides integrated behavioral health services, care coordination, case management, and recovery support for individuals experiencing homelessness with significant behavioral health needs. TIEH staff work directly with PSH participants to assess needs, develop individualized service plans, coordinate treatment, and support engagement with appropriate healthcare and community-based services.

The on-site model allows behavioral health professionals and housing staff to work collaboratively and respond to changes in participants' needs while maintaining a housing-focused, trauma-informed approach. TIEH can facilitate connections to psychiatric care, substance use treatment, primary healthcare, crisis services, and other specialized providers when needs extend beyond services available on site.

TIEH also participates in the CoC's coordinated system, including By-Name List meetings and case conferencing, allowing the team to coordinate housing and supportive services with HHA and other community partners. This integration helps reduce gaps between behavioral healthcare and housing services, promotes continuity of care, and supports participants in maintaining permanent housing.

By bringing behavioral healthcare directly into the PSH environment, the project reduces transportation and access barriers, supports earlier intervention, and provides ongoing assistance to individuals who may otherwise have difficulty engaging with traditional behavioral health systems.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Bridgeway's Independent Living PSH project uses wraparound case management and regular interaction with trained case management staff to continually assess participant needs and determine whether PSH remains an appropriate level of housing and support. Case managers develop individualized service plans with participants and maintain regular contact to monitor changes in health, behavioral health, functioning, safety, and ability to maintain housing.

Through frequent interaction, case managers can identify changes in a participant's needs and initiate additional assessment and support when a higher level of care may be appropriate. When needs exceed the services available through PSH, case managers coordinate with Bridgeway's Treatment for Individuals Experiencing Homelessness (TIEH) team and other qualified healthcare or behavioral health providers to assess the participant and identify appropriate options.

Depending on the participant's needs and eligibility, referrals may include residential treatment, assisted living or other residential care, intensive behavioral health services, medical care, or other specialized settings. Case managers work with the participant and receiving providers to coordinate referrals, transportation, documentation, and continuity of care.

The process is participant-centered and focused on matching each individual with the appropriate level of support. Ongoing case management allows staff to identify changing needs early, respond before a crisis occurs when possible, and help participants transition to a higher level of care when PSH is no longer sufficient to meet their needs safely and effectively.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

Bridgeway's Independent Living PSH project uses ongoing wraparound case management to assess participant readiness for transitioning to unsubsidized or other permanent housing. Case managers regularly work with participants to establish individualized goals focused on self-sufficiency, housing stability, income, and independence.

As participants progress, case managers assess factors such as stable income, ability to manage rent and household expenses, connection to mainstream benefits and services, ability to maintain a lease, and the availability of appropriate community supports. Staff work with participants to address barriers and strengthen the skills and resources needed to successfully maintain housing without ongoing PSH assistance.

When a participant demonstrates increased stability and readiness to move on, case managers help identify appropriate affordable housing options, coordinate the transition, and connect the participant to community-based services that can support continued housing stability. The process is individualized and participant-centered, recognizing that readiness and the appropriate timing for a move differ based on each person's circumstances.

The project's emphasis on self-sufficiency allows PSH to serve as a foundation for participants to build income, independence, and long-term housing stability while ensuring that participants are not transitioned prematurely from supportive housing. HUD identifies optimizing self-sufficiency as a core objective of the CoC Program.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/25/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/25/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/06/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/06/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

FL-505 maintains a transparent annual reallocation process through its CoC local competition. Renewal projects are evaluated using established performance, quality, utilization, and community-need measures, including HUD performance data, Annual Performance Reports, system performance measures, housing outcomes, returns to homelessness, income and employment outcomes, supportive-service participation, monitoring findings, and budget utilization. Projects may be considered for reallocation when they demonstrate lower performance, underutilization, reduced community need, or other factors indicating that resources could be used more effectively elsewhere.

During the FY2026 local competition, FL-505 did not identify any projects for reallocation because of low performance or reduced community need. However, several existing projects voluntarily chose to reallocate a portion of their funding to better align project resources with current HUD priorities and the CoC's identified needs. These reallocations were not the result of poor project performance, but reflected proactive project-level decisions to adapt existing resources to the current funding environment and priorities.

The CoC incorporated these voluntary reallocations into the local competition and evaluated the resulting applications through the established review and ranking process. This approach allowed projects to strategically redirect resources while maintaining services and housing capacity where appropriate. FL-505 will continue to evaluate project performance, utilization, outcomes, and community need annually. The CoC will consider both performance-based reallocation and voluntary reallocation when projects determine that existing resources could be better aligned with HUD priorities or emerging community needs.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	WellSky Community Services
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

No changes were made to the unsheltered PIT count methodology or data quality.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

FL-505 does not have any large or sanctioned encampments within its geographic area. Unsheltered homelessness is generally dispersed, including individuals and small groups residing in wooded or other areas rather than concentrated in established encampments. During the evaluation period, the CoC worked with local governments, law enforcement, EMS, and community partners to connect individuals experiencing unsheltered homelessness with housing and supportive services.

HHA case managers participate, when appropriate, in local efforts to address individuals residing in wooded areas or other locations where homelessness is identified. Staff provide resources, conduct Coordinated Entry assessments in the field when feasible, and connect individuals to shelter, housing navigation, treatment, benefits, and other services. These efforts are coordinated with local authorities and are designed to provide a housing-focused response while respecting public safety and local jurisdictional responsibilities.

The CoC's approach focuses on reducing the number of people experiencing unsheltered homelessness by connecting individuals to permanent housing and supportive services rather than relying on displacement from one location to another. During the evaluation period, FL-505 continued to strengthen outreach, Coordinated Entry access, and partnerships with first responders and community providers to identify and resolve unsheltered homelessness.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of encampments during your evaluation period.	0

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of people in encampments during your evaluation period.	0

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

FL-505 does not have any large or sanctioned encampments within its geographic area. Unsheltered homelessness is generally dispersed, including individuals and small groups residing in wooded or other areas rather than concentrated in established encampments. During the evaluation period, the CoC worked with local governments, law enforcement, EMS, and community partners to connect individuals experiencing unsheltered homelessness with housing and supportive services.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

FL-505's plan to reduce first-time homelessness is guided by the CoC's Housing Needs Assessment, which identifies local housing affordability, availability, and service gaps contributing to housing instability. The CoC will use the Assessment as an ongoing planning tool to target resources toward households and populations at greatest risk of becoming homeless. FL-505 will strengthen connections between the homeless response system and mainstream family, housing, healthcare, behavioral health, workforce, and social-service systems so that households can be identified and connected to assistance before a housing crisis results in homelessness. This includes strengthening referrals to prevention resources, mainstream benefits, employment and workforce services, behavioral healthcare, treatment and recovery services, childcare, and other supports that address the underlying causes of housing instability. Another key focus will be on educating the public and resources for homeless prevention. Prevention resources help eliminate first-time homeless while saving resources.

The CoC will also use Coordinated Entry, HMIS data, stakeholder input, and information from community partners to identify emerging needs and gaps. Partnerships with local governments, schools, healthcare providers, law enforcement, corrections, faith-based organizations, workforce agencies, and family-service providers will expand opportunities for early identification and intervention.

Housing affordability is a central component of the CoC's prevention strategy. FL-505 will use the Housing Needs Assessment to inform affordable housing development, landlord engagement, resource allocation, project design, and advocacy for housing resources that address documented gaps.

FL-505 will evaluate progress through HMIS, system performance measures, housing stability outcomes, and updates to the Housing Needs Assessment. The CoC will annually review whether strategies are reaching households before they enter homelessness and adjust resources and partnerships based on identified needs. This prevention-focused approach complements the CoC's existing efforts to rapidly resolve homelessness while reducing the number of individuals and families who experience homelessness for the first time.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

FL-505 is implementing a new Housing Navigation program designed to reduce the length of time individuals and families remain homeless by creating a more direct and coordinated pathway from homelessness to permanent housing. Guided by the CoC's Housing Needs Assessment and HMIS data, Housing Navigators work with participants to identify housing barriers, develop individualized housing plans, identify appropriate units, and facilitate the application and lease-up process.

A key component of the program is expanded landlord engagement. FL-505 is developing and utilizing landlord engagement tools to identify and recruit property owners, communicate the benefits of partnering with the CoC, address landlord concerns, and increase access to available rental units. Housing Navigators establish relationships with landlords and property managers, help match participants with appropriate units, and support communication between landlords and households throughout the housing process. These tools are intended to expand the pool of available units and reduce delays caused by limited affordable housing availability.

The CoC will continue to strengthen Coordinated Entry through 15 access points, 211, online access, community outreach, and referrals from healthcare, law enforcement, EMS, schools, corrections, and other partners. Housing needs can also be assessed in the field when appropriate, allowing people experiencing unsheltered homelessness to enter the housing process without unnecessary delays.

FL-505 will use the By-Name List and case conferencing to identify housing opportunities and coordinate referrals, while Housing Navigators provide direct, individualized assistance through housing search and placement. The CoC will also leverage mainstream benefits, employment and workforce resources, behavioral health, healthcare, and other services to address barriers that could delay housing placement.

Progress will be monitored through HMIS and system performance measures, including length of time homeless and time from assessment to housing placement. FL-505 will use these data to identify bottlenecks, evaluate the effectiveness of Housing Navigation and landlord engagement strategies, and continuously improve the system.

Together, these strategies are designed to move households more quickly from homelessness to permanent housing by increasing housing opportunities, reducing barriers, and providing dedicated assistance throughout the housing search.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	37.20%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Reporting period: October 1, 2024 through September 30, 2025. Source: the FL-505 HMIS, reported through the HUD CoC APR (Q23 Exit Destination) covering all Transitional Housing, PH – Rapid Re-Housing, and PH – Permanent Supportive Housing projects in operation during the period.

Confirmation of the universe of projects: The calculation includes every FL-505 project of type 2 (Transitional Housing), 13 (PH – Rapid Re-Housing), and 3 (PH – Permanent Supportive Housing) in operation during the reporting period — 62 projects in total. No project of any other type was included, and no project of these three types was excluded. A project roster is available on request.

Confirmation of the data elements summed: The denominator is every person who exited one of those projects during the reporting period, as reported in the CoC APR Exit Destination table: 164 persons. The numerator is the subset of those persons whose HMIS Data Element 3.12 (Exit Destination) was one of the four response options named in the guidance — Rental by client, no ongoing housing subsidy (47); Staying or living with friends, permanent tenure (8); Staying or living with family, permanent tenure (5); and Owned by client, no ongoing housing subsidy (1). Total: 61 persons.

Result: 61 of 164, or 37.2%, of program participants exiting TH, RRH, and PSH collectively exited to unsubsidized housing. The numerator is a strict subset of the denominator; both are drawn from the same 62-project universe, the same reporting period, and the same Exit Destination data element.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/30/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	199	14	130	61.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	45	0	0	0.00%
4. Rapid Re-Housing (RRH) beds	110	0	110	100.00%
5. Permanent Supportive Housing (PSH) beds	178	0	178	100.00%
6. Other Permanent Housing (OPH) beds	1	0	1	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

FL-505's Emergency Shelter bed coverage rate was temporarily below 85 percent when a new faith-based Emergency Shelter provider joined the CoC and had not yet completed HMIS implementation for all of its beds. HHA worked directly with the provider to complete HMIS requirements, including certification, system access, training, and data-entry implementation. The provider has now been fully certified, and all Emergency Shelter beds are listed in HMIS. As a result, the identified coverage gap has been resolved.

In addition to the new emergency shelter beds being utilized by the CoC, additional beds were utilized as warming centers during freezing temperatures and were not covered in HMIS totaling 48 of the 69 undocumented beds.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	No
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of On-Site T...	09/24/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	Number of Units R...	09/24/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Project Language ...	09/24/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/24/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/24/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/24/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	HDX Competition R...	09/24/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	FL-505 Written St...	09/24/2026
11. Other	No		

Attachment Details

Document Description: List of On-Site Treatment Providers

Attachment Details

Document Description: Number of Units Requirement Substance Abuse Treatment

Attachment Details

Document Description: Project Language Requirement Supportive Services

Attachment Details

Document Description: Evidence of Coordination to Advance Public Safety

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: FL-505 Written Standards

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/25/2026
1C. Coordination and Engagement	09/25/2026
1D. Project Review/Ranking	09/25/2026
2A. HMIS Implementation	09/25/2026
3A. Policy Initiatives	09/25/2026
4A. Attachments Screen	09/25/2026
Submission Summary	No Input Required

List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

TH/RRH/PSH Project	Treatment Provider
Hands-Up Transitional Housing	Bridgeway, Inc. Treatment for Individuals Experiencing Homelessness
Independent Living PSH	Bridgeway, Inc. Treatment for Individuals Experiencing Homelessness
Freedom Life Compass Transitional Housing	Freedom Life Compass Certified Peer Support Specialists
Catholic Charities of Northwest Florida Rapid Rehousing for Families with Children	No on-site substance use treatment option

CoC Program Projects and the Number of Units that require Substance Abuse Treatment

TH/RRH/PSH Project	Number of Units requiring substance abuse treatment
Hands-Up Transitional Housing	10
Independent Living PSH	25
Freedom Life Compass Transitional Housing	20
Catholic Charities of Northwest Florida Rapid Rehousing for Families with Children	0

Direct language from supportive service agreements demonstrating that projects require program participants to take part in supportive services in line with 24 CFR 578.75(h)

Language taken directly from Catholic Charities project requirements:

To deliver intensive case management, housing navigation, job readiness, housing counseling, and diversion within our specified budget, the program will actively leverage external, non-HUD CoC infrastructure such as [CareerSource Okaloosa Walton](#), [Florida Department of Children and Families](#), HUD-approved housing counseling agencies, free legal services, and well as Habitat for Humanity for credit counseling and financial education. These services will free up the case manager to focus more on immediate rapid placement and employment-retention milestones.

1. Types of Services Offered

- Coordinated Entry Services: Screening, assessment, and prioritization using CoC centralized intake protocols.*
- Housing Stability Case Management: Creating individual stabilization plans and monitoring participant progress.*
- Job Readiness & Employment Support: Preparing participants for the workforce and assisting with employment searches.*
- Service Coordination: Connecting participants to training programs, healthcare, and mainstream benefits. This includes working with FL505 CoC, local community partners, mental health providers, law enforcement, and Career Workforce.*

Standalone services will expand access based on merit and objective need using low barrier using FL-505 Coordinated Entry System using the VISPDAT as an objective merit to ensure resources are instantly directed to the highest-need individuals and families. Case management focuses heavily on financial independence. Staff actively guide participants to fulfill a minimum of 20 hours per week in active employment, job readiness training, or certified skills development.

Case managers meet participants where they are located, while connecting them directly to local career centers, vocational programs, and employers to promote economic self-sufficiency. Standalone case managers employ Trauma-Informed Care (TIC) principles to deliver services in environments where participants feel safest. By moving individuals swiftly into permanent housing, the project eliminates the chronic survival stress of displacement, creating a secure environment where families can heal.

Standalone services will be used to reduce literal homelessness by offering housing navigation services by working directly with landlords to locate scattered-site housing, moving participants rapidly into permanent housing.

Program success will be tied directly to tracking increased income at project exit, ensuring participants earn enough to independently sustain market-rate housing in the Florida Panhandle. In addition, by providing ongoing support to prevent recidivism into homelessness.

Long-term self-sufficiency is unattainable without addressing underlying health barriers. Standalone case managers prioritize participant wellness by coordinating linkage to both mental health and recovery providers. This will help to ensure individuals achieve the emotional and cognitive stability necessary to maintain long term stability. This will also include working with emergency services, law enforcement, and hospital emergency rooms to reduce inadvertent strains and improve safety outcomes for both the homeless individuals and the broader community.



Homelessness & Housing Alliance of Okaloosa and Walton Counties
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P: 850.409.3070

HOMELESSNESS & HOUSING ALLIANCE FL-505 OKALOOSA WALTON HOMELESS CONTINUUM OF CARE

Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Purpose

FL-505, through Homelessness & Housing Alliance (HHA), coordinates with local governments, law enforcement, EMS, corrections, and other first responders to support safe and effective responses to homelessness. HHA's role is complementary to, and does not replace or interfere with, the lawful responsibilities of local public-safety agencies.

HHA does not direct, obstruct, or interfere with law enforcement, emergency response, public-property management, or other local public-safety activities. When individuals experiencing homelessness are encountered through these activities, HHA works, when appropriate and feasible, to provide a pathway to Coordinated Entry, housing, and supportive services while respecting agency direction, scene safety, and local jurisdictional responsibilities. The CoC currently has four Board Members representing law enforcement and first responders.

Law Enforcement Crisis Response Team Coordination

HHA maintains an active partnership with local law enforcement Crisis Response Teams (CRTs). HHA provides quarterly trauma-informed care and homelessness-response training to CRT personnel to strengthen understanding of homelessness, available resources, and appropriate service connections. CRT representatives have also presented at HHA stakeholder meetings regarding crisis-response resources and opportunities for collaboration.

This is a two-way partnership: HHA provides training and housing-system expertise to first responders, while law enforcement partners provide information regarding crisis response and public-safety resources to the CoC.

Presentation Dates:

February 23, 2026: Crisis Response Team Trauma-Informed Care and Homeless Intervention

April 21, 2026: Crisis Response Team presentation to CoC Stakeholders

Number of law enforcement crisis response staff with HMIS certification: 2

EMS and Coordinated Entry

EMS and local law enforcement crisis-response partners are fully trained and certified to participate in HMIS and Coordinated Entry. This provides first responders with a direct pathway for connecting individuals experiencing homelessness to the community's housing and supportive-service system.



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HHA's Coordinated Entry system allows individuals to be assessed, prioritized, and connected to appropriate housing and services while maintaining clear boundaries between the responsibilities of first responders and those of the homeless-services system.

Number of local Emergency Medical Service providers certified in HMIS: 2

Coordination During Local Public-Space and Wooded-Area Efforts

HHA coordinates with local authorities when individuals experiencing homelessness are encountered in wooded areas or other locations where local agencies are addressing public safety, property, or other community concerns. HHA case managers may participate in these efforts when appropriate, provide information and resources, and conduct Coordinated Entry assessments in the field when conditions permit.

HHA does not interfere with or direct the actions of local authorities. Local governments and public-safety agencies retain responsibility for enforcement, emergency response, public property, and scene safety. HHA's role is to provide a housing-focused response and create a pathway to appropriate services whenever feasible.

Jail Re-entry and Housing Coordination

HHA participates in local jail reentry briefings monthly and provides transportation and Coordinated Entry assessments for individuals preparing for release. This partnership allows housing needs to be identified before release and provides an opportunity to connect individuals with housing and supportive services before they return to the community.

Commitment to Coordination and Public Safety

FL-505 recognizes that effective homelessness response requires coordination with the agencies responsible for public safety. HHA therefore works collaboratively with law enforcement, EMS, corrections, local governments, healthcare and behavioral-health providers, and other community partners.

HHA's approach is to coordinate rather than interfere: local authorities maintain responsibility for public safety and enforcement, while HHA provides housing navigation, Coordinated Entry, case management, and connections to appropriate services. This coordinated approach allows the CoC to support local public-safety efforts while addressing the housing and service needs of individuals experiencing homelessness.

**FL-505 Okaloosa Walton Homeless Continuum of Care
FY2026 CoC Competition
Project Application Scoresheet**

Agency				
Project Type			New / Renewal	
Reviewer			Date:	
Accepted / Rejected	Project Tier:		Overall Ranking:	

THRESHOLD REQUIREMENTS		
Projects are reviewed by the Collaborative Applicant to determine whether they meet eligibility threshold requirements. Applications may be rejected and disqualified from the review process for failing to meet any of the requirements listed in this section. This section will be completed by Collaborative Applicant staff based on application data. HUD requires the Collaborative Applicant to conduct this review.		
Application Requirements	Met	Not Met
The applicant has met minimum eligibility requirements as listed on the application and in the RFA.		
The applicant has timely submitted the full and complete application, attachments, and budget forms.		
Program participants are eligible for the program component type selected.		
The proposed activities are eligible and consistent with 24 CFR part 578.		
Project narratives are fully responsive to the question being asked and meet all the criteria for each question as required by the NOFO and RFA.		
The data provide in various parts of the project application are consistent.		
Application meets threshold requirements per project type as outlined in the NOFO.		
Applicant has no outstanding HUD or Lead Agency monitoring findings. Response to any past findings was not overdue or unsatisfactory. No Federal or State agency has taken adverse action against the provider.		
Project complies with the requirements of the CoC interim rule (24 CFR part 578), <i>including requirements to accept referrals from the Coordinated Entry System for the project and to participate in HMIS.</i>		
Applicant has affirmed certifications for illegal racial discrimination and operation of safe consumption sites as required in the NOFO.		

SCORING SUMMARY

KEY PROJECT ELEMENTS			
This section will be scored by the Grants Committee based on data in the project application.		Max Points	Project Score
Project Summary	Project summary is detailed and includes participants to be served	5	
Statement of Need	Applicant provides a data-focused response to the need for the project and addresses current gaps in service.	5	
Alignment with HUD Goals and Objectives	Applicant clearly describes how the project will align with goals and objectives detailed by HUD.	20	
Returns to Homelessness	Applicant has a clear plan for reducing returns to homelessness for project participants that includes supportive services and collaboration.	5	
SECTION 1 TOTAL POINTS		35	

CAPACITY			
This section will be scored by the Grants Committee based on data in the project application.		Max Points	Project Score
Management Capacity	Applicant has clearly demonstrated organizational capacity to successfully execute the project.	5	
Cost Effectiveness	Applicant clearly details the proposed budget and expected outcomes. At least one benchmark was used to justify reasonableness.	10	
Project Specific Details	Applicant clearly answered the project-based question.	10	
SECTION 2 TOTAL POINTS		25	

PROPOSAL QUALITY - Bonus			
This section will be scored by Grants Committee based on the entire project application.		Max Points	Project Score
Quality of application (detailed narratives, responses address questions adequately, etc.)	<i>Outstanding: 5 points</i> <i>Above Average: 4 points</i> <i>Average: 3 points</i> <i>Below Average: 2 points</i> <i>Barely Acceptable: 0 points</i>	5	
Project addresses a significant need in the CoC	<i>Strongly Agree: 5 points</i> <i>Agree: 4 points</i> <i>Neither Agree nor Disagree: 3 points</i> <i>Disagree: 2 points</i> <i>Strongly Disagree: 0 points</i>	5	
Project is the best use of this funding compared to other project proposals	<i>Strongly Agree: 5 points</i> <i>Agree: 4 points</i> <i>Neither Agree nor Disagree: 3 points</i> <i>Disagree: 2 points</i> <i>Strongly Disagree: 0 points</i>	5	
SECTION 3 TOTAL POINTS		15	

Overall Score Totals	
Section	Total
Section 1: Key Project Elements	
Section 2: Capacity	
Section 3: Proposal Quality	
Overall Total Application Score:	/ 75



Homelessness & Housing Alliance of Okaloosa and Walton Counties
906 Marwalt Dr., Fort Walton Beach, FL 32547
P: 850.409.3070

August 5, 2026

To: Okaloosa Walton Homeless Continuum of Care (FL-505)

Re: Notification of FY26 HUD NOFO Projects Accepted

Homelessness and Housing Alliance of Okaloosa and Walton Counties is pleased to announce that the project applications for the FY 2026 HUD NOFO (Notice of Funding Opportunity) have been reviewed and ranked. No applications were rejected. This information is also posted on the Homelessness and Housing Alliance webpage: www.hhalliance.org/funding-opportunities.

Homelessness and Housing Alliance of Okaloosa and Walton Counties

Project Type: SSO CE Renewal 2026

Project Ranking: 1 of 9

Funding Amount: \$59,605.00

Homelessness and Housing Alliance of Okaloosa and Walton Counties

Project Name: HMIS Renewal 2026

Project Ranking: 2 of 9

Funding Amount: \$55,671.00

Bridgeway Center

Project Type: Permanent Supportive Housing Renewal

Project Ranking: 3 of 9

Proposed Funding Amount: \$396,000

Catholic Charities of Northwest Florida

Project Type: New Rapid Rehousing for Families with Children

Project Ranking: 4 of 9

Project Score: N/A

Proposed Funding Amount: \$305,000



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Bridgeway Center

Project Type: New Transitional Housing

Project Ranking: 5 of 9

Proposed Funding Amount: \$175,000

Freedom Life Compass

Project Type: New Transitional Housing

Project Ranking: 6 of 9

Proposed Funding Amount: \$175,000

Catholic Charities of Northwest Florida

Project Type: New Supportive Services Only / Standalone

Project Ranking: 7 of 9

Proposed Funding Amount: \$66,000

Freedom Life Compass

Project Type: New Supportive Services Only / Outreach

Project Ranking: 8 of 9

Proposed Funding Amount: \$60,000

Catholic Charities of Northwest Florida

Project Type: New Supportive Services Only / Outreach

Project Ranking: 9 of 9

Proposed Funding Amount: \$60,000

FY26 NOFO Ranking

Priority	Projects	Overall Score	Rank	Budget
Priority 1	SSO - CE	NOT SCORED	1	\$59,605.00
	SSO- HMIS	NOT SCORED	2	\$55,671.00
Priority 2	Bridgeway Permanent Housing		3	\$396,000.00
Tier 1 TOTAL				\$511,276.00
Priority 3	NO DV Projects			0
Priority 4	Catholic Charities Permanent Housing - RRH		4	\$509,137.00
Priority 5	Catholic Charities SSO- Outreach		9	\$60,000.00
	Catholic Charities SSO - Standalone		7	\$66,000.00
	Bridgeway Transitional Housing		5	\$175,000.00
	FLC Transitional Housing		6	\$225,000.00
	FLC SSO - Outreach		8	\$100,000.00
				\$1,135,137.00
Priority 6	NO ADDITIONAL NEW PROJECTS			
Priority 7	No ADDITIONAL RENEWALS			
Tier 2 Total				\$2,270,274.00

Rank	Agency/Project	Proposed Budget
1	HHA - SSO/Coordinated Entry	\$59,605.00
2	HHA - SSO/HMIS	\$55,671.00
3	Bridgeway - Permanent Supportive Housing	\$396,000
4	Catholic Charities - Rapid Rehousing	\$305,000
5	Bridgeway Transitional Housing	\$175,000
6	Freedom Life Compass Transitional Housing	\$175,000
7	Catholic Charities SSO/Standalone	\$66,000
8	Freedom Life Compass SSO/Outreach	\$60,000
9	Catholic Charities SSO/Outreach	\$60,000



HOMELESSNESS
& HOUSING ALLIANCE
Okaloosa & Walton Counties

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE

POLICY & PROCEDURE

WRITTEN STANDARDS FOR PROVIDING CONTINUUM OF CARE ASSISTANCE

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Developed for Housing and Services funded through Continuum of Care FL-505

Under the HEARTH Act of 2009 the Continuum of Care (CoC) is responsible for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic coverage area of Okaloosa and Walton Counties in Florida. Both the Emergency Solution Grant Rules and Regulations (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules state that the Continuum of Care (CoC), in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, (1) establish and consistently follow written standards for providing Continuum of Care assistance, (2) establish performance targets appropriate for population and program type, and (3) monitor recipient and sub-recipient performance. All programs that receive ESG or CoC funding are required to abide by these written standards. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. The majority of these standards are based on the ESG and/or the HEARTH Interim Rules. Continuums of Care (CoC) are tasked with responsibilities related to membership, governance, collaboration, data collection, and allocation of funding. One of these responsibilities is to coordinate the implementation of a housing and service system that meets the needs of persons experiencing homelessness throughout the community. The system should be implemented as a crisis response system and include 1) outreach, engagement and assessment; 2) shelter, housing and supportive services; and 3) homelessness prevention strategies.

To create a crisis response to homelessness and enhance the homeless assistance system in Okaloosa and Walton Counties, the CoC has created a coordinated system that aligns resources to ensure homelessness is brief, rare, and nonrecurring. This system change requires higher levels of collaboration between programs and system-wide decision making that is data driven and focused on assessment of participant needs. The CoC is investing in long-term solutions to homelessness. The CoC has implemented a Housing First approach to assist people experiencing homelessness without imposing preconditions or service participation requirements. In alignment with this model, the Coordinated Entry System replaces a first-come, first-served approach by prioritizing individuals and families who are chronically homeless or have the most severe service needs. This ensures that the most intensive housing interventions are directed to those with the greatest need, improving outcomes and system efficiency.

These written standards have been developed in conjunction with ESG recipients, the CoC Collaborative Applicant, and service providers to allow for input, performance measures, and the process for full implementation of the standards throughout the CoC from the perspective of organizations directly providing homeless housing and services. The CoC's objectives were as follows:

- Review the standards required by regulation
- Define entry criteria based on the level of support services provided by each component

- Establish common or local performance measures in addition to HUD-defined benchmarks

The CoC and ESG Program interim rules require recipients and CoCs to consult to develop written standards for administering assistance. This is necessary to establish community-wide expectations on the operations of projects and to ensure consistency and coordination among recipients and subrecipients.

Standards for all FL-505 Funded Programs

- Establish community-wide expectations on the operations of projects within the community
- Ensure that the system is transparent to users and operators
- Establish clear minimum standards and quality expectations for all projects

The Continuum of Care program is designed to assist sheltered and unsheltered homeless persons by providing the housing and/or services needed to help them move into permanent housing, with the goal of long-term housing stability. All programs that receive ESG or CoC funding are required to abide by these written standards. The CoC also strongly encourages programs that do not receive these funding sources to adopt and implement them. These standards are intended to ensure that persons experiencing homelessness who enter programs across the CoC receive consistent information and support to access and maintain permanent housing.

These standards are based on the ESG and/or the HEARTH Act. Additional standards may be developed by the CoC to help programs meet or exceed performance outcomes and advance the shared goal of ending homelessness. These written standards were approved by the CoC membership, CoC & ESG funding recipients, and providers. These written standards will be reviewed and revised at least once per year. Any revisions affecting the Coordinated Entry process will be implemented as soon as possible. Agreement to abide by the written standards will be a condition of funding through the CoC.

The Okaloosa Walton Homeless Continuum of Care (OWHCoC), designated as FL-505 by the U.S. Department of Housing and Urban Development, is a membership body composed of homeless service providers, local government, civic leaders, business owners, and advocates. To carry out administrative and fiscal responsibilities assigned to the CoC in the F.S. 420.622, HEARTH Act, and 24 CFR Part 578.1, the OWHCoC designated a Lead Agency. Homelessness & Housing Alliance (HHA) is the Lead Agency for the Okaloosa Walton Homeless Continuum of Care.

OWHCoC funded programs are:

- Emergency Solutions Grant-ESG
- Continuum of Care Program Funds-CoC
- Temporary Assistance for Needy Families-TANF
- Florida Challenge Grant- Challenge

Housing Focus

FL-505 promotes a Housing Focused approach within our homeless assistance system to ensure homelessness is brief, rare, and nonrecurring in Okaloosa and Walton Counties. A Housing Focused homeless assistance approach prioritizes providing permanent housing to people experiencing homelessness, thereby ending their homelessness and serving as a platform from which they can

pursue personal goals and improve their quality of life. A Housing Focused approach offers housing to people experiencing homelessness with a degree of service participation requirements with the primary goals of rapid placement and self-sustainability. Housing Focused services are based on the theory that client choice is valuable in housing selection and supportive service participation, and long-term stability will have the highest achievement rate when clients focused on wholistic needs for self-sustainability. HUD encourages its use to the maximum extent practicable and requires that grant recipients who commit to a Housing Focused approach ensure wrap-around services are offered and readily available as part of the overall housing stability plan.

All grant-funded housing programs and services must agree to use a Housing Focused approach with wrap-around case management and resource provision. Programs must be easily accessible, participate in the Coordinated Entry System, prioritize clients with the highest levels of service need, and focus on moving clients into permanent housing as quickly as possible. Programs must also demonstrate the ability to offer quality support services to clients to maintain housing stability and promote self-sustainability. Services should never be forced upon clients, but participation in wrap-around case management services can be mandated for continued service.

To ensure safe provision of services for all, no CoC-funded agency will engage in illegal racial discrimination consistent with the requirements of 2 CFR 200.300(a). Agencies within the CoC must certify that they will not operate drug injection sites or “safe consumption sites” in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863. This is consistent with the requirements of 2 CFR 200.300(a).

This certification is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.

Okaloosa Walton Homeless Continuum of Care Housing Focused Statement

Housing Focused programming is a core strategy in the Okaloosa Walton Homeless Continuum of Care’s plan to end homelessness. All grant-funded programs within the Okaloosa Walton Homeless Continuum of Care will utilize a Housing Focused approach to housing persons experiencing homelessness.

CoC funded housing programs such as **ESG, CoC PSH and RRH, and Challenge Grant** programs will offer housing to people experiencing homelessness without preconditions such as sobriety, mental health treatment, or a minimum income threshold. These programs must offer such service, and service participation may be required for continued services. Programs will prioritize individuals deemed most vulnerable according to Coordinated Entry Policies.

OWHCoC uses a data-driven approach to prioritizing the highest-need cases for housing assistance, relying on vulnerability indices and data on utilization of crisis services. All grant-funded housing programs and shelters shall maintain low barriers to program entry and accept clients referred to them through the Coordinated Intake System. The Coordinated Intake System matches people experiencing homelessness to the most appropriate housing and services, prioritizing households based on level of service need rather than the order in which they applied.

Permanent Supportive Housing programs will accept clients referred from the Centralized Intake System who have been assessed using the Vulnerability Index - Service Prioritization Decision Assistant Tool (VI-SPDAT) to measure the severity of service needs. HHA maintains a Supportive Housing Registry that prioritizes individuals with VI scores indicating that PSH is the most appropriate intervention for their household, in accordance with HUD Notice CPD-14-012.

Homelessness & Housing Alliance (HHA), as the Coordinated Entry System (CES) Lead and Coordinating Entity, will compile and maintain the FL-505 By Name List (BNL). The goal of this system is to support individuals experiencing homelessness in transitioning into supportive housing through a streamlined, efficient, and equitable process. Applicants and their supporting agencies will only need to submit one application, rather than apply to multiple housing providers—reducing client burden and improving access to services.

The Okaloosa-Walton Continuum of Care (OWHCoC) has developed a Coordinated Intake, Assessment, and Referral System to increase and streamline access to housing and services, match clients with appropriate interventions based on assessed needs, and prioritize the most vulnerable households for intensive housing support and available housing resource project openings. The CES aligns various housing intervention types and utilizes an electronic assessment system housed within HMIS. This Coordinated Entry Assessment is called a One Way Home entry in HMIS. A dedicated Coordinated Entry Specialist supports this process through their role at the CoC Lead Agency. The CoC Lead Agency expects all providers to participate in the CES—this is mandatory for all CoC-funded programs. Training is provided by the CoC Lead Agency staff, namely the Coordinated Entry Specialist and the Program Manager. All providers receiving Continuum of Care (CoC) or Emergency Solutions Grant (ESG) funds are required to participate in the Coordinated Entry System, attend ongoing trainings, and adhere to board approved system updates. Participation ensures alignment with CES policies and procedures and promotes system-wide accountability.

The VI-SPDAT, along with other indicators, serves as the assessment tool for consistent and equitable referrals across all agencies. Literally homeless clients are referred to the CoC Lead for Coordinated Entry and then referred by the Coordinated Entry Specialist to appropriate housing interventions after being discussed at monthly case conferencing and prioritized according to SPDAT scores and a *Priority Ranking Scale developed by the Coordinated Entry Committee in 2024 and approved in 2025*.
<https://hhalliance.org/documents/>

All ESG sub-recipients and FL-505 CoC-funded agencies—excluding victim service providers—are required to participate in the coordinated intake and referral system. The system serves clients in the following categories and are ranked in the following order for prioritization:

1. Chronically homeless/ serious disability - medical issues
2. Homeless families with children
3. Victims fleeing domestic violence

4. Veterans
5. Unaccompanied homeless youth

Clients not prioritized for housing referrals are connected to alternative community-based services that meet their needs. Agencies must use both the One Way Home Coordinated Assessment and the SPDAT tools that prioritize the most vulnerable households.

The intake process is standardized across the CoC: Pre-screening is conducted via telephone or through 211 to provide applicable resources and a link to the Access Points page on the Lead Agency's website. Face-to-face screening appointments are made with a trained Intake Specialist/Case Managers at designated partner agency Access Points. Informed consent, ROI, and required documentation are completed before the assessment. When identification of vital records are not available, agencies may be able to assist with obtaining these documents or request assistance from the CoC Lead Agency. Special accommodations are provided for individuals who need assistance with reading or understanding required documents.

Partner agency Access Points must be approved by the CoC and meet the following criteria: ADA-compliant and handicap accessible, Private and secure environment for intake and assessment, and Convenient and safe for both staff and clients

Assessment Steps: The VI-SPDAT (or Family SPDAT) and One Way Home Assessment is administered by a trained Intake Specialist/Case Manager at a designated Access Point. Upon completion, data is entered into HMIS, and a Vulnerability Index Scale is issued. Literally homeless clients are referred to the CoC Lead Agency for Housing Related Coordinated Entry. Non-homeless clients are referred for Crisis Related Coordinated Entry and referred to prevention project resource openings. Literally homeless clients are added to the Community By Name List. The client is informed of their appropriate housing intervention, as determined by their VI-SPDAT score and the Coordinated Entry process is explained by the client. Clients on the By Name List are reviewed during monthly case conferencing meetings, and referrals to housing project resource openings are made based on vulnerability scores and the established priority scale. If a participant is not eligible for Permanent Supportive Housing (PSH), they are referred to other housing or service interventions such as Rapid rehousing (RRH).

The CES is fully integrated, and ESG-supported services are expected to be routed through CES. Outreach providers actively contribute to the system, ensuring no clients are missed.

CES also fosters coordination with public and mainstream systems, including Public Housing Authorities, Multifamily housing providers, Mental and physical health care systems, Workforce development services, and Mainstream income and benefits programs. These connections ensure that clients receive comprehensive, long-term support beyond immediate housing placement.

HOUSING NAVIGATION

FL-505 OWHCoC supports the use of Housing Navigation as part of its Coordinated Entry System. The Housing Navigator role focuses on identifying available housing units, maintaining an active housing inventory, engaging landlords, and supporting service providers in making timely and appropriate

housing placements. The Housing Navigator works in collaboration with case managers to ensure that program participants are connected to the most suitable housing options based on need, eligibility, and availability. This function helps streamline placements, reduce the time spent homeless, and improve housing outcomes across the system.

For participants requesting Challenge funding administered by Homelessness & Housing Alliance (HHA), coordination with the CoC-designated Housing Navigator is required. The Housing Navigator is responsible for identifying appropriate housing units and facilitating timely placement. Each funding request must be accompanied by documentation confirming that the participant has an assigned case manager and an individualized housing stability plan. The case manager and Housing Navigator shall coordinate regularly to ensure that housing matches are appropriate and timely based on the participant's needs and eligibility.

HOMELESS MANAGEMENT INFORMATION SYSTEM

OWHCoC recipients and sub-recipients (except for victim service providers) must utilize the Homeless Management Information System (HMIS) database designated by the Continuum of Care. This database records and stores client-level data, including the characteristics and service needs of households experiencing or at risk of homelessness. Use of the HMIS database helps provide a consistent and accurate snapshot of populations served across various programs.

All homeless programs are encouraged to participate in HMIS. Programs providing domestic violence or legal services may opt out of HMIS participation but must use a comparable database to collect the HUD-required data elements. Agencies utilizing the HMIS database are expected to comply with HUD data quality standards and the HMIS Policy and Procedure Manual. Information must be entered into the database in a timely manner and updated to provide exit information and income data, with a limited number of fields marked as "Don't Know," "Refused," or "Missing".

Note: Rapid re-housing client employment data may be entered annually at recertification; however, non-cash and other cash income sources should be updated as they are received.

MINIMUM STANDARDS FOR FL-505 FUNDED PROGRAM DATA:

- Providers, except for victim service providers, shall actively utilize the Homeless Management Information System (HMIS) to enter data on people served and assistance provided under ESG, CoC, TANF, and Challenge Grant programs.
- Victim service providers shall actively utilize a comparable data system that meets HUD's standards as outlined in 24 CFR 576.107.
- Every three years, the Okaloosa Walton Homeless CoC will engage in a process to monitor the HMIS Lead and its management of the HMIS system. The HMIS Lead is responsible for CoC, ESG, Challenge, TANF, PATH, and OWHCoC HMIS activities. Continuity is a critical factor in an effective HMIS system; therefore preference is to not put the HMIS contract out for procurement unless unresolved findings occur with the existing provider.
- The HMIS provider will recommend an HMIS software solution to the CoC.

- The HMIS lead is responsible for:
- Maintaining and updating the HMIS data system
- Following statutory responsibilities set forth in Florida Statute 420.623 and represent the CoC and its interests to the Florida Coalition for the Homeless
- Following guidelines and processes implemented and approved by the CoC in the FL-505 Governance Charter pertaining to the HMIS Lead Agency
- Providing training and support to all HMIS users
- Generating regular reports based on HMIS data including counts of homeless persons and performance reports on CoC, TANF, Challenge, and ESG funded providers
- Providing reports to HUD as required including the Annual Homelessness Assessment Report (AHAR)

The CoC has also designated the HMIS Lead to assist in implementing the system of Coordinated Access used throughout the CoC.

Note: More information about the HMIS Lead Agency and its responsibilities can be found in the *PromiseSE Policy and Procedure Manual* and the *FL-505 Governance Charter*.

PERSONNEL REQUIREMENTS

OWHCoC recipients and ESG, TANF, and Challenge sub-recipients shall ensure that programs serving homeless and at-risk of homelessness populations are adequately staffed by qualified personnel to support quality service delivery, effective program management, and the safety of program participants. This includes ensuring personnel who have access to the HMIS database and provide client services have completed a background check. At a minimum, agencies shall ensure the following standards are in place for programs funded through CoC and ESG grants:

- Agencies shall select, for their service personnel, only those employees and/or volunteers with appropriate knowledge and/or experience working with individuals and families experiencing homelessness.
- Agencies shall conduct level 2 background checks on all employees funded by or working with funding from the Florida Department of Children and Families State Unified Contract including TANF, ESG, and Challenge.
- Agencies shall have a written plan for and provide training to all paid and volunteer staff in both the policies and procedures employed by the program, as well as in specific skill areas as determined by the program.
- All paid and volunteer service personnel shall participate in ongoing internal and/or external training to further enhance their knowledge and ability to work with individuals and families experiencing homelessness.
- For programs that use HMIS, all users must abide by the standard operating procedures found in

the HMIS Policies and Procedures Manual provided by the HMIS Lead Agency. Additionally, users must adhere to the privacy and confidentiality terms set forth in the User Agreement.

f. Agency personnel responsible for supervising casework counseling and/or case management components shall have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness, poverty, disabilities, or other similar challenges.

g. All personnel should have a written job description that, at a minimum, addresses the major tasks to be performed and the qualifications required for the position.

h. Programs shall ensure that all paid and volunteer service personnel are familiar with HUD's Fair Housing and Equal Opportunity requirements under 24 CFR 5.105(a).

i. Supervisors shall ensure the delivery of high-quality, coordinated services.

j. A staff person must be designated as the educational liaison to ensure that children are enrolled in school and connected to appropriate community services, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney-Vento education services.

k. For local law enforcement and EMS agency staff, an HMIS license can be provided by the COC Lead Agency if the staff member who will be the licensee has a level 2 background check on file at their agency. Written documentation of the background check must be provided by the local law enforcement/county agency to the COC Lead Agency prior to the HMIS license being issued.

COORDINATION WITH MAINSTREAM AND TARGETED HOMELESS PROVIDERS

OWHCoC requires providers receiving funds through ESG and CoC programs to maximize the use of available federal, state, and local mainstream resources to support the long-term stability of program participants. Programs receiving funds must coordinate with other targeted homeless services and mainstream resources within the CoC, including housing, social services, employment, education, and youth programs for which participants may be eligible. Providers shall actively seek to engage in partnerships with programs and services that are targeted to address homelessness and poverty within their communities.

ELIGIBLE APPLICANTS FOR FUNDING

Programs receiving CoC, ESG, TANF, or Challenge Grant funding must be active participants in the OWHCoC and meet eligibility requirements set by the Grant Committee. A Memorandum of Understanding and/or a subcontract agreement will be entered into between HHA, as the Lead Agency, and all agencies awarded funding through the Lead Agency.

Eligible applicant requirements are:

- Be a dues-paying member of the CoC
- Attend at least 75% of OWHCoC Stakeholder meetings
- Attend and participate in 75% of BNL meetings
- Participate in the Point-in-Time Count
- Have 501(c)(3) status
- Have at least two years of experience providing services to homeless populations
- Demonstrate geographic diversity by serving both Okaloosa and Walton counties, when applicable
- Use HMIS, follow HMIS policies, and maintain a 90% HMIS data quality score
- Follow the CoC Written Standards and related policies
- Participate in the Coordinated Entry System operated by HHA

Additional requirements may be imposed by the Grant Committee for certain funding sources or priority may be given based on additional participation levels.

Note: Applicants may be required to pay HMIS and administrative fees associated with funding, including HMIS setup and user licenses. Fees, if implemented, are currently 3% of grant awards for programs that require HMIS use.

EDUCATIONAL ASSURANCES

CoC expects providers to collaborate with local education authorities to assist in identifying individuals and families who have become, or are currently, homeless. Those identified should be informed of their eligibility for services under subtitle B of Title VII of the McKinney-Vento Act. This includes demonstrating that providers have established policies to ensure all children are enrolled in early childhood programs or school and are connected to appropriate community services. Providers shall collaborate with local school districts and early childhood education providers to identify homeless households with children to ensure they understand their eligibility for educational services.

HHA has entered into a Memorandum of Agreement (MOA) with the Early Learning Coalition and local school districts within the coverage area. HHA will make referrals to the Early Learning Coalition for households receiving case management from a homeless service provider, as outlined in the MOA.

PREVENTING INVOLUNTARY FAMILY SEPARATION

Maintaining family unity is essential when homeless households with children under the age of 18 enter homeless shelters or housing. The OWHCoC requires providers to ensure that such households are not denied admission or separated, in accordance with 578.93(e).

Households may not be disqualified from shelter or housing services based on marital status or family composition, including same-sex relationships, as outlined in 4 CFR 578.93(c).

HEALTHCARE

The OWHCoC expects providers to include enrollment and outreach activities that help ensure households have access to healthcare options, including Medicaid. HHA has established partnerships with area service providers, such as Priority Veteran and Healthy Start, to assist with enrolling participants in healthcare programs. CoC providers are responsible for identifying participants' healthcare needs and making appropriate referrals based on individualized needs assessments.

TIMELINESS OF EXPENDITURES

Once activities begin for HUD CoC Application funds, the CoC recipient must draw down funds at least once per quarter and make every effort to ensure all grant funds are expended by the grant close-out. For OWHCoC recipients, the Operating Start Date (OSD) indicates the beginning of the grant term--that is, when the project begins serving homeless persons--and establishes the start of the 12-month program year for spending and reporting. For non- construction projects, the OSD is defined as the first day of the month in which the recipient begins incurring eligible operating, supportive service, leasing, or rental assistance expenses. For new projects with that include acquisition, rehabilitation, or construction costs, the OSD is the earliest of the following: (1) the first day of the month following purchase of the property, (2) the date the construction is completed (the date that the recipient receives the Certificate of Occupancy), or (3) the date established in the NOFA as the deadline to begin project operations. For renewal projects, the OSD and the grant term begin the day after the previous grant term ends.

ESG, TANF, and Challenge are cost-reimbursement grants. Sub-recipients of these funds will be expected to submit a monthly invoice to HHA to be processed by the 15th of the following month. These funding sources operate on a fiscal year from July 1 to July 30, OR from the contract execution date through June 30. Sub-recipients not on target to expend all contract funding by the end of the fiscal year may have funds reallocated to higher performing programs, projects, or sub-recipients.

PERFORMANCE STANDARDS

OWHCoC expects providers to design programs that address the needs of homeless and at-risk of homelessness populations, with the ultimate goal of reducing and ending homelessness. HHA will evaluate the performance of each provider based on outcomes achieved. Outcomes are outlined and updated in the Performance Standards adopted by the OWHCoC Monitoring Committee. These outcome measures will be used to evaluate program success annually. OWHCoC will use these and other performance metrics to guide funding decisions for OWHCoC-funded programs. * See Attachment C

OCCUPANCY STANDARDS

All housing units-including scattered site programs owned and managed by private landlords--must meet applicable state or local government health and safety codes, possess a current certificate of occupancy for the current use, and meet or exceed the following minimum standards. For more detail refer to ESG regulations of 576.403 (b) Minimum Standards. HUD CoC Program funded

projects must meet HUD-required Housing Quality Standards (HQS).

- **Structural Integrity:** Buildings must be structurally sound to protect residents from the elements and must not pose health or safety risks.
- **Accessibility:** Units must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act, and the Americans with Disabilities Act, where applicable.
- **Sleeping Quarters:** Units must provide an acceptable place to sleep, with adequate space and security for residents and their belongings.
- **Ventilation:** Each room must have natural or mechanical means of ventilation.
- **Sanitary Facilities:** Units must include access to clean, private, and operational sanitary facilities.
- **Water Quality:** Water supply must be free of contamination.
- **Climate Control:** Heating and cooling equipment must be in working condition.
- **Lighting and Electricity:** Adequate natural or artificial lighting and safe electrical service must be available to support household appliance use.
- **Food Preparation:** Food preparation areas must include appropriate space and equipment to store, prepare, and serve food in a safe and sanitary manner.
- **Sanitation:** Buildings must be maintained in clean and sanitary conditions.
- **Fire Safety:** Each occupied unit must have at least one functioning smoke detector, preferably located near sleeping areas. Smoke detectors and fire alarm systems must be designed to accommodate hearing-impaired residents. Units must also include a second means of egress in case of fire or other emergencies.
- **Smoking Policy (when children are present):** For programs housing children, smoking must only occur in designated outdoor areas located away from children.

RECORD KEEPING REQUIREMENTS FOR ALL PROGRAMS

Recordkeeping Requirements include:

- All records containing personally identifying information must be kept secure and confidential. Records must be retained for seven years as prescribed by HUD.
- Minimum standards shall ensure that sufficient written records are established and maintained to allow the State and HUD to determine whether ESG/CoC requirements are being met. All documentation must comply with §576.500 and 578.103, including the following:

CoC records shall include the following documentation related to establishing and operating the Continuum of Care:

- Evidence that the Board selected meets the requirements of 578.5(b);
- Evidence that the CoC has been established and operated as set forth in Subpart B of 24 CFR Part 578, including published agendas and meeting minutes, an approved Governance Charter that is reviewed and updated annually, a written process for selecting a board that is reviewed and updated at least every five years, evidence required for designating a

single HMIS for the CoC, and monitoring reports of recipients and sub-recipients;

- Evidence that the CoC has prepared the HUD application for funds in accordance with 578.9.
- The CoC will utilize these records to evaluate the applicant's program performance.

Program participant records shall include the following documentation:

- Documentation of homelessness, following HUD guidelines. Determination and verification/certification that the program participant met the criteria for being homeless or at risk of homelessness, and that an effort was made to obtain written third-party verification, when possible and applicable.
- For CoC funded projects, acceptable evidence of homeless status as set forth in §576.500(b).
- Determination and verification/certification that the program participant was eligible or ineligible for the particular services and/or financial assistance. Determination and verification/certification that the program participants lacked sufficient resources and support networks to provide assistance.
- Determination and verification/certification that the program participant met income requirements and that an effort was made to obtain written third-party verification, when possible and applicable. This includes annual documentation of income for each program participant who receives housing assistance where rent or an occupancy charge is paid by the program participant.
- Determination and verification/certification that the only households served through permanent supportive housing meet HUD's requirements of having a family member with a disability.
- Identification of the specific services and financial assistance amounts that were provided to the program participants, when applicable.
 - Verification that the services were terminated in compliance with 576.402 and/or 578.91.
- Copies of written leases and rental agreements, documentation of payments made, dates of occupancy, compliance with fair market rent, rent reasonableness, and utility allowance requirements.
- Determination and verification that the housing unit met HUD's habitability and lead-based paint standards.
- Copy of the Housing Stability Plan signed by the case manager and client.
 - Notes verifying case management services were provided at least monthly, unless exempt from this requirement.
 - Notes verifying program participant eligibility were re-evaluated at least every 3 months for homelessness prevention services, or at least annually for rapid rehousing services.
 - Referrals to area programs and resources will be documented and evaluated.

Program policies and procedures shall indicate:

- Services are coordinated with Continuum(s) of Care, other homeless assistance/prevention programs and mainstream service and assistance programs
- Programs must have written confidentiality/privacy notice a copy of which should be made available to participants.
- Programs must have a termination policy that is approved by the CoC and the policy must include that every program participant receiving assistance must be given a copy of the policy with the appeal process outlined. Upon entry, participants must sign that they have received a copy of the termination policies.
- Programs must have a grievance policy that includes distribution of policy to all participants that applied for assistance with the process for filing a complaint/grievance clearly stated. Upon entry, participants will sign that they have received the grievance procedures.

Compliance with HUD's ESG (24 CFR 576 and 578) requirements for:

- Shelter and housing standards
- Conflict of interest
- Homeless participation on the Board of Directors
- Faith-based activity
- Nondiscrimination, equal opportunity and affirmative outreach
- Uniform administrative rules (24 CFR part 84)
- Environmental review
- Lobbying and disclosure (24 CFR part 87)
- Displacement, relocation, and acquisition
- Procurement (24 CFR 84.40-84.48)
- Program participant records are kept secure and confidential
- Participation in HMIS or comparable database

Financial records shall include:

Supporting documentation for all costs charged to ESG, TANF, Challenge, or CoC grants

- Documentation that funds were spent on allowable costs
- Documentation of the receipt and use of program income
- Documentation of compliance with expenditure limits and deadlines
- Copies of all procurement contracts, as applicable
- Documentation of the amount, source, and use of resources for each match contribution
- A record of services and assistance provided to each participant

All funded programs are subject to a CoC file audit at a minimum of once per year, using the approved monitoring tool

- The audit includes all required standards
- A minimum of five files will be randomly selected in HMIS and reviewed

- If the recipient scores 80% or lower, they will receive technical assistance from the CoC and be placed on a corrective action plan

CONFLICTS OF INTEREST

Minimum standards for conflicts of interest are:

- **Organizational conflicts of interest:**
 - ESG and CoC assistance will not be contingent on the individual's or family's acceptance, or occupancy in emergency shelter or housing owned by the provider or a provider's subsidiary or parent organization.
 - No provider, with respect to individuals or families occupying housing owned by the provider or a provider's subsidiary or parent organization, may carry out the initial evaluation under 24 CFR 576.401 or administer homelessness prevention assistance under 24 CFR 576.103.
- **Individual conflicts of interest:**
 - When procuring goods and services, the provider must comply with codes of conduct and conflict of interest requirements under 24 CFR 84.42 (for private non-profits) or 24 CFR 85.36 (for government entities).
- **All transactions/activities:**
 - No CoC board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that they represent.
- **Conflicts prohibited**
 - No person involved with the ESG or OWHCoC programs, or who is in a position to participate in a decision-making process or gain inside information regarding the program's activities, shall obtain a financial interest or benefit from an assisted activity; have a financial interest in any related contract, subcontract, or assisted activity; or have a financial interest in the activity's proceeds, either for themselves or those with whom they have family or business ties, during their tenure or for one year following their tenure. This includes property owners and landlords. If a property owner serves on a Board of Directors, no OWHCoC or ESG funding can be used to provide housing assistance of any kind to any unit owned by that Board member (24 CFR 576.404(b)(1))
- **Persons covered**
 - These conflict-of-interest provisions apply to any employee, agent, consultant, officer, or elected or appointed official of the provider's agency.
- **Exceptions**

- A provider may request an exception to these provisions from HUD, only if he or she meets the threshold requirements identified in 24 CFR 576.404 and/or 578.95(d)(2). Exceptions may also be considered for agency staff that have lived experience.

FL-505 PREVENTION

Purpose

Homeless Prevention or Diversion is a short- to medium- term intervention designed to:

- Ensure households at the most imminent risk of homelessness avoid entering the homeless assistance system
- Stabilize households in danger of becoming homeless
- Improve the housing stability of at-risk households, to avoid future housing crises

Program Name	At Risk:	Income Eligibility	Additional requirement
ESG	21 days from losing housing	<30% AMI	
TANF	Received Eviction Notice or Disconnect Notice	<200% of federal poverty level	At-risk housing must accompany a financial crisis
CHALLENGE	21 days from losing housing, eviction notice	<80% of AMI	

Documentation

Households must provide the required documentation at intake or prior to funding. Required documentation includes:

- At-risk documentation/proof of at-risk status
- Copy of occupancy agreement showing participant as legal occupant
- Late notice, eviction notice, notice of foreclosure, disconnect notice, or court order of eviction
- Identification
- Income documentation (e.g., pay stubs, bank statements)
- Documentation of minor child in household (if applicable)

Eligibility Screening

- Prevention programs must maintain full documentation of all households applying for assistance. If a household is found ineligible, the reason must be documented following the eligibility screening and retained on file for a minimum of seven years.
- All OWHCoC prevention providers will operate from a perspective of screening people in rather than out.
- Providers must act in the best interest of the client.
- At-risk clients who cannot be assisted through these funding sources due to regulatory restrictions must be referred to other community service providers and supported in identifying appropriate assistance.
- Referrals must be documented with the reason and notice of all denials.

TEMPORARY FINANCIAL ASSISTANCE FOR NEEDY FAMILIES

TANF HOMELESS PREVENTION

GRANT OVERVIEW

In 2013, the Florida Legislature created the Homelessness Prevention Grant Program to provide emergency financial assistance to families facing the loss of their current housing due to a financial or other crisis. The Department of Children and Families (Department), Office on Homelessness (Office), is authorized to provide homelessness prevention grants annually to the lead agencies designated for the local homeless assistance Continuums of Care (CoCs) in the state. The intent of the program is to assist families in avoiding homelessness and to enable them to remain stably housed following the assistance provided.

ELIGIBLE APPLICANTS

Eligible applicants are limited to the lead agencies of the homeless assistance CoC planning areas, in accordance with section 420.624, Florida Statutes. To qualify for a grant, a lead agency must develop and implement a local homeless assistance CoC plan for its designated planning area. The homeless prevention program to be supported under this grant must be included in the CoC plan (see certification required in Appendix V). The lead agency may sub-grant the administration of the homeless prevention program to another agency, in accordance with the local CoC plan. However, the lead agency retains overall grant administration and financial accountability. Administrative costs may be shared between the lead agency and the sub-grant agency.

PARTICIPANT ELIGIBILITY

To be eligible for assistance under this grant, families must meet all of the following criteria: reside in Florida; have at least one household member who is a United States citizen or a lawful permanent resident; have a minor child living in the household full-time; and have a household income less than two-hundred percent (200%) of the federal poverty level as annually published by the U.S. Department of Health and Human Services. A *minor child* is defined as a child under the age of 18; or, if age 18, but not yet 19, actively attending high school, a General Education Development (GED) program, a trade school, or another full-time career training program. A minor

child may not be married or divorced. The adult applying for assistance must be either the parent or a relative caregiver of the minor child residing in the household. *Household income* includes both earned and unearned income received in the month the family applies for assistance. Earned income refers to income from employment or self-employment (e.g., wages, salary, tips, commissions, bonuses). Unearned income refers to income received without the performance of work or services (e.g., child support, disability payments, etc.). The income of all household members must be reported when determining eligibility. The family's housing emergency must result from a financial or other crisis, as documented by the lead agency or its sub-recipient.

TANF HOMELESS PREVENTION GRANT IMPLEMENTATION

Scope: The Grantee must provide emergency financial assistance to households with a minor child who reside in Okaloosa or Walton Counties and are facing the loss of their current home due to a financial or other crisis.

Objective: To assist eligible households in avoiding homelessness and to help them maintain stable housing following the provision of grant assistance.

Tasks: Each recipient of funding from the Homelessness Prevention Grant shall complete a written case plan and conduct mandatory case management for each family approved for financial assistance. The case plan shall set forth all costs that will be covered under the grant, as well as the total dollar amount of assistance to be provided. The case plan should spell out the family's goals for housing stability along with a proposed timeframe to achieve these goals. See the following task list:

1. Case Management: The Grantee shall provide case managers to deliver case management services that support families through care coordination, as outlined in each family's case plan.
2. Develop a written case plan and conduct mandatory case management for each household applying for financial assistance. The household's case plan shall outline all costs to be covered by the grant, as well as the total amount of assistance to be provided. It shall also specify the household's goals for housing stability, the anticipated completion date, the schedule for monitoring housing stability after assistance ends, and whether the household was able to avoid homelessness and remain in permanent housing. The case plan must include:
 - a. The type of assistance to be delivered to the family;
 - b. The anticipated date the case plan will be completed;
 - c. The Grantee's schedule for monitoring the family's housing stability after grant assistance ends.
2. Develop, maintain, and retain a case file for each household applying for assistance. The case file must include all information required to determine the household's eligibility, along with documentation of the eligibility determination. It must also contain verification of household income. If the household is deemed eligible, the file must additionally include copies of all

payments made, the case plan, records of follow-up monitoring, and documentation of the housing outcome achieved.

- a. Eligibility determination and supporting information;
 - b. A copy of the Case Plan
 - c. Documentation of household income and household size
 - d. Documentation of the emergency financial assistance provided to the family
 - e. Documentation of the monitoring conducted after assistance was provide
3. Capture and enter information on the families assisted into the local Homeless Management Information System (HMIS) designated by the CoC planning area. Data entry must meet established HMIS standards and include complete information for each household member.
4. Submit a report to the Office on Homelessness detailing the number of families who remained stably housed for at least twelve months following the date of assistance. The report must also identify the method used to contact clients to determine their housing status.
5. The Grantee shall develop and utilize a standardized application for all individuals seeking assistance. At a minimum, the application must include the names of all household members, the amount of assistance requested, and the date of the request.
6. Emergency Financial Assistance: The Grantee shall provide emergency financial assistance to families at risk of homelessness. The amount of assistance must be supported by appropriate documentation, such as a late notice or intent to evict from the landlord, a late notice from the mortgage company, or a past-due bill or disconnect notice from a utility provider. This documentation must clearly show:
 - a. Services are tied to the applicant's address;
 - b. The notice is in the name of a household member;
 - c. The amount owed; and
 - d. The name and mailing address of the landlord, mortgage company, or utility provider to whom the payment should be sent.
7. Eligible Activities: The TANF Prevention Grant may be used to pay the following costs to assist eligible families in avoiding homelessness:
 - a. Past-due rent or mortgage payments, not to exceed four (4) months of rent or mortgage costs;
 - b. Past-due utility bills, limited to four (4) months in arrears for electric, gas, water, and sewer only;
 - c. Staff and operating costs related to the provision of mandatory case management services for the eligible family.

Eligibility:

- Households must reside in the State of Florida and within FL-505 Okaloosa/Walton Counties
- have at least one household member who is a United States citizen or a lawful permanent resident;
- have at least one minor child, who is not married or divorced, living in the household full-time;
- Be a parent or caregiver of the child residing in the household;
- Poverty level as annually published by the U.S. Department of Health and Human Services.
- Must have a documented financial crisis

Definitions:

- A minor child is defined as a child under the age of eighteen (18); or a child who is eighteen (18), but not yet nineteen (19), and is attending high school, a General Education Development (GED) program, a trade school, or another career training program on a full-time basis. A minor child must not be married or divorced.
- The adult applicant for grant assistance must be either the parent or the relative caregiver of the minor child residing in the household.
- Household income includes both earned and unearned income received in the month in which the family applies for assistance.
 - Earned income refers to wages, salary, tips, commissions, and bonuses from employment or self-employment.
 - Unearned income refers to funds received without performing work or services, such as Social Security, child support, or other benefits.
- The income of all household members must be reported when determining a family's eligibility for assistance.
- A housing emergency must result from a financial or other crisis, as documented by the lead agency or its sub-recipient.

Performance Measures:

The lead agency must track, monitor, and report on each family assisted for a period of at least twelve (12) months following the last date of assistance. The report shall indicate whether the family avoided homelessness and whether they remained in permanent housing at the end of the monitoring period.

According to subsection 414.161(5), Florida Statutes, the program's statutory goal is for at least eighty-five percent (85%) of families assisted to remain in their permanent housing and avoid homelessness during the year following the final grant assistance.

Nondiscrimination Requirement

Receipt of TANF funds requires that services be provided on a nondiscriminatory basis. The recipient must establish procedures to ensure that all services funded by the Homelessness Prevention Grant are accessible to individuals regardless of race, color, religion, sex, age, familial status, or national

origin.

Payment Guidelines

Payment for eligible housing costs must be made directly to third parties, including landlords, property owners, mortgage companies, or utility providers. Supporting documentation, along with copies of corresponding invoices, must be submitted in order for payments to be processed.

PROCESS

Referrals

Referrals for assistance will be made through the Coordinated Entry System (CES) access points and 211.

Applicant Communication

Applicant households will be informed of the status of their request for services within 2 business days of completing and submitting their application. Regular contact will be maintained throughout the application and assistance process via weekly phone calls, emails, and face-to-face interaction. Applicants with disconnection notices or eviction notices requiring immediate action to prevent homelessness will be prioritized. These applicants will be notified of their application status and the voucher process immediately upon application completion. Clients will be informed during the initial intake that the financial assistance process may take up to ten (10) business days to complete. Case Managers will contact landlords and utility providers to commit to payment in order to prevent eviction or service disconnection, provided the household is eligible and the situation warrants it. The Case Manager will explain the payment process to the recipient, including the estimated processing time of up to ten (10) business days. If the landlord or utility provider refuses the payment voucher or declines to sign the Landlord Agreement, no payment will be issued. In such cases, the client will be notified of the denial within two (2) business days and referred to the Rapid Rehousing Program for further assistance.

Voucher Process:

1. The client will be informed of the payment process upon completion of their application.
2. The Case Manager will complete the payment voucher for the utility company, mortgage company, or landlord after all supporting documentation has been collected. Payment will not be processed until the voucher is accepted and the Landlord Agreement is signed.
3. Once the voucher is approved, the Case Manager will submit the complete client file and financial request to the Director for final approval.
4. Upon approval, the financial request and supporting documentation will be submitted for payment processing.
5. If services are denied or the landlord refuses to accept payment, the participant will be

notified immediately by phone and in writing. This procedure is outlined in the Client Agreement form included with the application.

Case Management:

Services provided by the Case Manager:

- Eligibility screening and assessment
- Case planning
- Intensive case management
- Follow-up services

Eligible Expenses include assistance with:

- Past-due rent or mortgage payments to prevent eviction or foreclosure
- Past-due utility payments when the applicant provides documentation, such as a disconnection notice

Rental assistance may be used to pay rent that is currently due, in arrears, or for penalties and fees required under an existing lease or court order. Rental assistance includes the payment of rent to help a participant remain in permanent housing. NOTE: If the rental fee includes utilities, the total amount will be treated as *rental assistance* and subject to all applicable conditions.

Payments will only be issued to households residing in Okaloosa or Walton Counties and only after the landlord confirms that eviction proceedings will end upon receipt of payment. When possible, arrangements will be made with landlords and other creditors to forestall eviction or utility disconnection. A copy of the lease or utility bill must be included in the case file. Funding will be allocated in the manner most appropriate to the household's circumstances to prevent homelessness.

All applicants awarded Homeless Prevention Grant funds will have a specific service plan created for each recipient, detailing the expectations of both parties. The service plan must be agreed upon and signed by both the Case Manager and the household. The written case plan will clearly outline the costs that will be covered by the grant, the total dollar amount of assistance to be provided, the household's goal for housing stability, and the anticipated completion date. Clients will be notified in writing of the monitoring schedule for follow-up, and a copy of the schedule will be retained in the case file. During follow-up monitoring, documentation will indicate whether the household maintained stability and avoided homelessness, or if the prevention assistance did not result in stabilization, and why. Case Managers are responsible for completing and maintaining all required documentation. All relevant forms will be entered into the HMIS system, including but not limited to: intake, monetary disbursement, exit forms, and follow-up assessments. Payments will be made directly to the creditor, not to the applicant. Clients will also be referred to any additional eligible resources to support long-term family stabilization.

Prioritization/Preference

Preference and priority will be determined by a scoring checklist and each item on the checklist will be 3 worth points. All families must meet at least 21 points and score 3 points on all the required items to be eligible; extra points will be given for items not required but included to increase the score to scale vulnerability. Families with the greatest points will be considered the most vulnerable, and those applications will be expedited to avoid homelessness. Also, the creditor must agree in writing to accept payment and forego eviction or disconnection of service. Eligibility requirements worth 3 points each are minor child in household full-time (client requesting assistance is parent/guardian), Okaloosa/Walton resident, arrears, financial crisis caused housing emergency, U.S. Citizen, household total income is less than 200% of FPL, rent reasonableness, housing loss will result in 21 days, household includes a special needs child or dependent adult, history of homelessness, household has income, agree to financial literacy session and/or budget workshop.

During the screening process, potential recipients will be required to provide documentation of their financial and housing situations. Acceptable documentation includes cancellation notices, eviction notices, and it also must be documented that the households housing emergency is the result of a financial crisis. Eligibility documentation required for the case files includes: eligibility screening, prevention staff certification of eligibility, income declaration, copies of lease/mortgage statement, landlord w-9, landlord affidavit of non-eviction, eviction notice, utility bills in client name, photo ID, social security cards for all members of household, bank account statements, Proof of ALL income earned and unearned of all members of the household. HHA will also include case notes, release of information authorization, housing stability, financial literacy/budget, check request and other supporting financial documentation, signed service agreement, HMIS exit form, HMIS follow up form, record review form, and vulnerability checklist. Clients must consent to have their information entered into HMIS.

If at any time the case manager or director determines the applicant is not eligible for services, they will be referred for other services which they may be eligible for and given written notice of their denial within 21 days of their application. The denial notice will include the agency's policy for filing a grievance as and the procedure for filing an appeal. In the event an appeal may be filed the client will have 7 business days of receiving the final denial letter. The Director will have 7 business days to schedule a meeting with the client and review all documentation that supported the denial decision. Upon the Director's review a determination will be made to either support the appeal and overturn the original denial or the denial will stand supported by written notice to the client that denotes why the denial stands and the option to contact the Board of Director's and the Office of Homelessness for further inquiry, if still not satisfied with the denial.

necessary during the first three months of the process. A case plan will be developed within the first two weeks of enrollment. Once household is stabilized the case manager will follow up quarterly with phone or in-home visits for the next nine months. After the 12 of the follow up schedule for the 3, 6, and 12 month appointment.

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ESG PROGRAM ONLY WRITTEN STANDARDS MINIMUM REQUIREMENTS

ELIGIBLE ESG PROGRAM COMPONENTS

There are four (4) ESG Program Components:

1. Rapid Re-Housing;
2. Emergency Shelter;
3. Homelessness Prevention; and
4. Street Outreach.

ESG funds may be used to support any eligible program component. The CoC prioritizes funding that promotes geographic diversity and rapidly secures housing for literally homeless households to minimize trauma. The CoC also recognizes and supports the State of Florida's recommendation to expand Rapid Re-Housing as a more cost-effective best practice.

Sub-recipients may also bill for administrative costs not to exceed 10 percent of the total contract award.

MINIMUM STANDARDS FOR ALL PROGRAMS:

PARTICIPANT ELIGIBILITY:

Minimum standards for evaluating individual and family eligibility for assistance under the ESG program are:

a. Street Outreach:

People who qualify as "literally homeless" based on Category (1)(i)* of the "homeless" definition found at 24 CFR 576.2 are eligible for the following activities, in compliance with federal ESG rules (24 CFR 576.101): engagement, case management, emergency health and mental health services, transportation. Program participant files must include documentation that verifies homeless status. ATTACHMENT: Exhibit A, B

b. Emergency Shelter: Note: Only emergency shelters may be funded under the Emergency Solutions Grant Program. Emergency shelter is defined as any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless. Transitional Housing is not an allowable category under ESG. People who qualify as "homeless" based on Category 1 or 4* of the homeless definition found at 24 CFR 576.2 are eligible for the following: shelter, case management, child care, education, employment and life skills services, legal services, health and mental health services, substance abuse services, transportation. Program participant files must include documentation that verifies homeless status. ATTACHMENT: Exhibit A

c. **Rapid Re-Housing:**

People who qualify as “homeless” based on Category 1 or 4* of the “homeless” definition found at 24 CFR 576.2 and who are moving into a housing unit that meets HUD’s habitability and lead

based paint standards are eligible for the following activities, in compliance with federal ESG rules (24 CFR 576.104, 576.105, 576.106) Program participant files must include documentation that verifies homeless status. ATTACHMENT: Exhibit A, B

- d. **Homelessness Prevention:** People who qualify for “at risk of homelessness” based on Category 2,3,or 4* of the “homeless” definition or based on the “At risk of homelessness” definition found at 24 CFR 576.2 and who resides in a housing unit that meets HUD’s habitability and lead-based paint standards and have an annual income below 30% of Area Median Income (AMI), are eligible for the following services, in compliance with federal ESG rules (24 CFR 576.103, 576.105, 576.106). ATTACHMENT: Exhibit A, C

SERVICES

- a. Housing Relocation and Stabilization Services: moving costs, rent application fees, security deposits, last month’s rent, utility deposits, utility payments, housing search/placement, housing stability case management, mediation and legal services, credit repair/budgeting/money management
- b. Rental assistance: short-term (up to 3 months) and medium-term (4-24 months) rental assistance, up to 24 months total during a 3-year period in tenant-based or project-based housing. The 24 months may include a one-time payment for up to 6 months of rent arrears on the tenant’s portion of the rent. Rent amount must meet the federal requirements for Fair Market Rent (24 CFR 888) and the HUD standard for rent reasonableness (24 CFR 982.507). There must be a rental agreement between the landlord and agency and a written lease between tenant and landlord. NOT ALLOWABLE: Mortgage and mortgage arrearage payments
- c. Housing Relocation and Stabilization Services: moving costs, rent application fees, security deposits, last month’s rent, utility deposits, utility payments, housing search/placement, housing stability case management, mediation and legal services, credit repair/budgeting/money management
- d. Rental Assistance: short-term (up to 3 months) and medium-term (4-24 months) rental assistance, up to 24 months total during a 3-year period in tenant-based or project-based housing. The 24 months may include a one-time payment for up to 6 months of rent arrears on the tenant’s portion of the rent.

NOTE: Rent amount must meet the federal requirements for Fair Market Rent (24 CFR 888) and the HUD standard for rent reasonableness (24 CFR 982.507). There must be a rental agreement between the landlord and agency and a written lease between tenant and landlord. NOT ALLOWABLE: Mortgage and mortgage arrearage

payments.

PROGRAM COORDINATION

Minimum standards for program coordination consist of on-going system and program coordination and integration of ESG-funded activities to the maximum extent practicable with the following:

- a.* Emergency shelter providers, essential services providers, homelessness prevention, outreach programs and rapid rehousing assistance providers;
- b.* Other homeless assistance providers, including:
 - Supportive Housing Program
 - Section 8 Moderate Rehab program for Single Room Occupancy Program (SRO) for Homeless Individuals
 - HUD-Veterans Affairs Supportive Housing (HUD-VASH)
 - Education for Homeless Children and Youth Grants for State and Local Activities (McKinney- Vento Homeless Assistance Act)
 - Projects for the Assistance in the Transition from Homelessness
 - Emergency Food and Shelter Program
 - Transitional Housing Assistance Grants for Victims of Sexual Abuse, Domestic Violence, and Stalking Programs
 - Homeless Veterans Reintegration Program
 - Health Care for Homeless Veterans Program
 - Supportive Services for Veterans Families Programs, and
 - Veterans Justice Outreach Initiative
- c.* Mainstream service and housing providers
 - Public housing programs assisted under section 9 of the U.S. Housing Act of 1937
 - Housing programs receiving Section 8 tenant-based or project-based assistance
 - Supportive Housing for Persons with Disabilities
 - Temporary Assistance for Needy Families
 - Head Start
 - Mental Health and Substance Abuse Block Grants
 - Services funded under Workforce Investment Act; and
 - Challenge grant recipients
 - SOAR Specialist for SSDI/SSI
- d.* Continuum of Care (CoC) Networks
 - OWHCoC Stakeholder meetings

- OWHCoC Committee meetings
- Coordinated Entry By Name List (BNL) meetings
- IVOW Initiative
- Local discharge planning initiatives
- Okaloosa Community Health Improvement Program/Walton County Health Improvement Program
- Various other committees, task forces and workgroups

INCOME DETERMINATION

Minimum standards for determination of an individual or family's annual income consist of calculating income in compliance with 24 CFR 5.609. Annual income is defined as:

a. Annual income means all amounts, monetary or not, which:

- Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; or
- Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
- Which are not specifically excluded as defined under paragraph (C) of 24 CFR 5.60.
- Annual income also means amounts derived (during the 12 month period) from assets to which any member of the family has access.

CONNECTION WITH OTHER RESOURCES

Participate in any standardized training as designated by ESG funders and offered through OWHCoC. The OWHCoC will provide vetted training and professional development opportunities open to all housing stability case managers.

Minimum standards for connection with other resources consist of assisting each participant to obtain, if applicable:

a. Appropriate support services including:

- Permanent housing
- Medical health treatment
- Mental health treatment
- Counseling
- Supervision; and
- Other services needed for independent living.

b. Other governmental and private assistance available to help with housing stability including:

- Medicaid
- Supplemental Nutrition Assistance Program
- Women, Infants and Children (WIC)

- Federal-State Unemployment Insurance Program
- Social Security Disability Insurance (SSDI)
- Child and Adult Care Food Program; and
- Other available assistance.

TERMINATION OF ASSISTANCE

Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs may not attach stipulations to emergency assistance. Programs should exercise judgement and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is only terminated in the most severe cases.

At all times providers must follow Termination and Grievance Policies set forth by the OWHCoc and the agency. At a minimum, standards for termination of assistance are:

- a. In general:
 - Programs must have a formal procedure for terminating assistance to a participant.
 - Participants must be given a copy of the Termination and Grievance Procedure with the appeal process clearly outlined upon enrollment.
 - If a program violation occurs and the provider terminates assistance as a result, the termination shall follow an established process that recognizes the rights of the individuals affected. Termination shall only occur in the most severe cases.
 - Programs must use judgement and examine all extenuating circumstances in determining that a violation should result in termination.
 - Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases
 - Termination can be appealed to the CoC Executive Committee
 - A minimum of three members of the CoC Executive Committee (not including the agency under appeal) can review and rule on the appeal
 - The CoC Executive Committee decision may be reviewed by the BOD of the agency under appeal.
- b. Program participants receiving rental assistance or housing relocation or stabilization services: When terminating rental assistance or housing relocation and stabilization services, the required formal process shall minimally consist of:
 - Written notice clearly stating the reasons for termination;

- Review of the decision that gives the participant opportunity to present objections to the decision maker; and any appeal of a decision shall be heard by an individual different from and not subordinate to the initial decision-maker; Prompt written final notice.
 - c. Ability to provide further assistance: Termination will not bar the provider from providing later additional assistance to the same family or individual.
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LEAD-BASED PAINT

Minimum standards for all shelters and program participant-occupied housing consist of compliance with the lead-based remediation and disclosure requirements identified in 24 CFR 576.403, including the Lead Based Paint Poisoning Prevention Act (42 USC 4821-4846), the Residential Lead Based Paint Hazard Reduction Act of 1992 (42 USC 4851-4856) and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R.. Refer to ESG Program Policies and Procedures Manual and ESG Program Guidelines for further guidance.

SAFETY, SANITATION & PRIVACY

Minimum standards for all shelters and program participant-occupied housing consist of compliance with safety, sanitation and privacy requirements identified in 24 CFR 576.403. Refer to the ESG Program Guidelines for detailed instructions.

- a. Additional requirements for permanent housing:
Providers shall not use ESG funding to help someone remain or move into housing if the housing does not meet minimum habitability standards. For new move-ins, inspections must occur prior to execution of a landlord/provider agreement and landlord/tenant lease. If a program participant is expected to eventually access subsidized housing, such as the Section 8 Housing Voucher Program, the provider should make certain the housing unit meets any additional health and safety requirements of that program.
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CONFLICTS OF INTEREST

Minimum standards for conflicts of interest are:

- a. Organizational conflict of interest:
 - ESG assistance will not be contingent on the individual's or family's acceptance or occupancy of emergency shelter or housing owned by the provider or a provider's subsidiary or parent.
 - No provider, with respect to individuals or families occupying housing owned by the provider or a provider's subsidiary or parent, will carry out the initial evaluation under 24 CFR 576.401 or administer homelessness prevention assistance under 24 CFR 576.103.
- b. Individual conflicts of interest:

- When procuring goods and services, the provider will comply with codes of conduct and conflict of interest requirements under 24 CFR 84.42 (private non-profit) or 24 CFR 85.36 (government).
- c. All transactions/activities:
 - Conflicts prohibited – No person involved with the ESG program, or in a position to participate in decision-making or to gain inside information regarding program activities, shall obtain a financial interest or benefit from an assisted activity; have a financial interest in any related contract, subcontract, or activity; or have a financial interest in the activity's proceeds (either personally or through a family or business connection) during their tenure or for one year afterward.
 - Persons covered – These conflict-of-interest provisions apply to any employee, agent, consultant, officer, or elected or appointed official of the provider's agency.
 - Exceptions – A provider may request an exception to these provisions from HUD, but only if they meet the threshold requirements identified in 24 CFR 576.404.

HOMELESS PARTICIPATION

Minimum standards for homeless participation are:

- a. To the maximum extent possible, the provider shall involve homeless individuals and families in paid or volunteer work on the ESG-funded facilities, in providing services under ESG and in providing services for occupants of the ESG-funded facilities (24 CFR 576.405)
- b. Each funded provider of CoC or ESG assistance must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or equivalent policymaking entity of the provider. (24 CFR 578.75(g))

FAITH-BASED ACTIVITIES

Minimum standards for faith-based activities (24 CFR 576.406) are:

- a. Providers receiving ESG funding shall not engage in inherently religious activities as part of the ESG-funded programs or services. Such activities must be offered separately from ESG-funded programs and services and participation must be voluntary.
- b. A religious organization receiving ESG funding retains independence from government and may continue with its mission provided that ESG funds are not used to support inherently religious activities. An ESG-funded organization retains its authority over its internal governance.

- c. An organization receiving ESG funding shall not discriminate against a participant or prospective participant based on religion or religious beliefs.
- d. ESG funding shall not be used for rehabilitation of structures used specifically for religious activities, but may be used for rehabilitating structures that are used for ESG-eligible activities.

NONDISCRIMINATION/EQUAL OPPORTUNITY/AFFIRMATIVE ACTION

Minimum standards shall comply with the requirements for nondiscrimination, equal opportunity and affirmative outreach identified in CFR 576.407 (a-b). In addition, providers receiving ESG funding shall follow HUD's "Equal Access to Housing in HUD Programs, Regardless of Sexual Orientation or Gender Identity" final rule, published on February 3, 2012. Provider's shall train program staff and contractors so as to ensure that employees and contractors who interact directly with potential clients and current clients are aware of this rule and take prompt corrective action to address any noncompliance.

RECOVERED MATERIALS

Minimum standards for the procurement of recovered materials shall comply with the requirements identified in 57 CFR part 576.407(f), including that the recipient and its contractors must comply with Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resources recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

DISPLACEMENT

Minimum standards for minimizing the displacement of persons (families, individuals, business, nonprofit organizations, and farms) as a result of a project assisted under ESG shall comply with 24 CFR part 576.408 and consist of:

- a. Minimizing displacement: Consistent with the other goals and objectives of Emergency Solutions Grant (ESG), the recipient and its subrecipients must assure that they have taken all reasonable steps to minimize the displacement of persons (families, individuals, businesses, nonprofit organizations, and farms) as a result of a project assisted under Emergency

Solutions Grant (ESG).

- b.* Temporary relocation not permitted: No temporary relocation shall be required for an ESG-funded project. When a tenant has to move for an ESG-funded project, the tenant shall be treated as permanently displaced and offered relocation assistance and payments.
- c.* Relocation assistance for displaced persons: In general, a displaced person shall be provided relocation assistance and advised of his or her Fair Housing Rights. A Displaced Person is defined as any person that moves from a permanent home as a result of ESG-funded acquisition, rehabilitation, or demolition of a project.
- d.* A person does not qualify as a “displaced persons” if the person:
 - Was evicted based on a violation of the lease or occupancy agreement; violation of the law; and the recipient determines that the eviction was not undertaken to evade the obligation to provide relocation assistance.
 - Moved into the property after the application was submitted but was provided with written notice that he or she would not qualify as a “displaced persons”.
 - The person is ineligible under 49 CFR 24.2
 - HUD determines that the persons were not displaced as a result of the project.
- e.* Appeals: A person who disagrees with HHA’s determination concerning whether the persons qualifies as a displaced persons, or the amount of relocation assistance, may file a written appeal. A low-income person who disagrees with HHA’s determination may submit a written request for review of that determination by HUD.
- f.* The State or the provider may request that HUD determine whether or not a displacement would be covered by this rule.

Real property acquisition requirements: The acquisition of real property for an ESG funded project is subject to the URA and Federal government wide regulations.

RECORDS & RECORDKEEPING

Minimum standards shall ensure sufficient written records are established and maintained to allow HHA and HUD to determine whether ESG requirements are being met, and if they comply with 24 CFR 576.500.

Program participant records shall include written:

- a.* Determination and verification/certification that the program participant met the criteria for being Homeless or At-Risk of Homelessness, and that an effort was made to obtain written third-party verifications, when possible and applicable. ATTACHMENT: Exhibit B
- b.* Determination and verification/certification that the program participant was

- eligible or ineligible for the particular services and/or financial assistance;
- c. Determination and verification/certification that the program participant lacked sufficient resources and support networks to provide the assistance;
- d. Determination and verification/certification that the program participant met income requirements and that an effort was made to obtain written third-party verifications, when possible and applicable;
- e. Identification of the specific services and financial assistance amounts that were provided to the program participant;
- f. When applicable, verification that the services were terminated in compliance with 24 CFR 576.402;
- g. A copy of the CoC-approved centralized or coordinated assessment of the program participant;
- h. Copies of leases and rental agreements, documentation of payments made, including dates of occupancy, and compliance with the fair market rent, rent reasonableness, and utility allowance requirements;
- i. Determination and verification that at a minimum, the housing unit met HUD's habitability and lead- based paint standards;
- j. Copy of individualized housing stability plan;
- k. Notes verifying case management services were provided at least monthly;
- l. Notes verifying program participants' eligibility was re-evaluated at least every 3 months for homeless prevention services or at least annually for rapid re-housing services.
- m. Notes verifying program participant was assisted to obtain mainstream and other resources including referrals made and outcomes

Program policies and procedures shall indicate:

- a. Services are coordinated with the Continuum of Care, other homeless assistance/prevention programs and mainstream service and assistance programs;
- b. Compliance with HUD's ESG (24 CFR 576) requirements for:
 - Shelter and housing standards
 - Conflict of interest
 - Homeless participation
 - Faith-based activity
 - Grievance Procedures
 - Termination Policies
 - Nondiscrimination, equal opportunity, affirmative outreach, and compliance with HUD's transgender policies
 - Uniform administrative rules (24 CFR part 84)

- Lobbying and disclosure (24 CFR part 87)
 - Displacement, relocation and acquisition
 - Procurement (24 CFR 84.40-84-48)
- c. Program participant records are kept secure and confidential
- d. Participation in HMIS or comparable database selected by the Continuum of Care, including timeliness of data entry and data quality expectations.

Financial records shall include:

- a. Supporting documentation for all costs charged to ESG grant, including evidence that rent checks are paid to the property owner
- b. Documentation showing ESG funds were spent on allowable costs in accordance with the requirements for eligible activities and costs principles
- c. Documentation of appropriate and sufficient match including evidence of all match sources obtained, and documentation of expenditures of cash match for eligible grant expenses.
- d. Evidence that expenditures did not occur outside of the grant term
- e. Documentation regarding salary expenditures for grant-related activities
- f. Documentation of the receipt and use of program income
- g. Copies of procurement contracts
- h. Documentation of amount, source, and use of resources for each match contribution

STREET OUTREACH EMERGENCY SHELTER MINIMUM STANDARDS

STREET OUTREACH MINIMUM STANDARDS

- a. Targeting/Engagement Providers of Street Outreach services shall target unsheltered homeless individuals and families, meaning those 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.
- b. Assessment/Service Provision/Referral/Prioritization
 - Individuals and families shall be offered an initial need and eligibility assessment and qualifying program participants, including those meeting special population criteria, will be offered the following Street Outreach services, as needed and appropriate: engagement, case management, emergency health and mental health, transportation services
 - Case managers will use the VI-SPDAT assessment tool, as well as other

indicators that may not be noted in the assessment tool, to document level of service need, history of homelessness and use of community resources (outreach staff will not require VI-SPDAT in exchange for emergency assistance). The VI-SPDAT will only be administered by a trained, qualified person and only after informed consent is documented.

- When appropriate based on the individual's needs and wishes, the referral to permanent supportive housing or rapid re-housing can quickly assist the individuals to obtain safe, permanent housing shall be prioritized over the provision of or referral to an emergency shelter.

EMERGENCY SHELTER MINIMUM STANDARDS

An emergency shelter means any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless, and which does not require occupants to sign leases or occupancy agreements. The following minimum standards shall be required of any emergency shelter funded through the Emergency Solutions Grant program:

- a. Admission:** Providers of Emergency Shelter services shall admit individuals and families who meet the HUD definition of "homeless" as specified in 24 CFR 573.2 (1 & 4) and agency's eligibility criteria including categories 1&4 of the homeless definition.
- b. Assessment:** Individuals and families shall be offered an initial need and eligibility assessment and qualifying program participants, including those meeting special population criteria, will be offered emergency shelter services, as needed, available, and appropriate. Shelter providers accept referrals from the Coordinated Entry System and will use HMIS Continuum wide assessment tool to understand eligibility and begin the process of determining length of assistance.
- c. Prioritization/Diversion/Referral:** When appropriate based on the individual's needs and wishes, the provision of or referral to Homeless Prevention or Rapid Re-Housing services, or other available housing programs offered through the Continuum of Care that can quickly assist individuals to maintain or obtain safe, permanent housing, shall be prioritized over the provision of Emergency Shelter services.

All participants should receive a coordinated assessment (One Way Home) from a case manager and must be referred to HHA (provider number 3349) for coordinated entry within 7 business days of enrollment in shelter program.

Emergency shelters will prioritize individuals/families that:

- Cannot be diverted; and

- Are literally homeless; and
- Can be safely accommodated in the shelter; and
 - Are not in need of emergency medical or psychiatric services or are a danger to self or others.

Also note the following:

- Emergency Shelters cannot discriminate per HUD regulations.
- There are no requirements related to ID, income or employment;
- Transgender placement is based on self-identification of gender.
- Family Composition, marital status, cannot be cause for denial

d. Reassessment: Program participants will be reassessed as case management progresses, based on the individual service provider's policies.

e. Discharge/Length of Stay: Sub-recipients shall make every effort to ensure program participants are discharged from Emergency Shelter services only when they choose to leave or when they have successfully obtained safe, permanent housing. Any Length of Stay limitations shall be determined by the individual service provider's policies and clearly communicated to program participants. Length of stay requirements should be realistic and adaptable to meet individual needs.

f. Safety and Shelter Safeguards for Special Populations: Safety and Shelter Safeguards shall be determined by the individual Special Population service provider's policies and clearly communicated to program participants. These safe guards may include policies on substance abuse, violence, and other threats determined by the provider.

g. Follow up: Case Managers shall follow-up via telephone and or home visit with all participants that have successfully exited the emergency shelter upon 90 days of exit, 180 days of exit, and 12 months upon exit. Follow up should include housing status, income, and number of times participant has relocated since exit.

Minimum Standards:

- Minimum hours of operation for year-round facilities: 8am-5pm Monday-Friday
- Minimum hours of operation for Cold Night Shelters: 8pm-7am during inclement weather
 - Cold Night Shelters should open when the temperature falls below 40 degrees.
- Staff supervision whether paid or volunteer must be provided during hours of operation of program.

- Staff members must be qualified personnel with a cleared background check on file and a signed confidentiality agreement that they have read and understood.
- Provide a minimum of one meal per day
- A minimal amount of personal information must be collected to establish a daily client roster to be kept in case of emergency and/or building needs to be evacuated
 - At intake each participant shall be informed of evacuation procedures.
 - Maps/diagrams of exits should be prominently placed throughout the facility
- HUD Shelter Habitability Standards Checklist:
<https://www.hudexchange.info/resource/3766/esg-minimum-habitability-standards-for-emergency-shelters-and-permanent-housing/>

HOMELESS PREVENTION AND RRH MINIMUM STANDARDS

ELIGIBILITY

Minimum standards for determining eligibility requirements families and individuals shall receive Homelessness Prevention (HP) assistance and which shall receive Rapid Re-Housing (RRH) assistance are as follows:

- a. Rapid Re-housing (RRH): To be eligible for RRH housing relocation and stabilization services and short- or medium-term rental assistance, individuals or families must either:
 - Meet the federal criteria under paragraph (1) of the “homeless” definition in 24 CFR 576.2, OR
 - Meet the criteria under paragraph (4) of the “homeless” definition in 24 CFR 576.2, and be living in an emergency shelter or another place described in paragraph (1) of the “homeless” definition.
- b. Homelessness Prevention (HP): To be eligible for HP Housing relocation and stabilization services and short- or medium-term rental assistance, individuals or families must require these services to prevent moving into an emergency shelter or another place described in paragraph (1) of the “homeless” definition in 24 CFR 576.2, and:
 - Meet the federal criteria under the “at risk of homelessness” definition in 24 CFR 576.2

OR

 - Meet the criteria in paragraph (2), (3), or (4) of the “homeless” definition in 24 CFR 576.2

Participants will generally have a minimum of four to seven identified barriers to accessing

or retaining permanent housing. These barriers may include:

- No rental history
- Poor rental history (i.e., prior evictions, rent/utility arrears)
- Insufficient savings
- Poor credit history
- Sporadic employment history
- No high-school diploma/GED
- Recent or current abuse and/or battering (client fleeing domestic violence housing situation)
- Head of household under 18 years old
- Large family (three or more children)
- Criminal background
- Insufficient or no income
- Recent history of substance abuse or actively using drugs or alcohol
- Serious health problems/conditions

ELIGIBILITY: INTAKE AND ASSESSMENT

The intake process is standardized across the CoC: Pre-screening is conducted via telephone to agencies in FL-505 or through 211 to provide applicable resources and a link to the Access Points page on the Lead Agency's website. Face-to-face screening or phone appointments are made with a trained Intake Specialist/Case Managers at designated partner agency Access Points. Informed consent, ROI, and required documentation are completed before the assessment. When identification of vital records are not available, agencies may be able to assist with obtaining these documents or request assistance from the CoC Lead Agency. Special accommodations are provided for individuals who need assistance with reading or understanding required documents.

Partner agency Access Points must be approved by the CoC and meet the following criteria: ADA-compliant and handicap accessible, Private and secure environment for intake and assessment, and Convenient and safe for both staff and clients

Assessment Steps: The VI-SPDAT (or Family SPDAT) and One Way Home Assessment is administered by a trained Intake Specialist/Case Manager at a designated Access Point. Upon completion, data is entered into HMIS, and a Vulnerability Index Scale is issued. Literally homeless clients are referred to the CoC Lead Agency for Housing Related Coordinated Entry. Non-homeless clients are referred for Crisis Related Coordinated Entry and referred to prevention project resource openings. Literally homeless clients are added to the Community By Name List. The client is informed of their appropriate housing intervention, as determined

by their VI-SPDAT score and the Coordinated Entry process is explained by the client. Clients on the By Name List are reviewed during monthly case conferencing meetings, and referrals to housing project resource openings are made based on vulnerability scores and the established priority scale. If a participant is not eligible for Permanent Supportive Housing (PSH), they are referred to other housing or service interventions such as Rapid rehousing (RRH).

TARGETED POPULATIONS: CLIENT PRIORITIZATION

HOMELESSNESS PREVENTION

Note that all targeted individuals and families described below must meet the minimum HUD requirements for eligibility to HP. The CoC coordinated entry lead will use the VI-SPDAT to target those clients with the most barriers to housing. Each barrier will have an allotment of points, the values of which will determine the appropriate housing intervention for the presenting client. The assessment of barriers is based on an objective review of each client's current situation using the tool rather than the subjective opinion of a case manager assessing each client's needs.

The VI-SPDAT serves as the common assessment tool to ensure consistent and equitable referrals across all agencies. Literally homeless clients are referred to the CoC Lead Agency for Coordinated Entry and then referred by the Coordinated Entry Specialist to appropriate housing interventions after being discussed at monthly case conferencing, and prioritized according to SPDAT scores and a Priority Ranking Scale developed by the Coordinated Entry Committee in 2024 and approved in 2025.

All ESG sub-recipients and FL-505 CoC-funded agencies—excluding victim service providers—are required to participate in the coordinated intake and referral system. The system serves clients in the following categories and are ranked in the following order for prioritization:

1. Chronically homeless/ serious disability - medical issues
2. Homeless families with Children
3. Fleeing Domestic Violence
4. Veterans
5. Unaccompanied homeless youth

Clients not prioritized for housing referrals are connected to alternative community-based services that meet their needs. Agencies must use both the One Way Home Coordinated Assessment and the SPDAT tools that prioritize the most vulnerable households.

RAPID RE-HOUSING

Coordinated Intake will prioritize individuals who are currently homeless but not in need of

permanent supportive housing as eligible for rapid re-housing. This can include but is not limited to individuals and households who are homeless but have lived independently in permanent housing at some point in time, for some period of time. Many of the clients targeted for RRH will also exhibit many of the housing barriers stated above to include criminal background and prior evictions.

PARTICIPANT CONTRIBUTION

Minimum standards for determining what percentage or amount of rent and utilities costs each program participant shall pay while receiving homelessness prevention or rapid re-housing assistance are:

- a.* Participant's income shall be verified prior to approval for initial and additional financial assistance. Documentation of the participant's income and expenses, including how the participant is contributing to housing costs, if at all, shall be maintained in participant's file. This file shall also contain a plan to sustain housing following the assistance, including either a plan to increase income or decrease expenses or both.
- b.* Any additional requirements regarding the percentage or amount of rent and utilities costs each program participant shall pay shall be determined by the individual service provider's policies.

RENTAL ASSISTANCE DURATION AND ADJUSTMENT

Minimum standards for determining how long a particular program participant shall be provided with rental assistance and whether and how the amount of that assistance shall be adjusted over time are:

- a.* Participants received approval for the minimum amount of financial assistance necessary to prevent homelessness. Documentation of financial need shall be kept in the participant's file for each month of financial assistance received. Participants shall not be approved for more rental assistance than can be justified given their income and expenses at a given time.
- b.* Any additional requirements regarding how long a program participant shall be provided with rental assistance and whether and how the amount of that assistance shall be adjusted over time shall be determined by the individual service provider's policies and clearly communicated to program participants.

HOUSING STANDARDS

Any unit that receives financial assistance through ESG rapid re-housing must pass Habitability Standards outlined in the ESG regulations. Any unit that receives financial assistance through

the HUD CoC program must meet Housing Quality Standards outlined in HUD regulations. The inspections will be conducted by a qualified agency with expertise in inspection and the process for identifying units and conducting an inspection is outlined in the rapid re-housing business rules.

Any unit that receives rental assistance payments through rapid re-housing must have an agreement in place between the financial assistance intermediary and the property. The rental assistance agreement details the terms under which rental assistance will be provided. The rental assistance agreement outlines the requirements for rental payment as well as terms regarding any notice to vacate or eviction by the owner.

SERVICE TYPE, AMOUNT & DURATION

Minimum standards for determining the type, amount, and duration of housing stabilization and/or relocation services provided to a program participant, including maximum amount of assistance, maximum number of months the program participant may receive assistance, or the maximum number of times the program participant may receive assistance, are:

a. Financial Assistance:

- Use with other subsidies: Payment for Financial Assistance costs shall not be provided to a participant who is receiving the same type of financial assistance through other public sources or to a participant who has been provided with replacement housing payments under the Uniform Relocation Act (URA), during the period of time covered by the URA payments.
- Rental application fees: Payments shall only be made for fees uniformly charged by the property owner to all applicants.
- Security deposits: Payments shall not exceed two (2) month's rent.
- Last month's rent: Payment shall not exceed one (1) month's rent and shall be included in calculating the participant's total rental assistance.
- Utility deposits: Payments shall only be made for gas, electric, water and sewage deposits.
- Utility payments:
 - Payments shall not exceed 24 months per participant, including no more than 6 months of utility payments in arrears, per service;
 - A partial payment counts as 1 month;
 - Payment shall only be made if the utility account is in the name of the participant or a member of the same household;
 - Payment shall only be made for gas, electric, water and sewage costs;
 - Participants shall not receive more than 24 months of utility

assistance within any 3-year period.

- Moving costs: Payments shall only be made for temporary storage fees accrued after the date the participant begins receiving housing relocation and stabilization services and prior to the date that the participant moves into permanent housing. Payment shall not be made for storage fees in arrears.

Housing Relocation and Stabilization Services:

Housing search and placement services: Payment shall only be made for services that assist participants in locating, obtaining, and retaining suitable permanent housing. These services include:

- Assessment of housing barriers, needs and preferences
- Development of an action plan for locating housing
- Housing search activities
- Outreach to and negotiation with property owners
- Assistance with submitting rental applications and understanding leases
- Assessment of housing for compliance with ESG requirements, including habitability, lead- based paint standards, and rent reasonableness
- Assistance with obtaining utilities and making moving arrangements
- Tenant counseling

Payment for housing search and placement services shall not exceed 24 months during any 3-year period.

Case managers are encouraged to coordinate these services with the OWHCoC's Housing Navigator. The Housing Navigator maintains updated housing inventories, cultivates relationships with landlords, and helps streamline the placement process for eligible participants.

- Housing stability case management: Payment shall only be made for services that assess, arrange, coordinate, and monitor the delivery of individualized services to facilitate housing stability for a participant who resides in permanent housing or to assist a participant in overcoming immediate barriers to obtaining housing. These services include:
 - Use of a centralized or coordinated assessment system
 - Conducting initial evaluations, including verifying and documenting participant eligibility
 - Counseling
 - Developing, securing, and coordinating services, including access to federal, state, and local benefits
 - Monitoring and evaluating participant progress
 - Providing information and referrals to other providers
 - Developing individualized housing and service plans

- Conducting re-evaluations

Case managers are encouraged to coordinate with the CoC's Housing Navigator throughout the stabilization period. The Housing Navigator can provide real-time housing updates and assist with unit availability or landlord-related challenges to help prevent returns to homelessness.

- Payment for housing stability case management services provided while the participant is seeking permanent housing shall not exceed 30 days.
- Payment for housing stability case management services provided while the participant is living in permanent housing shall not exceed 24 months.

Mediation: Payment shall only be made for the cost of mediation between the participant and the property owner or individual with whom the participant is residing, when mediation is necessary to prevent the loss of permanent housing. Payment for mediation services shall not exceed 24 months within any 3-year period.

Legal services: Payment shall only be made for the cost of legal services when such services are necessary to resolve a legal issue that either prevents the participant from obtaining permanent housing or is likely to result in the loss of their current permanent housing. Payment for legal services shall not exceed 24 months within any 3-year period.

Credit repair: Payment shall only be made for the cost of services that assist the participant in developing financial management skills, such as household budgeting, money management, accessing a free personal credit report, and addressing personal credit issues. Payments will not be made toward debt balances or debt modification. Payment for credit repair services shall not exceed 24 months within any 3-year period.

Rental Assistance

- Payment shall not exceed 24 months total during any 3-year period, whether in tenant-based or project-based housing.
- Short-term rental assistance is defined as up to 3 months of rent.
- Medium-term rental assistance covers more than 3 months but shall not exceed 24 months.
- Rental arrears may be paid as a one-time payment, not to exceed 6 months, including any late fees.
- Except for a one-time rental arrears payment for the participant's portion, payment shall not be provided to a participant who is receiving tenant-based rental assistance or living in a unit receiving project-based assistance or to a participant who has been provided with replacement housing payments under the Uniform Relocation Act (URA), during the period of time covered by the URA payments.
- Payment shall not exceed the Fair Market Rent established by HUD (24

CFR 888) and shall comply with HUD's standards of rent reasonableness (24 CFR) 982.507).

- Calculation of the rental payment amount may include monthly rent for the unit, occupancy fees required under the lease (excluding pet or late fees) and a utility allowance if utilities are paid separately by the participant (based on the local Public Housing Authority schedule).
- Payment for rent shall only be made when a rental assistance agreement is in place between the agency and the owner, outline: the terms of assistance, a requirement that the owner provides notice of any vacate notice or eviction filing to the participant or any complaint used to commence an eviction action; and the same payment due date, grace period, and late payment penalty requirement as the participant's lease.
- Late payment penalties incurred by the provider are not eligible for ESG reimbursement.
- Payment shall only be made when there is a legally binding, written lease between the participant and the property owner. The lease or accompanying landlord agreement must include the landlord's name and contact information; the address of the rental unit; rent due dates; the lease term; the monthly rent amount; the date of payment; and the landlord's signature.
- Payment shall only be issued once the participant has been determined eligible for assistance.
- No payments may be made until all required re-certifications have been completed and documentation of continued eligibility has been received. For Homelessness Prevention (HP) clients, payments for the 4th, 7th, 10th month, and so on, may not be processed until re-certification is confirmed. For Rapid Re-Housing (RRH) clients, the 13th month payment cannot be processed without verified re-certification of eligibility.

Tenant-Based Rental Assistance

The rental assistance agreement with the unit owner shall be terminated without further payment if:

- The participant moves out of the unit
- The lease terminates and is not renewed
- The participant becomes ineligible to receive ESG rental assistance

Project-Based Rental Assistance

Payment shall only be made under the following conditions:

- The lease has an initial term of one year
- The rental assistance agreement covers one or more permanent housing units in the same building
- Each unit covered by the agreement is occupied exclusively by program participants

- Payment will only be made for up to 100% of the first month's rent if the participant signs a lease and moves into the unit before the end of that month.
- Any additional requirements regarding the type, amount, or duration of housing stabilization and/or relocation services that will be provided to a program participant, along with any limitations, shall be determined by the individual service provider's policies and clearly communicated to program participants.

RE-EVALUATIONS

ELIGIBILITY: PERIODIC RE-CERTIFICATION

Minimum standards for completing eligibility re-evaluations of individuals and families are:

Timing: All case managers are required to re-certify clients based on the following schedule. At that time, a case manager may decide to extend, decrease, or discontinue assistance.

- a. Homelessness Prevention: Participants must be re-evaluated at least once every three months in order to continue receiving assistance. Any change in household composition or income may also trigger a recertification. Rental payments for the following month shall not be made until the recertification process is completed.

Rapid Re-housing: Participants must be re-evaluated at least once annually. However, if there are changes to household composition or income, a re-evaluation will be required sooner.

- b. Eligibility:
 1. The program participant does not have an annual income that exceeds 30% of median family income for the area.
 2. The program participant lacks sufficient resources and support networks necessary to retain housing without ESG assistance.

OVERVIEW OF THE HUD COC PROGRAM

The purpose of the CoC program is to promote communitywide commitment to the goal of ending homelessness; providing funding for efforts by non-profit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by

homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

The CoC program includes permanent supportive housing for disabled persons, permanent housing, supportive services, and Homeless Management Information Systems (HMIS). A CoC is a geographically based group of representatives that carries out the planning responsibilities of the CoC program, as set forth in 24 CFR part 578. These representatives come from organizations that provide services to people experiencing homelessness or that represent the interests of homeless or formerly homeless individuals. The three major responsibilities of a CoC are to: (1) operate the CoC; (2) designate an HMIS for the CoC; and (3) develop a plan for the CoC. The Okaloosa Walton Homeless Continuum of Care (OWHCoC) is the designated homeless planning group that oversees the CoC process for both Okaloosa and Walton counties and is based in Fort Walton Beach, Florida.

24 CFR 576.7(9) requires the OWHCoC, in consultation with Emergency Solutions Grants (ESG) program funded agencies within the geographic area, to establish and consistently follow written standards for providing CoC assistance. Each OWHCoC recipient must also establish and follow local written standards for providing assistance, which must, at a minimum, incorporate the OWHCoC's standards as defined below.

PROGRAM COMPONENTS AND ELIGIBLE ACTIVITIES

CoC funds may be used for projects under five program components: Permanent housing (PH), Permanent Supportive Housing for Disabled Persons (PSH), Rapid-Rehousing, Supportive Services Only (SSO), and HMIS. Eligible costs include: CoC planning activities, acquisition, rehabilitation, new construction, leasing, rental assistance, supportive services, operating costs, HMIS, project administrative costs, relocation costs, and indirect costs. Projects funded in the OWHCoC consist of permanent and rapid-rehousing programs. The following Standards will summarize the OWHCoC's minimum requirements for providing housing and services to PSH and RRH clients.

OWHCoC currently only applies for PSH-leasing, Rapid-Rehousing, HMIS, CES/SSO and CoC Planning costs.

PERMANENT SUPPORTIVE HOUSING

Research has shown that permanent supportive housing is the most intensive and effective solution for individuals experiencing homelessness. However, it is not a one-size-fits-all approach and should be reserved for households that truly require that level of support. Without a systematic method for prioritizing households with the highest needs, the most vulnerable homeless, including those experiencing chronic homelessness, are often overlooked and may not receive the assistance they need.

Under the HEARTH Interim Rule Permanent Housing (PH) is one of the eligible program

components. Permanent housing is a long-term intervention (24+ months) community-based housing program, the purpose of which is to provide housing without a designated length of stay.

OWHCOC PERMANENT (SUPPORTIVE) HOUSING MINIMUM STANDARDS

FL-505's Permanent Supportive Housing Program uses leasing funds. The OWHCoC has developed the following Permanent (Supportive) Housing (PSH) minimum standards to ensure:

- Program accountability to individuals and families experiencing homelessness;
- Program compliance with HUD regulations;
- Program uniformity; and
- Adequate program staff competence and training, specific to target population served.

ELIGIBILITY/PRIORITIZATION:

In July 2014, HUD published a Prioritization Notice establishing a recommended order of priority for households served in Permanent Supportive Housing (PSH) programs. The Notice also provides uniform recordkeeping requirements for documenting the chronically homeless status of program participants.

The purpose of the Notice is to guide Continuums of Care (CoCs) and CoC Program recipients toward prioritizing chronically homeless individuals, including unaccompanied youth and youth with the highest needs, for PSH assistance ahead of other eligible households.

FL-505 has incorporated the process described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status and has included the process in the Written Standards and CoC Consolidated Application.

- First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
- Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.
- Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.
- Fourth Priority—All Other Chronically Homeless Individuals and Families.

FL-505 has adopted HUD Prioritization Notice CPD-16-011 Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing issued on July 25, 2016

This Notice supersedes Notice CPD-14-012 and provides guidance to Continuums of Care

(CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in all CoC Program- funded PSH. This Notice reflects the new definition of chronically homeless as defined in CoC Program interim rule as amended by the Final Rule on Defining “Chronically Homeless” (herein referred to as the Definition of Chronically Homeless final rule) and updates the orders of priority that were established under the prior Notice. CoCs that previously adopted the orders of priority established in Notice CPD-14- 012, which this Notice supersedes, and who received points for having done so in the FY2015 CoC Program Competition are encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. CoCs that have not previously adopted the orders of priority established in Notice CPD- 14-012 are also encouraged to incorporate the orders of priority included in this Notice into their written standards To ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own– persons experiencing chronic homelessness. HUD’s experience has shown that many communities and recipients of CoC Program-funded PSH continue to serve persons on a “first-come, first-served” basis or based on tenant selection processes that screen-in those who are most likely to succeed while screening out those with the highest level of need. These approaches to tenant selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.

Recipients of CoC Program-funded PSH should follow the order of priority below while also considering the goals and any identified target populations served by the project. For example, a CoC Program- funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section A. of these standards to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC’s geographic area, the recipient should follow the order of priority under Section.B for persons with a serious mental illness.

Order of Priority for CoC-Program funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. Chronically Homeless Individuals and Families with the Longest Histories Residing in Places not meant for Human Habitation, in Emergency Shelters, and in Safe Havens and with the Most Severe Service Needs.
2. Chronically Homeless Individuals and Families with the Longest Histories Residing in Places not meant for Human Habitation, in Emergency Shelters, and in Safe Havens
3. Chronically Homeless Individuals and Families with the Most Severe Service Needs

4. All other chronically homeless individuals and families

Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH.

CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. **First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs** An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
2. **Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.** An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
3. **Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.** An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency

shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

4. Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing. An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing

Recordkeeping Recommendations for CoCs that have Adopted the Orders of Priority in this Notice 24 CFR 578.103(a)(4) outlines documentation requirements for all recipients of dedicated and non-dedicated CoC Program-funded PSH associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. In addition to those requirements, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards. The CoC, as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

- A. Evidence of Severe Service Needs. Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case conferencing decisions.
- B. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance. Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

Minimum standards for determining and prioritizing which eligible families and individuals shall receive permanent supportive housing are:

- Eligible households include individuals with disabilities and families in which one adult

or child has a disability. Participants must meet the HUD definition of chronically homeless as defined in the Federal Register CFR 24 Part 578 (Please note that the final regulation on the definition of "chronically homeless" was published in the Federal Register on December 4, 2015. Continuum of Care (CoC) recipients must comply with the regulations promulgated by this rule as of January 15, 2016.)

- Participants eligible for PSH are defined as chronically homeless with a disability
- Participants must qualify as literally homeless based on paragraphs (1 or 4) of the homeless definition See Definitions in Exhibit A
- All adult program participants must be 18 years of age or older and be able to participate in developing and carrying out an appropriate participation plan and maintain accountability of said plan

All CoC funded permanent supportive housing beds will be filled with eligible chronically homeless individuals/families through the prioritization process of the Centralized Intake Coordinated Entry System (CICES).

All CoC funded permanent supportive housing beds that become vacant will be filled with eligible chronically homeless individuals/families through the prioritization process of the Centralized Intake Coordinated Entry System (CICES).

In addition to meeting basic eligibility requirements, individuals and families to be served through permanent supportive housing in the Okaloosa Walton CoC must:

- Be assessed using the VI-SPDAT assessment with that information entered into HMIS.
- All applications and referrals of households for permanent supportive housing must come through the coordinated intake system operated by HHA. No individual or family may be admitted to permanent supportive housing in the CoC without a referral from the CES.
- Providers are required to verify and maintain documentation for all households referred for permanent supportive housing including documentation of homeless status, disabling condition of a family member, and chronic homeless status, if applicable. Referrals to permanent supportive housing will be made by HHA through the coordinated process and will be prioritized for assistance according to the standards set forth below.

The program maintains a Release of Information that allows the sharing of information with relevant people and/or agencies. Program participants have copies of all Releases of Information that they have signed and have the right to revoke any Release of Information without penalty.

Prioritizing Permanent Supportive Housing

FL-505's Coordinated Intake System includes prioritization for Permanent Supportive Housing (PSH) beds. Using the VI-SPDAT to evaluate the severity of service needs and length of time homeless, the CIS uses this data to prioritize PSH beds for the most vulnerable chronically homeless persons in the service area.

The CoC has adopted HUD's recommendations below and when presented with two individuals who match for one unit, always using the tie-breaker of matching the individual with the highest medical vulnerability.

HUD's "Order of Priority in CoC Program-funded Permanent Supportive Housing" is as follows:

- Priority populations for Permanent Supportive Housing. The OWHCoC will follow CPD Notice 14-012 "Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing." The order of priority for admission to permanent supportive housing will follow the priorities established in Notice 14- 012.

Order of priority in CoC program funded permanent supportive housing beds dedicated to persons experiencing chronic homelessness, and PSH beds prioritized for occupancy by persons experiencing chronic homelessness.

- First priority: chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.
 - A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true: i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs
- Second priority: chronically homeless families and individuals with the longest history of homelessness
 - A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true: i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
 - ii. The CoC or CoC program recipient has not identified the chronically

homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

- Third priority: chronically homeless individuals and families with the most severe service needs.
 - A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true: i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph one (1) of the definition for chronically homeless, of the family as having severe service needs.
 - Fourth priority: all other chronically homeless individuals and families
- Participant Prioritization Requirements
- A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true: i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least four separate occasions in the last 3 years, where the cumulative total length the four 8 occasions is less than 12 months; and ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Participants will be prioritized for eligibility based on their chronic homeless status, length of time homeless, and VI-SPDAT or VI-F-SPDAT score.

The CoC has adopted HUD's recommendations below and when presented with two individuals who match for one unit, always using the tie-breaker of matching the individual with the highest medical vulnerability.

Single, Prioritized Wait List for Permanent Supportive Housing

- The OWHCoC has established a single, prioritized wait list for permanent supportive housing. The wait list will be prioritized according to the order of priority identified above. The single priority waitlist and referral process will allow CoC participants to exercise freedom of choice. The prioritized waitlist is named the Supportive Housing Registry and is administered by HHA as part of the Coordinated Entry System in real-time within HMIS.

- The waitlist will be periodically updated by HHA so new referrals are prioritized according to the factors listed above and not prioritized based on length of time on the waiting list.
- When fully implemented, providers of permanent supportive housing in the CoC will be required to accept ALL admissions from the priority waitlist and may not establish their own waitlists or prioritizations.
- Providers will have limited authority to decline referrals from the coordinated entry system. However, even if a provider declines a referral, it will have to obtain an alternative referral from coordinated entry. Providers may not substitute an otherwise eligible participant for those referred through coordinated entry.

Client Intake Process:

FL-505's Coordinated Intake System includes a Centralized Intake System (CIS) and prioritization for all Permanent Supportive Housing (PSH) beds. Using the VI-SPDAT to evaluate the severity of service needs and length of time homeless, the CIS uses this data to prioritize PSH beds for the most vulnerable chronically homeless persons in the service area.

FL-505 has implemented a Centralized Intake System for PSH. The following describes the process for how program participants will be screened:

All persons experiencing homelessness seeking services will be pre-screened via telephone, 211 system, or engagement through street outreach and referred to the Centralized Intake System. If determined that the program participant may be eligible for PSH a face to face screening appointment will be made with a qualified, trained, Intake Specialist at an approved location that is both easily accessible for the participant and provides privacy and confidentiality for the participant. Informed consent must be obtained and documented prior to the VI-SPDAT being conducted. If participant does not have the necessary documentation or access to documentation HHA and the Intake Specialist will assist the participant in obtaining identification, vital records, and any other documentation deemed necessary to enroll in PSH and will not disqualify a participant for lack of documentation or identification.

Transportation will be arranged by the Intake Specialist if participant has transportation barriers. Participant and Intake Specialist will sign all necessary documentation including but not limited to a Release of Information, Confidentiality Agreement, Consent Form, and Acknowledgement of Understanding. If participants cannot read or have other special needs requiring assistance in reading, understanding, or signing the forms required for the VI-SPDAT the Case Manager will provide assistance.

- Participant will be screened using the VI-SPDAT by a qualified, trained, Intake Specialist
 - All Intake Specialists or screeners using the VI-SPDAT must be trained to use the tool
- Once the VI-SPDAT has been completed and entered into HMIS the participant will be issued a Vulnerability Index Scale
- The participant will be added to the Supportive Housing Registry under the most appropriate housing intervention for the participant

- d. The Priority List will be maintained via the HMIS system.
- e. The Supportive Housing Registry is maintained by HHA and ranks participants by the VI score and not chronologically (See Prioritizing Permanent Supportive Housing).
- f. Participant will be notified of which housing intervention is appropriate according to the VI-SPDAT and they will be informed of the placement process for the specific housing intervention
- g. The Intake Specialist will make a referral to the appropriate housing provider within 7 days of completing the VISPDAT
- h. If the Participant is eligible for PSH they will be given the following:
 - PSH Packet that includes a comprehensive description of the program, program requirements, and a step-by-step process for moving participant from homelessness to housing (the packet must include information regarding housing choice, and voluntary supportive services)
 - Contact Information for the PSH Provider or CoC Housing Coordinator (if position is filled)
 - An estimated timeline for moving into a PSH bed/unit
 - A follow up appointment with Intake Specialist or Outreach personnel to keep contact with participant active
 - The packet explains the services that are available and any requirements for participation
 - *A copy of the Release of Information that allows the sharing of information with relevant people and/or agencies. Program participants have copies of all Releases of Information that they have signed, and have the right to revoke any Release of Information without penalty.*

If the participant is not eligible for PSH a referral will be made using the Coordinated Intake System

**An approved location is a location that has been deemed appropriate by the CoC and HMIS Lead to administer the VI-SPDAT and or other comprehensive assessments. An approved location will be handicapped accessible and is compliant with the American with Disabilities Act.*

Disqualifying Clients:

The OWHCoC requires that programs may only disqualify an individual or family from program entry if the following is true:

- Household make-up, provided it does not violate HUD's Fair Housing, Equal Opportunity, and Equal Access to Housing in HUD Program requirements (Singles Only programs can disqualify households with children, Families Only programs can disqualify single households, etc.t)
- Criminal record that includes violent crimes within the last three years
- Status as a lifetime registered sex offender.

Programs cannot disqualify an individual or family because of evictions or poor rental history or lack of income or employability.

Recipient Recordkeeping Requirements

All funded agencies will keep records of the following to support following the written standards of the OWHCoC.

1. Documentation in HMIS of the VI-SPDAT score of the individual matched for housing.
2. Agency policies and procedures will include use of VI-SPDAT and following the CES protocol for filling vacant PSH beds.
 - Written Intake Procedures;
 - Verification of client income;
 - Verification of residency;
 - Verification of annual assessment
 - Evidence of Chronically Homeless Status
 - Evidence of homeless status
 - Evidence of the duration of the homelessness:
 - Evidence that the homeless occasion was continuous, for at least one year; or
 - Evidence that the household experienced at least four separate homeless occasions over 3 years;
 - Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

Written Standards for PSH

Written Standard #1: No Designated Length of Stay

- Program participants are provided housing without a designated length of stay that permits them to live as independently as possible. § 578.3

Written Standard #2: Lease Agreement

- The program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. § 578.77

Written Standard #3: Restricted Assistance and Disabilities

- Permanent supportive housing can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. § 578.37

Written Standard #4: Supportive Services

- Supportive services designed to meet the needs of program participants must be made available to the program participants. § 578.37

Written Standard #5: Duration of Supportive Services Assistance

- Supportive services to enable program participants to live as independently as possible must be provided throughout the duration of their residence § 578.53

Written Standard #6: One Person per Bedroom

- Two individuals in a shared housing situation must have their own lease and their own bedroom unless the two individuals are presented together as a household (Housing Quality Standards (HQS) under 24 CFR 982.401)

For more information about Housing Quality Standards, please refer to Chapter 10 of the HCVP Guidebook:

www.hud.gov/offices/adm/hudclips/guidebooks/7420.10G/7420g10GUID.pdf.”

Written Standard #7: Program Income

- Program income generated from rent and occupancy charges may be collected from program participants and added to funds committed to the project by HUD and used for eligible program activities § 578.97, § 578.49

Written Standard #8: Calculating Occupancy Charges and Rent

- If occupancy charges are imposed, they may not exceed the highest of: 1) 30 percent of the family’s monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses); 2) 10 percent of the family’s monthly income; or 3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family’s actual housing costs) is specifically designated by the agency to meet the family’s housing costs, the portion of the payments that is designated for housing costs. § 578.77

Written Standard #9: Examining Program Participant’s Initial Income

- A program participant’s initial income must be examined at least annually to determine the amount of the contribution toward rent payable by the program participant and adjustments to a program participant’s contribution toward the rental payment must be made as changes in income are identified. §578.77

Written Standard #10: Verifying Program Participant’s Initial Income

- Each program participant must agree to supply the information or documentation necessary to verify the program participant’s income. §578.77

Written Standard #11: Recalculating Occupancy Charges and Rent

- If there is a change in family composition (e.g., birth of a child) or a decrease in the resident's income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly. § 578.77

Written Standard #12: Supportive Services Agreement

- Supportive services must be offered to program participants based on individual needs. Required participation cannot be part of a specific program model. § 578.75.

Supportive services are voluntary but can and should be used to persistently engage tenants to ensure housing stability - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy.

HOUSING CRITERIA

Minimum standards for accessing housing are:

- a. The program shall provide safe, affordable housing that meets participant's needs in accordance with client intake practices and within HUD guidelines for permanent (supportive) housing programs.
- b. In providing or arranging for housing, the program shall consider the needs of the individual or family experiencing homelessness.
- c. The program provides assistance in accessing suitable housing and meets housing standards set forth in 24 CFR 576.75.
- d. The program may provide assistance with moving costs.
- e. The program signs occupancy agreements or leases (or subleases) with all program participants residing in housing. Note: HUD requires under leasing the provider must have units leased between the property owner and the provider agency. Subleases or occupancy agreements should be developed between the tenant and the provider agency.
- f. The program ensures that there are executed occupancy agreements or leases (or subleases) with all program participants residing in housing.
 - The lease agreement with the participant is for a term of at least one year, which is terminable for cause. The lease must be automatically renewable upon expiration for a minimum term of one month.
- g. The program shall not charge minimum rent.
- h. If the program imposes occupancy charges, the charges may not exceed the highest of:

- 30% of the household's monthly adjusted gross income;
- 10% of the household's monthly income; or
- If the household is receiving payment for welfare assistance from a public agency and a part of the payment is specifically designated by the agency to meet the household's housing costs, the portion paid by the program participant cannot exceed the amount that has been designated for housing costs.
- When determining rental costs, agencies cannot round up to the nearest dollar

CASE MANAGEMENT SERVICES

Minimum standards for case management shall include:

Criteria

Individual case management plans which are provided to program participants on a regular and consistent basis as determined by the individual's case plan. Case management should be housing focused to ensure participants obtain and maintain and stable housing. Case management plans shall include the following:

- Assessing, planning, coordinating, implementing and evaluating the overall service delivered to the participant
- Helping participants learn to live in housing, maintain their housing in a safe manner, and work with the landlord.
- Helping participants create support systems and participate in community as they desire.
- Individualized budgeting and money management services, provided to program participants as needed.
- Job preparation and attainment, such as career counseling, job preparation training, dress and grooming, job placement, and job maintained. (Part of OWHCoC performance measures)
- Assistance in accessing mainstream benefits, including food stamps, child care assistance, and health insurance. (Part of OWHCoC performance measures)
- Educational advancement, such as GED preparation and attainment, post-secondary training, and vocational education. (Part of OWHCoC performance measures)
- Basic life skills information, including housekeeping, menu planning and food preparation, consumer education, leisure-time activities, transportation, and obtaining vital documents (Social Security cards, birth certificate, etc.).
- Assistance with food, clothing and/or transportation.
- Interpersonal skill building, such as developing positive relationships with others, parenting skills, effective communication, decision-making, conflict resolution, and stress management.

- The program may not require program participants to take part in supportive services provided through the program as a condition of continued participation, even if services are disability- related (e.g. mental health, outpatient health services)

SERVICE COORDINATION

PSH is housing focused therefore programs providing PSH should maximize funds for housing and increasing the number of units available for leasing. Support services are an important element for serving the most vulnerable therefore maximizing coordination with other providers is necessary to meet the needs of participants. PSH providers are not expected to provide all supportive services within their agency but case management and referrals to other service providers is vital to the success of participants in PSH.

Minimum standards for service coordination are:

- a. The program shall coordinate with community agencies and individuals for the provision of those services needed and requested by the individual or family, but that are not directly provided by the programs.
 - Arrangements shall be made as appropriate with community agencies and individuals for the provision of medical services, mental health services, legal services, and other assistance requested by the participant, which are not provided directly by the program.

TERMINATION OF ASSISTANCE

Termination is expected to be limited to only the most severe cases. Programs will exercise judgment and examine all extenuating circumstances when determining if violations are serious enough to warrant termination.

At a minimum, standards for termination of assistance are:

- a. If a program violation occurs and the provider terminates assistance as a result, the termination shall follow an established process that recognizes the rights of the individuals affected.
- b. The program may terminate services when the following occurs:
 - A participant engages in violent or aggressive behavior toward others, including program staff.
 - A participant uses illegal drugs in their unit
 - A participant engages in criminal activity in their unit.
- c. In cases when a participant is terminated from services for other than the above stated reasons, the burden is on the Program to provide evidence that it

considered extenuating circumstances and made significant attempts to help the participant continue in the program before deciding to terminate assistance.

- d.* The program follows a written termination process and has a process for appeals/grievances. This information is provided to participants at the beginning of the program, and if/when termination of services occurs.

FOLLOW UP SERVICES

Minimum standards for continuity of services to all participants following exit from the program shall be as follows:

- a.* The program shall include exit plans with the participant to ensure continued housing stability and connection with community resources, as desired.
- b.* The program shall attempt to follow up with phone or written contact at least once every 30 days for the first three months after the client exits the program, to determine if there is any need for further services, to offer assistance in obtaining those services, and to evaluate the services that were provided.
- c.* Supportive services may be provided to participants after their exit from the program.

CLIENT FILES/RECORDKEEPING

Minimum standards shall ensure sufficient written records are established and maintained to allow OWHCoC and HUD to determine whether program requirements are being met and comply with HUD regulations. Documentation necessary for the effective delivery and tracking of service will be kept up to date and the confidentiality of program participants will be maintained.

- a.* The file maintained on each participant should, at a minimum, include information required by HUD, homelessness eligibility in the preferred order as required by HUD (third-party, intake observation, self- certification), participation agreements, service plans, case notes, information on the services provided both directly and through referrals to community agencies and individuals, discharge paperwork, HMIS service transactions, HUD Housing Inspection, and any follow-up and evaluation data that is compiled.
- b.* Client information must be entered into HMIS in accordance with the data quality, timeliness and additional requirements found in the HMIS Policies and Procedures manual, and implemented in the OWHCoC Performance Standards. At a minimum, programs must record the date the client enters and exits the program, and update the client's information as changes occur.
- c.* The program will maintain each participant file in a secure place and shall not disclose information from the file without the written permission of the participant

as appropriate, except to project staff and other agencies as required by law. Participants must give informed consent to release any personal identifying information (PII) data to be utilized for research, teaching and public interpretation.

- d.* All records pertaining to Continuum of Care funds must be retained for the greater of 6 years or the participant records must be retained for 6 years after the expenditure of all funds from the grant under which the program participant was served. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.
- e.* Where Continuum of Care funds are used for the acquisition, new construction, or rehabilitation of a project site, records must be retained until 15 years after the date that the project site is first occupied, or used, by program participants. Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND PLANNING

Minimum standards shall include program planning and evaluation procedures as follows:

- a.* The program shall have written goals and objectives for its housing and services that are consistent with OWHCoC goals and objectives, and includes any commitments made to participants and the local community.
- b.* The program shall include a review of the case management, housing, and follow-up needs of participants served by the program and the existing services that are available to meet these needs, on at least an annual basis.
- c.* The program shall include a process where the agency will review and revise, as appropriate, goals, objectives and activities based upon the data generated through the review of participant's needs, existing services, and the follow-up evaluations on at least an annual basis.
- d.* The program shall include a process for conducting on-going evaluations of its services to participants.
- e.* The program shall exhibit due regard for the participant's privacy in conducting and reporting its evaluation.
- f.* The program's planning process shall be open to paid and volunteer staff, program participants, the agency's Board of Directors, if applicable, and members of the OWHCoC Committees.

HOUSING FOCUSED APPROACH

The most successful model for housing people who experience chronic homelessness is permanent supportive housing using a Housing Focused approach, which is a client-driven strategy that provides immediate access to housing in addition to readily available services including psychiatric treatment, treatment for sobriety, or other service participation requirements.

- a. Permanent supportive housing's admissions policies are designed to "screen-in" rather than "screen-out" applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. Housing programs may have tenant selection policies that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessment or the high utilization of crisis services.
- b. Rapid and streamlined entry into housing
 - Many people experiencing chronic homelessness may experience anxiety and uncertainty during a lengthy housing application and approval process. To improve this, Housing Focused permanent supportive housing models make efforts to help people experiencing homelessness move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.
- c. Supportive services that are voluntary, but can and should be used to persistently engage tenants to ensure housing stability and program participation
 - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful. Harm reduction techniques can confront and mitigate the harms of drug and alcohol use through non-judgmental communication while motivational interviewing may be useful in helping households acquire and utilize new skills and information.
- d. Tenants have full rights, responsibilities, and legal protections
 - The ultimate goal of the Housing First approach is to help people experiencing homelessness achieve long-term housing stability in permanent housing. Permanent housing is defined as housing where tenants have leases that confer the full rights, responsibilities, and legal protections under Federal, state and local housing laws. Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities. Landlords

and providers in Housing First models abide by their legally defined roles and obligations. For instance, landlords and providers do not enter tenants' apartments without tenant's knowledge and permission except under legally- defined emergency circumstances, or as required applicable housing programs (e.g. HOME and Low-Income Housing Tax Credit programs requires 24 hour notice to conduct inspections for health and safety). Many Housing First permanent supportive housing programs also have a tenant association or council to review program policies and provide feedback, and formal processes for tenants to submit suggestion or grievances.

e. Practices and policies to prevention lease violations and evictions are in place

- Housing First supportive housing programs should incorporate practices and policies that prevent lease violations and evictions among tenants. For instance, program policies consistent with a Housing First approach do not consider alcohol or drug use in and of itself to be lease violations, unless such use results in disturbances to neighbors or is associated with illegal activity (e.g. selling illegal substances.) Housing First models may also have policies that give tenants some flexibility and recourse in the rent payment, which in many subsidized housing programs is 30% of the participant's income. For example, rather than moving towards eviction proceedings due to missed rent payments, programs may allow tenants to enter into payment installment plans for rent arrearages, or offer money management assistance to tenants.

f. Is applicable in a variety of housing models

- The Housing First approach can be implemented in different types of permanent supportive housing settings, including scattered-site models in private market apartments, where rental assistance is provided, and tenants have access mobile and site based supportive services; single-site models in which permanent supportive housing buildings are newly constructed or rehabilitated and tenants have access to voluntary onsite services; and set-asides, where supportive services are offered to participants in designated units within affordable housing developments

CoC Records

FL-505 will maintain recordkeeping requirements and HUD Prioritization Notice in Written Standards and maintain the document as well as revise, update, or replace at HUD's recommendations.

- Evidence of written standards that incorporate the priorities in Section III of Notice CPD-14-012, as adopted by FL-505.

- The CoC will document the acceptance and adoption of the Notice with meeting minutes recorded in CoC, or subcommittee minutes, where written standards were adopted or incorporated the Prioritization Standards.
- The CoC shall also maintain the prioritization standards in the policy and procedure manual for the Centralized Intake System.
- Evidence of a standardized assessment tool.
 - FL-505 must maintain within the Coordinated Entry Policies & Procedures manual the use of the adopted standardized assessment tool and include the date and meeting which the CoC approved this tool as well as which version(s) are being utilized. The CoC may update the versions as needed. The HMIS Data committee will approve updated versions prior to implementation.
 - The CoC adopted the Vulnerability Index Service Prioritization Decision Assessment Tool in 2015. The VISPDAT and the Family SPDAT are currently being utilized for our CoC.
 - All ESG & CoC funded programs will utilize the version of the SPDAT that is approved by the HMIS Committee and appropriate for their program.
 - CoC PSH will use the VISPDAT
- Evidence that the written standards were incorporated into the coordinated assessment policies and procedures.
 - The CoC will maintain evidence through the Written Standards that the Centralized Intake policy and procedures are incorporated. Our CoC has two separate documents
 - 1) Written Standards FL-505
 - 2) Coordinated Entry Policy and Procedure.
 Both documents contain policy about coordinated assessment. Anytime the CIS policies and procedures are revised the Written Standards must also be revised and minutes of the revision maintained.

MINIMUM PERFORMANCE BENCHMARKS FOR PSH

- 100% of the number of units approved in the HUD contract will be filled by the end of the 2 quarter of the grant term
- 80% or more of all participants remain stable in PSH or exit to a different

permanent housing situation

- 70% or more of participants remain in stable housing through PSH for at least one year or exit to permanent housing (Local Measurement)
- 55% or more of adult participants will have income from sources other than employment
- 55% or more of all participants will increase their income from sources other than employment 55% or more of all participants have mainstream benefits at exit from program
- 20% or more of adult participants have employment income 20% or more of adult participants increase employment income

RAPID REHOUSING

CoC Program Rapid Rehousing (RRH) funds are designed to provide the services necessary to help homeless persons quickly regain stability in permanent housing after experiencing homelessness. In line with the HUD's national homelessness policy as outlined in Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, federal programs aimed at ending homelessness have shifted towards providing stable, permanent housing opportunities for the homeless and at-risk homeless and less towards transitional housing. Rapid Re-Housing programs funded through the CoC will be required to meet housing first standards. <https://www.hudexchange.info/programs/esg/esg-law-regulations-and-notice/>
<https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/permanent-housing/permanent-supportive-housing/>

CoC funds may be used to provide short- and/or medium-term rental assistance necessary to help a homeless individual or family move into permanent housing and achieve stability in that housing. Rental Assistance cannot be provided to a participant receiving rental assistance or living in a housing unit receiving rental assistance through other federal, state or local sources.

Eligible rental assistance costs as outlined in 578.51

- Short-to-medium term rental assistance (up to 24 months)
- Security Deposits/Last Month's Rent not to exceed 2 months of rent

A. Eligible Applicants

Only not for profit organizations are eligible to apply. In addition to being a nonprofit, applicants must meet all HUD eligibility criteria defined in the NOFA under which they are applying. Eligible applicants must also meet with the following criteria:

1. If currently a recipient of HUD CoC funds, the applicants must be in good standing with both HUD and the FL-505 Okaloosa Walton Homeless CoC. "Good standing" is

defined as not having any significant unresolved monitoring findings.

2. Have experience in providing housing and/or services to people who are currently or formerly homeless.

3. Participate in or commit to participate in the FL-505 Homeless Management Information System (HMIS).

4. Actively participate in Coordinated Entry

B. Eligible Program Participants

OWHCoC Rapid Re-housing program participants must meet the following minimum standards:

1. Meet HUD's Category 1 definition of homelessness:

Individuals and families who lack a fixed, regular, and adequate nighttime residence:

- 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, etc.
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or
- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. For information on HUD's other homeless categories, eligible for other CoC funds, visit:
https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

2. Have a maximum combined income (earned and from benefits) of 80% of the Area Median Income. However, providers may consider significant garnishments or recoupment in determining that financial appropriateness of each potential participant and on a case-by-case basis allow a participant whose income is above 50% Area Median income. Providers will be required to show that the average of their RRH participants' income was at or below 50% AMI.

3. Meet all participant eligibility criteria as defined in the NOFO under which the

program was funded. OWHCoC has the discretion to specify additional eligibility criteria if voted in by the Housing Committee.

C. Standards for Amount of Rental Assistance

Providers shall determine the type, maximum amount and duration of housing stabilization and/or relocation services for individuals and families who are in need of rapid re-housing assistance through the initial evaluation, re-evaluation and ongoing case management processes. Standards for determining the share of rent and utilities costs that each program participant must pay, if any, will be based on the following guidelines:

1. The maximum amount of rent that a participant can be up to 100% of the rental amount.
2. Providers may provide up to 100% of the cost of rent in rental assistance to participants. However to maximize the number of households that can be served with rapid re-housing resources, it is expected that providers will provide the level of need based on the goal of providing only what is necessary for each household to be stably housed for the long term.
3. Rental assistance cannot be provided for a unit unless the rent for that unit is at or below the Fair Market Rent limit, established by HUD. A complete listing of Fair Market Rents for the CoC can be found at: <http://www.huduser.org/portal/datasets/fmr.html>
4. 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.

For more details see sections 578.37 and 578.51 of the HUD CoC rapid re-housing and rental assistance guidelines.

D. Standards for Duration of Assistance

Providers may provide a program participant with up to 24 months of rental assistance. Participants may be eligible for rapid re-housing assistance for multiple instances based on their need. However, if a participant needs assistance more than once, the participant will be subject to a reassessment process for a different level of service intervention.

There must be a lease between the landlord and the tenant and the leases must be for at least one-year, renewable for at least one year and terminable only for cause.

Eligible support services costs as outlined 578.53 – may be provided for no longer than 6 months after rental assistance stops

- Assessing service needs
- Moving costs
- Case management
- Child care
- Education services
- Employment assistance and job training
- Food
- Housing search and counseling services
- Application fees
- Legal services
- Life skills training
- Mental health services
- Outpatient health services
- Outreach services
- Substance abuse treatment services
- Transportation
- Utility deposits

Eligible HMIS costs are outlined in CFR [578.57](#)

Eligible Project Administrative costs are outlined in CFR [578.59](#)

<https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578/subpart-D/section-578.59>

E. Standards for Type of Assistance

Providers may use funds for rental assistance costs and eligible services, including the following: security deposits (up to 2 months), first month's rent and/or last month's rent, eligible supportive services, property damage, one-time moving costs and one-time utility deposits.

F. Policies & Procedures for Assessing & Prioritizing Participants

The key to the success of any program is a screening and assessment process that thoroughly explores a family's or individual's situation and pinpoints their unique housing and service needs. Based upon the assessment, families and individuals should be referred to the kinds of housing and services most appropriate to their situations and need.

G. Coordinating Intake & Assessment

Providers must demonstrate an ability to outreach to OWHCoC eligible RRH participants and to prioritize applicants who meet the criteria for HUD Homeless Category 1.

Providers must utilize OWHCoC's coordinated assessment system operated by HHA as a resource to help match individuals and families with the most appropriate assistance.

H. Case Management Services

Providers must assist each program participant, as needed, to obtain appropriate supportive services, including assistance in obtaining permanent housing, medical treatment, mental health treatment, counseling, supervision, and other services essential for achieving independent living; housing stability case management; and other Federal, State, local, or private assistance available to assist the program participant in obtaining housing stability including but not limited to:

- Supplemental Nutrition Assistance Program
- Social Security Disability Insurance (SSDI)
- Federal-State Unemployment Insurance Program
- Medicaid Veteran's Benefits Veteran's Disability Benefits
- Women, Infants and Children (WIC)
- Supplemental Security Income (SSI)
- Child and Adult Care Food Program, and
- Other mainstream resources such as housing, health, social services, employment, education services and youth programs that an individual or family may be eligible to receive

I. Inspections

CoC funded rapid re-housing units must meet the HUD Housing Quality (HQS) Standards under 24 CFR part 578.37(a)(1)(ii). However, in instances, when allowed, providers may apply for waivers and exemptions, to use HUD Habitability standards when the use of HQS standards would result in the loss of an affordable housing unit.³ Providers may utilize their own staff to perform HQS inspections.

J. Rental Subsidy Administration

The administering of RRH rental assistance must comply with the HUD regulations. Guidance is forthcoming.

K. Data Collection & Evaluation

All providers receiving rapid re-housing assistance must work with the OWHCoC to track key data elements for analyzing the success of the program including the use of HMIS data.

L. Security & Confidentiality Policies

The address or location of any housing or rental units funded under rapid re-housing of any program participant, including youth, individuals living with HIV/AIDS, victims of domestic violence, dating violence, sexual assault, and stalking; and individuals and families who have the highest barriers to housing will not be made public, except as provided under a preexisting privacy policy of the provider and consistent with state

and local laws regarding privacy and obligations of confidentiality with written authorization of the person responsible for the operation of the rental unit.

M. Terminations, Complaints, Appeals & Grievance Procedures

All providers with rapid re-housing programs must have a formal termination and grievance policies in place. These policies must allow an applicant to formally dispute agency decisions regarding eligibility for assistance. They must clearly outline how applicants will be informed of the provider's grievance procedures and detail the formal process for submitting and resolving a grievance. If a program participant violates program requirements, the provider may terminate the assistance in accordance with a formal process established by the provider. All providers must have policies that allow a program participant to formally dispute a provider decision to terminate assistance. The policy must include the method that a written notice would be provided containing clear statement of reason(s) for termination; a review of the decision in which the program participants is given the opportunity to present information before someone other than the person who made the termination decision; and a prompt written notice of the final decision to the program participant. RRH program participants are required by HUD regulations to meet with a case manager not less than once per month. Providers may also provide case management services for up to six months after rental assistance stops.

N. Standards for Re-Evaluation

In accordance with HUD regulations, recipients and subrecipients must conduct regular re-evaluations, at least annually, of program participants receiving RRH assistance. To continue to receive CoC-RRH assistance, a program participant's re-evaluation must demonstrate eligibility based on:

- Lack of resources and support networks. The program participant's household must continue to lack sufficient resources and support networks to retain housing without ESG or CoC program assistance.
- Need. The recipient or subrecipient must determine the amount and type of assistance that the individual or family will need to (re)gain stability in permanent housing.

PRIORITIZATION

Resources to meet the needs of homeless households are limited. All OWHCoC Rapid Re-Housing programs participate in Coordinated Entry to assess, prioritize, and determine which individuals and families will receive assistance. For detailed information on prioritization procedures, please refer to the OWHCoC Coordinated Entry Policy.

Priority will be given to those households with ties to OWHCoC.

EVALUATION OF ELIGIBILITY

The following eligibility criteria must be met in order for an individual or family to be provided services with CoC assistance under Rapid Re-housing:

1. Definition of Homeless

For the purposes of program eligibility, a household must meet the definition of literally homeless or attempting to flee domestic violence where the individual or family also meets the criteria for literally homeless as defined by Chapter I of this plan.

2. Connection to OWHCoC

An assessment will be provided to individuals or families who have a documented connection to the OWHCoC geographic area. This may include those who are currently experiencing homelessness, residing in a local shelter, precariously housed within the OWHCoC, previously lived in the area prior to the housing crisis, are working or attending school within the OWHCoC, or have other significant local ties.

PROCEDURE TO DETERMINE ELIGIBILITY

Before providing assistance to a household with CoC RRH funds, OWHCoC RRH applicants will complete an initial intake evaluation which will include:

1. Assessment of Need – per Coordinated Entry

The individual or family household must provide all requested verification documents and sign any release related to verifying the households' eligibility, including all items necessary for reporting in HMIS.

2. Verification of Homeless status eligibility

Documentation will need to be supplied or collected based upon the following hierarchy and order of priority.

1st – Third party documentation

2nd – Observation by the intake worker

3rd – Self-declaration from the individual or family seeking assistance

Acceptable evidence of third party documentation includes:

- Records contained in an HMIS database; or
- Comparable database used by victim service or legal service providers;
- Written observations by an outreach worker of the conditions where the individual or family was living;

- A referral from a publicly or privately operated shelter;
- Observation by the intake worker;
- Discharge paperwork or written/oral referral from a social worker, case manager, or other appropriate official of an institution stating the beginning and end dates of the time residing in the institution.
 - All oral statements must be recorded by the intake worker

If the intake worker can access HMIS or a comparable database (which retains an auditable history of all entries including the person who entered the data, the date of entry, and any changes made) to establish their homeless status.

Self-declaration from the individual household or family will include:

- Completion of the self-declaration form and
- Written record on the intake worker's attempts to obtain third-party verification

2) Verification of tie to OWHCoC

- Entered Coordinated Entry system as an eligible OWHCoC household AND
- Verification of a household's tie to OWHCoC will most likely be documented through their verification of homeless status and/or verification of income. OR
- The household must provide evidence that they currently reside in a shelter or are precariously housed in OWHCoC. OR
- The household may currently work in OWHCoC and are able to provide proof of their employment. OR
- The household (including their children) may currently attend a school institution in OWHCoC and are able to provide proof of their enrollment.

3) Assessment of Need

An initial evaluation of need must be conducted prior to providing assistance to determine the amount and types of assistance the individual or family needs to gain or regain stability in permanent housing. The intake worker must document their assessment and detail their decision for determining need. (578.103(a)(7)(i). This assessment will be conducted through Coordinated Entry and the Vulnerability Index – Service Prioritization and Decision Assistance Tool (VI-SPDAT).

Certification or other written documentation that the household lacks the resources and support networks to obtain permanent housing must also be included as part of the assessment.

Re-evaluation. 24 CFR § 578.37 (a)(1)(ii)(E) re-evaluation for rapid re-housing assistance states: (E) Must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without

CoC assistance and the types and amount of assistance that the program participant needs to retain housing.

For the purposes of the OWHCoC CoC RRH program, households' needs and income will be re-evaluated every six (6) months

DENIAL OF ASSISTANCE

OWHCoC may deny applicant CoC RRH assistance if:

The applicant does not meet the current definition of homelessness as defined by HUD either for homeless prevention or rapid re-housing.

- The applicant is unable to sufficiently document their homeless status.
- The applicant does not have a tie to OWHCoC.
- An alternative program better suits their current needs.
- The applicant is unable to locate suitable housing after searching for 12 months.

Ineligibility does not bar the individual or family household from being referred to another agency for assistance at a later date.

An applicant will be given the opportunity to request an informal review in accordance with the appeal process.

VERIFICATION OF ANNUAL INCOME

Annual income is used to determine program eligibility and the level of assistance the household will receive.

To determine the annual income of an individual or family household, CoC regulation requires the use of calculating income standards under 24 CFR 5.609. The annual income definition found at 24 CFR Part 5 is used by a variety of federal programs including Housing Choice Voucher (Section 8), Public Housing, and the Low-Income Housing Tax Credit Program.

A. DEFINITION OF ANNUAL INCOME

The Part 5 definition of annual (gross) income is the gross amount, monetary or not, which go to or on behalf of the individual or family household that is anticipated to be received during the coming 12- month period. Annual income also includes amounts derived from assets.

Gross Amount is before any deductions have been taken.

Anticipated to be received is a projection forward of future earnings or benefits over 12 months to determine a household's expected ability to pay.

B. TYPES OF INCOME TO COUNT

There are some “inclusions” on types of income to be counted and “exclusions” on types of income that are not considered. See Appendix for details

C. HOUSEHOLD MEMBERS INCOME TO COUNT

All adult household members living in the household (including those that may be temporarily absent) must have their income counted towards the annual income of the household.

Additionally, dependent members (child 17 or under; Full-time student over 18) for which benefits are provided are also included in annual income. See Appendix for details.

D. TREATMENT OF ASSETS

There is no asset limitation for participation in any CoC funded activity. Income from assets (interest and dividends) is however included as part of annual income under the Part 5 definition.

In general terms, an asset is a cash or non-cash item that can be converted to cash. Household assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. See Appendix for details.

DETERMINATION OF PARTICIPANT SHARE

CoC funds may be used to pay housing owners/property management and service providers. Below details how a participant would either share in the cost or what financial assistance is available.

LENGTH OF RENTAL ASSISTANCE

OWHCoC will allow a household to access CoC funding for up to 24 months with no limit on the period of assistance, so long as the household remains eligible for assistance based on the criteria in Section I. The amount of the assistance will be re-evaluated every six (6) months.

A. COMPUTATION OF PARTICIPANT SHARE OR PORTION

Verification of income will serve as the basis for determining the household's contribution towards rental assistance.

A household's future income must be projected over the next 12 months based upon the household's current circumstances. OWHCoC will assume the household's current circumstances will continue for the next 12 months unless there is verifiable evidence it will be different (as determined during the 6-month re-evaluation process).

Household income includes all sources of income (for all members in the household) and it also includes assets (for all members in the household). See Appendix for further details related to annual income.

Income documentation will need to be supplied or collected based upon the following hierarchy and order of priority (578.103 (a)(6)).

1st – Source documents

2nd – Third party verification

3rd – Self-certification from the household

Source documents include (but are not limited to):

- Pay stubs or wage statements
- Bank statements
- Social Security award notice
- Child support payment record
- General Assistance or TANF letter

Third party verification would be collected directly from the employer, social security administration, public assistance agency or financial institution. To conduct third party verifications, the household must sign a release form that authorizes the third party to release the required information.

Self-declaration from the individual household or family should only be used if source documents cannot be supplied and attempts to collect third party verification are unsuccessful.

Acceptable self-declaration may include:

Self-declaration from the individual household or family should only be used if source documents cannot be supplied and attempts to collect third party verification are unsuccessful. Acceptable self-declaration may include:

- Completion of a self-declaration form or a signed written statement from the head of household and household member if the income/asset pertains directly to that member. If the member is under age 18, they will not be required to sign.
- Written record on the intake worker's attempts to obtain third-party verification.

Households will be required to contribute a minimum of \$50 or 30% of their Adjusted Income, whichever is greater, towards their rent. This is considered to be the participant's share or portion of the rent.

All income, assets and expenses will be verified. The computation will follow the regulation under 24 CFR 5.609 as detailed in Section III. A household's annual income

will be re-evaluated every six (6) months.

A household is not required to report changes in income until their next semi-annual re-evaluation. If a household does report a decrease in income, an adjustment to the tenant share will be conducted to be effective the month following the report of the change.

ELIGIBLE COSTS – RENTAL ASSISTANCE

A. RENTAL ASSISTANCE

As detailed above

B. SECURITY DEPOSIT

Security deposit assistance is available through the CoC program to CoC eligible recipients. Assistance will be limited to once (1) every 12 months and cannot exceed 2 months of rent (578.51 (a)(2)).

C. LAST MONTH RENT

Payment for last month's rent is available to CoC eligible recipients (578.53(a)(2)) but it cannot exceed one (1) month's rent and is included in the total rental assistance cap of 24 months.

A last month's rent payment cannot be provided or combined with any other federal program. Assistance will be limited to once (1) in every 12 months.

D. VACANCY PAYMENT

Payment of rent for 30 days after the end of the month when vacancy occurred.

E. RENT DURING TREATMENT OR MEDICAL CARE

Rent can be paid for up to 90 days on behalf of a participant that must leave the unit for treatment, medical care, etc.

F. DAMAGES

Payment can be made for up to one month's rent amount for damages to the unit.
Limited to one time per client

G. COSTS OF ADMINISTERING RENTAL ASSISTANCE

The following costs are eligible under and may be charged to the Rental Assistance budget:

- Processing rental payments to landlords;
- Examining participant income and family composition;
- Providing housing information and assistance;
- Inspecting units for compliance with housing quality standards
- Receiving new participants into the program

H. SERVICE COSTS

Service costs are also eligible for funding under CoC RRH, only for those grant recipients that include supportive services in their budgets. Supportive Services listed under [578.53](#) are allowable.

UNIT SELECTION

A. UNIT SELECTION

Once the CoC recipient has been approved and determined to be eligible for rental assistance, the household must select a unit that:

1. Meets rent reasonableness standards.
2. Is located within OWHCoC
3. Includes a legally binding lease that will be entered into by the participant and owner
4. Meets Housing Quality Standards (HQS)

If the household is unable to secure a unit after six (6) months, the household must be re-evaluated for income and need. After an additional six (6) months, if the household has still not found suitable housing, the household will be deemed ineligible.

B. RENT REASONABLENESS

The standard HUD has adopted and must be enforced under CoC is the total rent charged for a unit must be reasonable in relation to the rents being charged during the same period for comparable units in the private, unassisted market and must not be in excess of rents being charged during the same period for comparable non-luxury unassisted units.

The rent reasonableness of the unit can be evaluated in OWHCoC by one of the following approved methods:

1. Evaluation of three unit rents in the area

C. UNIT INSPECTION

The unit will need to be inspected using Housing Quality Standards (HQS) prior to rental assistance commencing. Thereafter the unit must be inspected annually to ensure that the unit continues to meet HQS. (578.75(b)).

D. SUITABLE DWELLING SIZE

The dwelling unit must have at least one bedroom or living/sleeping space for each two persons. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or sleeping area. (578.75(c)).

E. CONTRACT EXECUTION

A housing assistance payment (HAP) contract will be executed with the owner/manager

of the property in which the CoC RRH rental assistance recipient will reside in the selected unit. The contract will outline the rent for the term of the lease, the term of the contract (matching the lease), the address or room number of the assisted unit, the portion of rent the tenant will be responsible to pay and the assisted amount paid with CoC funds.

The contract should be executed prior to beginning of assistance. The CoC RRH portion of the rent assistance for participants receiving CoC Rental Assistance terminates automatically and no further rental assistance payment can be made if:

1. The participant moved out of the assisted unit;
2. The lease was terminated or not renewed by either party;
3. The participant becomes ineligible to receive CoC rental assistance

CASE MANAGEMENT

Any CoC RRH rental assistance recipient should meet with their case manager at a minimum of once (1) per month. More frequent appointments can be made as seen fit for the individual household.

The purpose of case management is to:

1. Help the participant receive appropriate supportive services.
2. Help the participant obtain other federal, state, and local assistance.
3. Help the participant to develop a plan and set goals to retain permanent housing once the assistance expires.
4. Oversee the progress of goal attainment to sustain permanent housing after assistance has expired.

TERMINATION OF ASSISTANCE

The following process will occur should a participant receiving rental assistance or housing relocation and stabilization services have their assistance terminated: (CFR [578.91](#))

- 1) Provide the program participant with access to a written copy of the program rules and the termination process before the participant begins to receive assistance.
- 2) A written notice to the program participant containing a clear statement of the reasons for termination.
- 3) A review of the decision, in which the participant is given the opportunity to present written or oral objections before a person other than the person who approved the termination decision.
- 4) Prompt written notice of the final decision to the program participant after a grievance has been made.

Termination does not bar the participant household from receiving CoC RRH assistance at a later date for the same family or individual, as long as the household has not exceeded a

total of 24 months of rental assistance.

A. MAXIMUM LIMIT ON ASSISTANCE

The maximum limit on rental assistance will be 24 months.

B. TERMINATION AS A RESULT OF ABSENCE FROM A UNIT FOR MORE THAN 90 DAYS

While receiving a subsidy under CoC RRH Rental Assistance Program if the participant is absent from their assisted unit for more than 90 consecutive days, the participant's rental assistance may be subject to termination.

C. TERMINATION DUE TO DUPLICATE SUBSIDIES

While receiving a subsidy under CoC RRH Rental Assistance Program, participants may not participate in any other federal, state or local assisted housing programs (see definition below). The participant must use the assisted unit as their sole residence and may not receive any duplicate housing subsidies for their unit or another housing unit. Acceptance of an on-going stipend from an outside party in order to pay the minimum rent required for the program is not considered a duplicate subsidy.

Federally assisted housing means housing assisted under any of the following programs:

- (1) Public housing;
- (2) Housing receiving project-based or tenant-based assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f);
- (3) Housing that is assisted under section 202 of the Housing Act of 1959, as amended by section 801 of the National Affordable Housing Act (12 U.S.C. 1701q);
- (4) Housing that is assisted under section 202 of the Housing Act of 1959, as such section existed before the enactment of the National Affordable Housing Act;
- (5) Housing that is assisted under section 811 of the National Affordable Housing Act (42 U.S.C. 8013);
- (6) Housing financed by a loan or mortgage insured under section 221(d)(3) of the National Housing Act (12 U.S.C. 1715l(d)(3)) that bears interest at a rate determined under the proviso of section 221(d)(5) of such Act (12 U.S.C. 1715l(d)(5));
- (7) Housing insured, assisted, or held by HUD or by a State or local agency under section 236 of the National Housing Act (12 U.S.C. 1715z-1); or
- (8) Housing assisted by the Rural Development Administration under section 514 or section 515 of the Housing Act of 1949 (42 U.S.C. 1483

VIOLENCE AGAINST WOMEN ACT 2013

VAWA 2013 continues to prohibit eviction or termination due to a tenant's status as a survivor of domestic violence. Landlords are required to maintain survivor confidentiality. It also continues to prohibit a tenant who is a survivor of domestic violence from being denied assistance, tenancy, or occupancy rights based solely on criminal activity related to an act of domestic violence committed against them. The law also allows lease bifurcation so a tenant

or lawful occupant who engages in criminal acts of physical violence against affiliated individuals or others may be evicted or removed without evicting or removing or otherwise penalizing a victim who is a tenant or lawful occupant. If the remaining tenant (the survivor) cannot establish eligibility, the landlord must give a reasonable amount of time to find new housing or establish eligibility under another covered housing program.

GRIEVANCE PROCEDURES

INFORMAL REVIEWS FOR APPLICANTS

1. The CoC RRH recipient will provide applicants with the opportunity for an informal review of decisions denying:

- Participation in the program

2. Informal reviews are not required for established policies and procedures such as:

- The unit does not pass inspection or;
- The unit is deemed not rent reasonable.

3. Denial notice will describe:

- The reasons for the decision
- The household's right to informal review
- The procedures and time frames for obtaining a review

INFORMAL HEARING FOR PARTICIPANTS

4. The CoC RRH recipient will give the program participant an opportunity for an informal hearing to consider whether decisions relating to the individual circumstances of the participant are in accordance with law and recipient rules in the following cases:

- A determination of the computation of the amount of housing assistance payment to the participant.
- A decision to deny or terminate assistance on behalf of the participant.

HMIS 24 CFR §578.57

Under this component, CoC funds may be used for CoC RRH recipients and subrecipients' participation in the HMIS collection and analyses of data on individuals and families who are homeless and at- risk of homelessness.

Eligible costs under CoC include:

- Contributing data to the HMIS designated by the CoC
- Costs for managing the HMIS system
- Cost to establish and operate a comparable database for victim services or legal service providers

OTHER FEDERAL REQUIREMENTS

A. NONDISCRIMINATION AND EQUAL OPPORTUNITY REQUIREMENTS

Federal law prohibits housing discrimination based on race, color, national origin, religion, sex, familial status, or disability. Eligibility for CoC RRH assistance will be based upon the criteria noted in the various chapters and made available without regard to race, color, national origin, religion, to actual or perceived sexual orientation, gender identity, familial or marital status, or disability.

B. PROHIBITION OF INQUIRIES ON SEXUAL ORIENTATION OR GENDER IDENTITY

For the purpose of determining eligibility for CoC RRH assistance or otherwise making such housing available, OWHCoC prohibits inquiries regarding sexual orientation or gender identity. It does not prohibit any individual from voluntarily self-identifying sexual orientation or gender identity.

Prohibition on inquiries does not prohibit lawful inquiries of an applicant or occupant's sex where the housing provided or to be provided to the individual is temporary, emergency shelter that involves the sharing of sleeping areas or bathrooms, or inquiries made for the purpose of determining the number of bedrooms to which a household may be entitled.

C. DEBARRED, SUSPENDED, OR INELIGIBLE CONTRACTORS AND PARTICIPANTS

The prohibitions at 2 CFR part 2424 on the use of debarred, suspended, or ineligible contractors and participants.

REPORTING AND RECORD KEEPING

As indicated in other sections, documentation must be collected and maintained in a participant file for compliance with CoC RRH regulations. Records of payment and program participant records must be maintained for a minimum five (5) years after all funds from the fiscal year of CoC RRH funds were expended.

The CoC RRH recipient will collect the following information for each participant file (dependent upon assistance being provided).

- Referral (from Coordinated Entry)
- Proof that the program participant has received a written copy of the program rules and termination process before the participant begins to receive assistance. (578.91) and signed program participant agreement
- Program eligibility determination
- Proof of homelessness ([576.500\(b\)](#))
- written observation of outreach worker, or
- written referral by another housing or service provider, or
- certification by head of household seeking assistance
- Signed Release of Information
- Completed HMIS assessment and release form
- Proof of client annual income and documentation for determination of income (578.103(a)(6)).

- Source documents, or
- Written statement by a relevant third party, or
- Recipient's intake staff of oral verification by relevant third party of the program participant's income.
- Tenant rental calculation (re-determined every 6 months)
- Lease documentation
- Certification of rent reasonableness
- One bedroom/sleeping room for every two persons
- Completed annual HQS.
- Lead based paint notification
- Housing Assistance Payment (HAP) Contract
- Case management – once per month
- Case plan to assist the program participant to retain permanent housing after the CoC RRH assistance ends.
- Annual re-evaluation of program eligibility and result of eligibility determination
- Proof that the program participant lacks sufficient resources and support networks necessary to retain housing without CoC assistance and the types and amount of assistance that the participant needs to retain housing
- If applicable, compliance with the termination of assistance requirement in 578.91

STANDARDS FOR PROGRAM EVALUATION

OWHCoC has selected the following evaluation standards for CoC RRH recipients:

- 80% maintain housing stability
- 60% maintain or increase total income
- 40% maintain or increase earned income

See 'Performance Standards' in the overall OWHCoC written standards

HOMELESS DEFINITION

DEFINITION OF HOMELESSNESS

24 CFR §583.5 HUD Homeless Definition

- An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning:
- 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, camping ground;
- An individual or family living in a supervised publicly or privately operated shelter

designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by

federal, state, or local government programs for low income individuals); or

- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- An individual or family who will imminently lose their primary nighttime residence, provided that:
 - The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - No subsequent residence has been identified; and
 - The individual or family lacks the resources or support networks, e.g., family, friends, faith based or other social networks, needed to obtain other permanent housing.
- Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C.2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - Have experienced persistent instability as measured by two moves or more during the 60- day period immediately preceding the date of applying for homeless assistance; and
 - Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment;

- Or
- Any individual or family who:
 - Is fleeing, or is 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, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 - Has no other residence; and
 - Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing

Chronically Homeless

The definition of "chronically homeless", as stated in Definition of Chronically Homeless final rule is:

- (b) A "homeless individual with a disability," as defined in section 401(9) of the McKinney- Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). 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 an institutional care facility;
- (c) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
- (d) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

DEFINITIONS

At-risk of Homelessness – An individual or family who has income below 30% of area median family income for the area, as defined by HUD, and who does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency

shelter or other place described in the “homeless” definition (See Exhibit A and Exhibit B), and meets one if the following definitions defined under 24 CFR 578.3 (CoC program) or 24 CFR 576.2 (ESG program). May also include a child or youth who qualifies as homeless under other Federal programs.

HMIS – Homeless Management Information System means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

HMIS Lead Agency – The entity designated by the Continuum of Care to operate the HMIS on its behalf.

Chronically Homeless - A person is chronically homeless if they have been homeless for at least one year continuously or has experienced four episodes over the last three years. For this definition, the persons must have been homeless in a place not meant for human habitation, in an emergency shelter, or in a safe haven. In addition, persons must be diagnosed with one or more of the following conditions: Substance abuse disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

CoC/Continuum of Care – A group composed of representatives of relevant organizations, which generally includes nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social services providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement; organizations that serve homeless and formerly homeless veterans, and homeless or formerly homeless persons that are organized to plan for and provide a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area.

ESG – Emergency Solutions Grant Program ([24 CFR part 576](#))

Developmental Disability – Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000, and means a severe, chronic disability that is attributable to a mental or physical impairment or combination, and is manifested before age 22, and is likely to continue indefinitely. It must result in substantial limitations in 3 or more major life activities (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency) AND reflects need for special services or individualized support, or other form of assistance this is lifelong or extended duration.

Disabling Condition – A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury, which is expected to be of long continued and indefinite duration, substantially impedes the person’s

ability to live independently, and is of such a nature that such ability could be improved with more suitable housing conditions; a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000; or Acquired immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV).

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

Fair Market Rent – Means the rents published in the Federal Register annually by HUD

Families – Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the followings: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such group includes, but is not limited to (a) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (b) An elderly family; (c) A near-elderly family; (d) A disabled family; (e) A displaced family; and (f) The remaining member of a tenant family.

Homeless – There are 4 categories within the definition of homelessness, as defined under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act); the most common definition being an individual or family who lacks a fixed, regular, and adequate nighttime residence under Category 1. See Exhibit A

Homeless Prevention – A program targeted to individuals and families at risk of homelessness. Specifically, this includes those that meet the criteria under the “at risk of homelessness” definition at 576.2, as well as those who meet the criteria in Category 2, 3, and 4 of the “homeless definition and have an annual income below 30% of family median income for the area.

Housing First – An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Permanent Housing – Community-based housing without a designated length of stay, and includes both Permanent Supportive Housing and Rapid Re-housing.

Permanent Supportive Housing – Permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Physical, Mental or Emotional Impairment – Expected to be long-continuing or of indefinite duration; substantially impedes the person’s ability to live independently and could be improved by more suitable housing.

Rapid Re-housing – Housing relocation and stabilization services and short- or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Assistance may be provided for up to 24 months during any 3-year period and may include rental arrear for up to six months, to eligible persons who qualify as homeless under Category 1 and 4 of the “homeless” definition. See Exhibit A and Exhibit C

Recipient – An applicant that signs a grant agreement with HUD.

Rent Reasonableness – A process conducted by the recipient or sub-recipient to determine if the rent charge for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charge by for comparable unassisted units.

Safe Haven – For the purpose of defining chronically homeless, supportive housing that means the following: (1) serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services; (2) provides 24-hour residence for eligible persons for an unspecified period; (3) has an overnight capacity limited to 25 or fewer persons; and (4) provides low-demand services and referrals for the residents.

Street Outreach – The act of reaching out to unsheltered homeless people; connecting them with emergency shelter, housing or critical services; and provide urgent, nonfacility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

Sub-recipient – A private nonprofit organization, State, local government, or instrumentality of State or local government that receives a sub-grant from the recipient to carry out a project.

Transitional Housing – Facilitates the movement of homeless individuals and families to permanent housing within 24 months

Unsheltered Homeless – Individuals and families who qualify as homeless under Category 1(i) of the “homeless” definition. See Exhibit A

Victim Service Provider – A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.

APPENDIX A – Types of Income to Count

1) Part 5 Inclusions

This table presents the Part 5 income inclusions to be counted to determine annual income:

1. Income from wages, salaries, tips, etc.	The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
2. Business income	The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.
3. Interest & Dividend Income	Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
4. Retirement & Insurance Income	The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic payment (except for certain exclusions, listed in Income Exclusions, number 14).
5. Unemployment & Disability Income	Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for certain exclusions, listed in Income Exclusions, number 3).
6. Welfare Assistance	Welfare Assistance, Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income. Qualifying assistance under TANF program definition 45 CFR 260.31 and are otherwise excluded from the calculation of annual income per 24 CFR 5.609(c) If the Welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the Welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of Welfare assistance income to be included as income shall consist of: - The amount of the allowance granted exclusive of the amount specifically designated for shelter or utilities plus: - The maximum amount that the Welfare assistance agency could in fact allow the family for shelter and utilities. If the family Welfare assistance is reduced from the standard of need by applying a percentage, the amount calculated under 24 CFR 5.609 shall be the amount resulting from one application of the percentage.
7. Alimony, Child Support, & Gift Income	Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling
8. Armed Forces Income	All regular pay, special pay, and allowances of a member of the Armed Forces (except as provided in number 8 of Income Exclusions).

2) Part 5 Exclusions

This table presents the Part 5 income exclusions not to be counted to determine annual income

1. Income of Children	Income from employment of children (including foster children) under the age of 18 years.
2. Foster Care Payments	Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).
3. Inheritance and Insurance Income	Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses (except for certain exclusions, listed in Income Inclusions, number 5).
4. Medical Expense Reimbursements	Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
5. Income of Live-in Aides	Income of a live-in aide (as defined in 24 CFR 5.403).
6. Income from a Disabled Member	Certain increase in income of a disabled member of qualified families residing in HOME-assisted housing or receiving HOME tenant-based rental assistance (24 CFR 5.671 (a)).
7. Student Financial Aid	The full amount of student financial assistance paid directly to the student or to the educational institution.
8. "Hostile Fire" Pay	The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.

9. Self-Sufficiency Program Income	a. Amounts received under training programs funded by HUD. b. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS). c. Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program. d. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time. e. Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment- training program.
10. Gifts	Temporary, nonrecurring, or sporadic income (including gifts).
11. Reparation Payments	Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.
12. Income from Full-time Students	Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).
13. Adoption Assistance Payments	Adoption assistance payments in excess of \$480 per adopted child.
14. Social Security & SSI Income	Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts.
15. Property Tax Refunds	Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
16. Home Care Assistance	Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep this developmentally disabled family member at home.
17. Other Federal Exclusions	Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the Federal Register and distributed to housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.

APPENDIX B – Household Member Income to Count

This chart summarizes whose income to count under Part 5:

Persons Counted in Household Size for the Purposes of Eligibility Calculation	Employment Income	Other Income (Including income from Assets)
☐ Head of Household ☐ Spouse ☐ Co-Head of Household ☐ Other Adult ☐ Dependents ○ Child 17 or under ○ Full-time Student 18 and over Nonmembers Not counted ☐ Foster Adult ☐ Foster Child 18 or under ☐ Live-in Aide	Yes Yes Yes Yes No See Note NO NO	Yes Yes Yes Yes Yes NO
NOTE: Only count the first \$480 of earned income of a full-time student (enrolled for 12 or more units) older than 18 who is a dependent. Full time student status must be verified and documented in the file.		

Minors. Earned income of minors is not counted. However, unearned income attributable to a minor (e.g., child support, welfare payments and other benefits paid on behalf of a minor) is included.

Foster Children and Adults. These persons are not included in the household member count. Also, since the foster children/adults are not counted as household members, the income received to care for these individuals is not included in the household income.

Live-In Aides. If a household includes a paid live-in aide (whether paid by the household or a social service program), the income of the live-in aide, regardless of the source, is not counted. Except under unusual circumstances, a related person does not qualify as a live-in aide.

Persons with Disabilities. During the annual recertification of a household's income,

Grantees are required to exclude from annual income certain increases in the income of a disabled member of qualified families residing in HOME-assisted housing or receiving HOME tenant-based rental assistance.

Temporarily Absent Household Members. The income of temporarily absent household members is counted in the Part 5 definition of annual income – regardless of the amount the absent member contributes to the household. For example, a construction worker employed at a temporary job on the other side of the state earns \$600 per week. He keeps \$200 per week for expenses and sends \$400 per week home to his family. The entire amount (\$600 per week) is counted in the family's income.

Adult Students Living Away from Home. If the adult student is counted as a member of the household in determining the household size (to compare to the HUD income limits), the first \$480 of the student's income must be counted in the household's income. Note, however, that the \$480 limit does not apply to a student who is the head of household or spouse (their full income must be counted). To count the adult student as a household member, the adult student would need to be verified as a dependent, usually on the parent's tax return. Additionally, student status must be verified with documentation in the file.

Permanently Absent Household Members. If a household member is permanently absent from the household (e.g., a spouse who is in a nursing home), the head of household has the choice of either counting that person as a member of the household and including income attributable to that person as household income, or specifying that the person is no longer a member of the household.

* If the household member is specified as being no longer a member, that member is not allowed to live in the assisted unit if short- or medium-term rental assistance is being provided.

APPENDIX C – Treatment of Assets

1) Part 5 Inclusions

This presents the Part 5 asset inclusions to be counted to determine annual income:

Inclusions

1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance. Assets held in foreign countries are considered assets.
2. Cash value of revocable trusts available to the applicant.
3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset. Under HOME, equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.
4. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.
5. Individual retirement, 401(K), and Keogh accounts (even though withdrawal would result in a penalty).
6. Retirement and pension funds.
7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).
8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.
9. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
10. Mortgages or deeds of trust held by an applicant.

2) Part 5 Exclusions

This table presents the Part 5 asset inclusions not to be counted to determine annual income:

Exclusions

1. Necessary personal property, except as noted in number 8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.

2. Interest in Indian trust lands.
3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset.
4. Equity in cooperatives in which the family lives.
5. Assets not accessible to and that provide no income for the applicant.
6. Term life insurance policies (i.e., where there is no cash value).

Assets that are Part of an Active Business. "Business" does not include rental of properties that are held as an investment and not a main occupation.

FL-505 has developed the following Permanent (Supportive) Housing (PH/PSH) minimum standards to ensure:

- Program accountability to individuals and families experiencing homelessness;
- Program compliance with HUD regulations;
- Program uniformity; and
- Adequate program staff competence and training, specific to target population served

Client Intake Process: FL-505's Coordinated Entry System includes a Centralized Intake System and prioritization for all Permanent Supportive Housing (PSH) beds. Using the VI-SPDAT to evaluate the severity of service needs and length of time homeless, the CES uses this data to prioritize PSH beds for the most vulnerable chronically homeless persons in the service area.

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.
- Policies and procedures for matching eligible applicants with Permanent Supportive Housing (PSH) units.
- The intake process is standardized across the CoC: Pre-screening is conducted via telephone or through 211 to provide applicable resources and a link to the Access Points page on the Lead Agency's website. Face-to-face screening appointments are made with a trained Intake Specialist/Case Managers at designated partner agency Access Points. Informed consent, ROI, and required documentation are completed before the assessment. When identification of vital records are not available, agencies

may be able to assist with obtaining these documents or request assistance from the CoC Lead Agency. Special accommodations are provided for individuals who need assistance with reading or understanding required documents.

- Partner agency Access Points must be approved by the CoC and meet the following criteria: ADA-compliant and handicap accessible, Private and secure environment for intake and assessment, and Convenient and safe for both staff and clients
- Assessment Steps: The VI-SPDAT (or Family SPDAT) and One Way Home Assessment is administered by a trained Intake Specialist/Case Manager at a designated Access Point. Upon completion, data is entered into HMIS, and a Vulnerability Index Scale is issued. Literally homeless clients are referred to the CoC Lead Agency for Housing Related Coordinated Entry. Non-homeless clients are referred for Crisis Related Coordinated Entry and referred to prevention project resource openings. Literally homeless clients are added to the Community By Name List. The client is informed of their appropriate housing intervention, as determined by their VI-SPDAT score, and the Coordinated Entry process is explained by the client. Clients on the By Name List are reviewed during monthly case conferencing meetings, and referrals to housing project resource openings are made based on vulnerability scores and the established priority scale. If a participant is not eligible for Permanent Supportive Housing (PSH), they are referred to other housing or service interventions such as Rapid rehousing (RRH).
- The CES is fully integrated, and ESG-supported services are expected to be routed through CES. Outreach providers actively contribute to the system, ensuring no clients are missed.

CES also fosters coordination with public and mainstream systems, including Public Housing Authorities, Multifamily housing providers, Mental and physical health care systems, Workforce development services, and Mainstream income and benefits programs. These connections ensure that clients receive comprehensive, long-term support beyond immediate housing placement.

*An approved location is a location that has been deemed appropriate by the CoC and HMIS Lead to administer the VI-SPDAT and/or other comprehensive assessments. An approved location will be handicapped accessible and is compliant with the American with Disabilities Act.

HUD published the following Prioritization Notice in July 2014, which established a suggested order of priority for households served in permanent supportive housing programs and provided uniform recordkeeping requirements to document the chronically homeless status of program participants. The intent of the Notice is to move CoCs and recipients of CoC Program funding for PSH in a direction where chronically homeless persons, including chronically homeless unaccompanied youth or unaccompanied youth with the highest needs, are prioritized for assistance above

other eligible households. The OWHCoC encourages all PSH grantees to incorporate the process described in the Notice when developing local written standards. The Notice can be found under the following:

Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status

Eligibility Criteria:

- Participants will be screened utilizing the Vulnerability Index Service Prioritization Decision Assistant Tool (VI-SPDAT)
- Participants must provide informed consent and agree to participate in the screening process. This consent and participation will be documented and maintained in the participant's file.

The following are the only reasons that the Centralized Intake Coordinated Entry System may disqualify an individual or family from program entry:

- Household make-up, provided it does not violate HUD's Fair Housing, Equal Opportunity, and Equal Access to Housing in HUD Program requirements (Singles Only programs can disqualify households with children, Families Only programs can disqualify single households, etc.)
- Criminal record that includes violent crimes within the last three years
- Status as a lifetime registered sex offender.

Participants shall not be disqualified for the following reasons:

- Lack of income or employment status.
- Programs cannot disqualify an individual or family because of evictions or poor rental history.
- Programs may not discriminate against any participant for race, religion, sexual orientation, gender, ethnicity, or any other characteristic.

Recordkeeping requirements apply to all recipients of CoC Program-funded PSH who are required to document a program participant's status as chronically homeless, in accordance with the definition in 24 CFR 578.3 and the documentation standards outlined in 24 CFR 578.103. Additionally, HUD expects that when a CoC has adopted the orders of priority outlined in Section III of this Notice into its written standards, both the CoC and recipients of CoC Program-funded PSH will maintain evidence demonstrating implementation of these priorities.

Governing Law and Severability

This document is intended to comply with all applicable local, state, and federal laws. In the event that any provision of this document is found to conflict with any governing statute or regulation, the relevant statute or regulation shall prevail, and the remainder of this document shall remain in full force and effect.

HQS Checklist: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-leasing-rental-assistance-requirements/codes-and-standards/>