Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
 2. The FY 2018 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.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1A-1. CoC Name and Number: IL-509 - Dekalb City & County CoC

1A-2. Collaborative Applicant Name: The Housing Authority of the County of DeKalb

1A-3. CoC Designation: CA

1A-4. HMIS Lead: The Institute for Community Alliances

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
We have no Other entities.	Not Applicable	No

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)

Strategies include education and outreach by digital means and print outreach but most successfully has been networking to the full DeKalb County Jurisdiction by having Continuum leaders present at various public meetings and gatherings, senior fairs, job fairs, faith-based organizations and businesses to educate on the services available and how persons can get help or get involved. Direct solicitation for feedback, information and volunteerism has been successful in growing awareness and gaining opinions and insight in preventing and ending homelessness within our county. Our strategy is built upon networking and relationships to engage community members to participate and contribute to the DeKalb County Homeless services system. Feedback and information learned is shared with CoC members either by proposals of new policies or discussion of new business and or presentations at CoC meetings to help educate members and further the capacity of the CoC and add to its awareness of homeless needs and strengthen its ability to address previously unaddressed issues or modify inefficient practices.

1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

(1-2) The invitation process for CoC new members and applicants are the same and is done on an ongoing basis for continual growth and improvement of our small standalone CoC.. It begins with a digital communication notifying them of an upcoming meeting for which they and any member of the public are welcome to attend and are encouraged to share the invitation. The invitation includes an agenda of items to be discussed, contact information of the CoC Lead Contact person for questions ahead of time, meeting location and links to the CoC website for information about the CoC. Additionally, as requested by persons or agencies, invitations are directly sent to persons or agencies and automatically added to the CoC distribution mailing list. (3) How the CoC communicates the invitation process to solicit new members is primarily digital through web postings and mass email communications, it is secondarily done through CoC Leaders doing personal outreach, presentations and inviting community members and agencies to become involved and to apply for project funding.

IL509 strives for inclusivity of participation by keeping an up to date website and use of digital communication via email distribution lists that include our local newspaper to assist in full community notice. (4) Social service provider agencies are charged with engaging homeless/formerly homeless clients to participate and providing them the support and means to have a seat at the table of decisions including our VASH clients currently participating on our ranking committee.

**1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)**

On June 22, 2018, the first digital posting of the 2018 CoC Competition and our internal competition deadlines were posted on our website along with a mass communication distributed countywide. Included in these notifications were all necessary instructions guiding new and renewal applicants to documents necessary to apply for projects and key dates for submission. On June 29, 2018 the Daily Chronicle published an article that included the internal competition deadlines, upcoming meetings and included details on the competition and where interested community members could find more information. The local radio station also announced the competition. The website is updated as necessary.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Not Applicable
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Not Applicable
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
 (1) consulted with ESG Program recipients in planning and allocating ESG funds; and
 (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
 (limit 2,000 characters)

The DeKalb County Continuum is a small standalone continuum with one homeless service provider covering our county-wide jurisdiction and is subsequently the only subrecipient of ESG Program funds. (1) The CoC works and consults very well with Hope Haven Homeless shelter to strategically plan

the use of the funds based upon unmet need from the HUD grants and private funding. ESG grants have been allocated to 60% towards Emergency Shelter and the remaining 40% for Rapid Re-housing for individuals. This is an excellent complement to our HUD funding as we do not receive any dollars for Emergency Shelter and the HUD funded Rapid Re-Housing program is for families. ESG funds allows for individual support via RRH thereby giving us depth of service for all client needs. (2) At each quarterly CoC meeting the ESG Program Recipients [Hope Have] provide either a general update or aggregate data progress reports to the CoC along with current funding levels. As the CoC continues to make progress towards higher functioning compliance with HEARTH Act and meeting the needs of our changing population, focus has shifted from funding programs that individually meet ESG eligibility criteria to more sophisticated discussions of how programs meet community needs, how they support the CoC mission, coordination of services, performance goals and outcomes.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?

Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?

Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

For domestic violence victims, housing and services are coordinated by Safe Passage Domestic Violence shelter which is a state and private funded domestic violence provider with shelter, advocacy, training and housing. (1) Their programs have excellent protocol with trauma informed, victim centered best practices to ensure the survivors are provided housing and services with respect to their enhanced need for safety, confidentiality and security. This includes emergency safety protocols for relocation when necessary. (2) If other homeless services or permanent housing are to be coordinated, there must be written release of information authorizations and informed consent by the client. Other homeless service providers receive consultation on how to meet safety and confidentiality needs. All clients receive safety planning. Court advocates provide information about legal remedies available for protection. The safety

and privacy of domestic violence clients is preserved with written confidentiality procedures in the ESG and Coordinated Entry policies and an alternate database.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

The CoC provides training to area project staff as needed, such as TIC training is provided for new employees or as any new information or updates are needed. Safe Page, our only DV center is certified in the Trauma Informed Approach. Specialized training includes Recognizing DV Trauma in Children, Effects on Children, Safety Planning, DV Certification Training, Legal Remedies, Best Practices for Survivors, and Assessment and Intervention. Safe Passage provides both HIC and PIT data for the One Night Count and is an integral part of our CoC Leadership. Safe Passage has their own private database outside of HMIS but able to collect data needed for reporting. Safe Passage as part of the CoC, informs members on community need. Safety planning protocols that are used in housing entry include not publicizing housing addresses, giving clients choice of location whenever possible and assistance with obtaining Orders of Protection. The CoC continues to work to better incorporate the DV safety planning protocols into an updated policy which incorporates Notice CPD-17-01.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

Our jurisdictions only DV provider Safe Passage has a data tracking system that ensures privacy but provides de-identified aggregate data for use in planning and need assessments, this includes number of turn ways, and length of time homeless, income, and includes sub population characteristics necessary to monitor ongoing needs of clients and determine what changes our CoC needs to make to adapt to the client needs. Safe Passage provides both HIC and PIT data for the One Night Count and is an integral part of our CoC Leadership. When a client enters shelter, advocates discuss client's safety and Safe Passage's confidentiality policies. Advocates discuss with each client that all information about them and all information shared will be kept confidential and the only exceptions to this is mandated reporting and risk of harm to self or someone else. Clients are required to sign a confidentiality agreement before entering shelter. Each client is assigned an advocate who helps the client identify their own personal goals. We recognize that the client is the expert on his or her life and advocates are here to provide options, resources, support, and assistance. Confidentially, safety, and client-directed service planning are the main goals of the program.

1C-4. DV Bonus Projects. Is your CoC   No
     applying for DV Bonus Projects?

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
The Housing Authority of the County of DeKalb	17.00%	Yes-Both	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)

The Housing Authority of the County of DeKalb is the only PHA in our jurisdiction. They are also the Lead Agency for our Continuum of Care and the owners/managers of two facilities for permanent housing. The PHA has created a Continuum of Care Preference for both their Housing Choice Voucher Program and Public Housing. This preference is used as a tool that helps propel service agencies to participate in the Continuum. If they are an active Continuum partner under an active MOU working with a client, that client qualifies for the "CoC Preference" which allows for the agency to certify their client is actively participating with a CoC partner agency at the time of being pulled from the waiting list. this is twofold as it generally motivates clients to stay active and in service with agencies as they want the preference and two, it motivates the agencies to stay involved with the CoC because it facilitates their clients getting permanent housing faster. Our PHA has been instrumental in facilitating clients in to permanent housing options.

1C-5b. Move On Strategy with Affordable   No
Housing Providers. Does the CoC have a
Move On strategy with affordable housing

providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)

We have addressed the needs of LGBT individuals and families by ensuring equal rights in accessing housing and services regardless of sexual orientation or gender identity. We accomplish this by having participants self-identify gender. Within our CoC there are no limitations on access of facilities, benefits, accommodations or services and are compliant with HUD's Equal Access rules as published in the most recent Federal Register and we affirmatively further and support all Fair Housing laws. We have a clinical director and therapists focused on youth LGBT private counseling and groups along with collaboration with the "Youth Outlook" program. Our CoC's current practice has fully engaged equal access rights throughout the CoC. The CoC is governed by a Code of Ethics policy adopted in 2006 which specifically identifies diversity and equal opportunity by valuing, championing and embracing diversity in all aspects of CoC activities. It further states that the CoC respects others without regard to race, religion, color, sex, age, disability, national origin, sexual orientation or ancestry.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X

Engaged/educated local business leaders:	☐
Implemented communitywide plans:	☐
No strategies have been implemented:	☐
Other:(limit 50 characters)	
	☐
	☐
	☐

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

(1) IL509 is a rural area with one homeless shelter and one DV shelter serving a county that is 85% farmland. All townships, cities, law enforcement and social service agencies work with IL509 providing volunteer outreach and prevention services. Coordinated Assessment is conducted at the shelter which has dedicated staff administering the Homeless Crisis Response System (HCRS). HCRS staff completes the assessment process which includes a SPDAT, evaluation of finances, physical and mental health, survey of benefits, etc., to form a plan, and determine housing barrier status. This determines client's ability to maintain housing through homeless prevention or admission to emergency shelter. (3) If homelessness can be diverted through financial assistance or supportive services, then that assistance is given immediately. If homelessness cannot be prevented, clients will be brought in to shelter. Upon shelter entry, clients are assigned a case manager and a plan of action is developed. (2) With the 2017 implementation of 2-1-1 and availability our website http://dekcohousing.com/find-housing/continuum-of-care/ we have the ability to reach persons 24 hours a day in multiple languages, sign language interpreters are available when necessary and all facilities are ADA accessible.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	
Health Care:	
Mental Health Care:	
Correctional Facilities:	
None:	X

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

The CoC ranking and selection was based on the total points scored by each project applicant (1) with a scoring emphasis on service to priority populations such as chronically homeless, disabled, veterans, youth, families, etc. These populations have specific vulnerabilities such as abuse, DV, mental illness, and criminal histories. (2) The CoC considers the severity of a project's population in its review and ranking process using a standalone criteria worth 5 points with 1 point for each population served. The ranking tool further evaluates projects dedication to housing first and additional points for chronic homelessness. Each applicant presents their project to the CoC Board and if necessary can explain how their population has affected their performance results.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects

(new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	☐	CoC or other Website	☐
Email	☐	Email	☐
Mail	☐	Mail	☐
Advertising in Local Newspaper(s)	☐	Advertising in Local Newspaper(s)	☐
Advertising on Radio or Television	☐	Advertising on Radio or Television	☐
Social Media (Twitter, Facebook, etc.)	☐	Social Media (Twitter, Facebook, etc.)	☐

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is "No" to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.
(limit 2,000 characters)

Reallocation is very difficult because of the inter-dependency of the grants. IL509 is a rural standalone CoC that 85% farmland and we are based in a college town and have been small and steady until recently. Our original grant was a Shelter Plus Care Grant combo for supportive housing that was intertwined with a building grant. Over the years as the grant has changed and HUD has evolved, we are left with a complex situation that doesn't fit HUDs future but is very successful for PSH needs. We have a large rental assistance grant ($404,157) which is the bulk of our CoC grant that covers the rent for several PSH projects, one 26-unit CH facility with a separate grant of its own for operating costs ($98,690). The rental assistance also covers rent for 12 persons housed under our Housing First supportive service grant, 10 vouchers and 18 beds for the seriously mentally ill. Outside of the rental assistance grant we do have the Housing First Supportive Services ($29,704), and RRH for Families ($42,422). Based upon recent trends and data review, next grant year we intend to reallocate funds from the RRH for Families project.

**1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than
30 days before the FY 2018 CoC Program Competition Application
deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or
reduced, in writing, outside of e-snaps, at least 15 days before FY 2018
CoC Program Competition Application deadline–attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Did not reject or reduce any project
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the   HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA). 2-6

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Service Point

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type: (1) total number of beds in 2018 HIC; (2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	96	25	71	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	22	22	0	0.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	129	0	129	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

Since the submission of the HIC, an error has been found in our data submission of the HIC on the HUD HDX. Specifically, the Permanent Support Housing (PSH) beds did not include our VASH beds [25]. The VASH beds were not selected as HMIS beds to which they are. Had they been correctly marked in HUD HDX, HMIS Bed coverage Rate would be 100% with all PSH beds participating in HMIS. We have found the error and it will be fixed going forward. Data above reflects the correct HMIS bed coverage rate and therefore will NOT match HUD HDX. HUD HDX shows a deficit of 25 beds (104 Total PSH beds).

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 7

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/10/2018

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/26/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/16/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

Our Change in PIT Count Implementation was that Hope Haven, our jurisdictions only Homeless Service Provider conducted and directed the 2018 PITC. Their methodology utilized 90%-100% of HMIS data supported by provider level surveys which helped to improve and reinforce our HMIS data purity as this forced a concentrated effort to ensure all sheltered applicants' data was complete and accurate and provided an overall more detailed PITC. Because of the small census count normally in our jurisdiction, the 2018 count demonstrated an increase in sheltered homeless, and we believe that to be a direct link to improved counting methodologies.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?   No

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count?   No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.

No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
 (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
 (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
 (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

We selected yes on this option because we have youth in our community that are homeless however not under HUD's definition of homeless. It is our communities concern based upon past trends that the increasing number of "couch surfing" youth homeless will continue to rise and that the available number of temporary homes and ability to send outside of our community for housing will increase. Our Youth Service Bureau (YSB) reported 12 homeless "couch surfing" youth during 2017, and most recently Hope Haven had identified additional homeless "couch surfing" youth and however not being under HUDs definition we recognize it to be an opportunity to address a growing problem before the youth are literally homeless. To address this increasing issue, private funding has been secured to purchase a home for a Youth Homeless Shelter. As noted by our NEW bonus project submission we are seeking funds to help with project installation and sustainability. This project will support current YSB actions by supporting their work in preventing youth homelessness and directly assisting youth who become literally homeless. This is a very significant a new project for our jurisdiction and this project will be in the City of DeKalb where District 428 is the largest school district in the region.

2C-6. 2018 PIT Implementation. Applicants must describe actions the

CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

(1) At meetings held prior to the PITC, the lead PITC committee (Hope Haven) reviewed the protocol and process for the 1/26/18 count. Our CoC did not implement changes in protocol or methodology but ensured that participants understood and were clear on the process. All jurisdictional agencies were involved and participated. (3) Specific agencies helped us directly address key populations that included Veterans experiencing homelessness (Midwest Shelter for Homeless Veterans, Hines VA, DeKalb County VA, Hope Haven and Safe Passage). The CoC and PITC volunteers met three months before the count and two weeks before the count to review current data and the observation forms being used and again, focus on our strategy for count and data quality. (2) With IL509's limited size (85% farm land), has a very low chronically homeless population, specifically it is very low for families. Because of our jurisdictional size CH persons or families are immediately placed in to Emergency Shelter and based upon VISPDAT score are added to our PSH waiting list with the intent to house within 30 days.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	185

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

(2) The strategy to prevent homelessness is intervention by assisting at risk clients to maintain permanent housing by offering life skills, psychiatric acre, case management, benefit assistance, counseling, housing location, and meals to help maintain permanent housing. Access to financial assistance and case management via the ESG program is key for clients who can access or maintain housing given the appropriate level of support. Clients are screened, assessed and referred to the appropriate housing and service providers. When homelessness can be diverted, clients are referred to agencies and resources that can provide financial assistance to avoid homelessness. (1) When homelessness cannot be avoided, a rapid re-housing assessment is conducted that identifies housing risk factors and categorizes clients as having high (criminal history, mental illness, and substance abuse), moderate (evictions, inconsistent employment) or low (low income, no savings) housing barriers. The CoC determined which risk factors to use based upon trends we were seeing in community data and HUD priorities. (3) Hope Haven Homeless Shelter is the organization responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons

in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is
responsible for overseeing the CoC's strategy to reduce the length of time
individuals and families remain homeless.
(limit 2,000 characters)

The LOT persons remained homeless in FY2017 was (1) an average of 86 bed nights which is decrease of 21 bed nights or 20% from the previous year. (2) To decrease the length of stay in homeless programs, our CoC's homeless providers have implemented a "Phase" system which identifies actions that need to be accomplished in three short-term phases of program participants. Eligible mainstream resources are identified during the intake process and applications are completed during the first phase with the help of the client's assigned case manager. A client cannot move to the second phase of the program until all mainstream applications are completed. Length of time on each phase is monitored and will provide important feedback to the CoC regarding the time it takes to move effectively and efficiently from homelessness to housing. (3) The prioritization for PSH programs emphasizes housing those who have been homeless the longest and have the most severe service needs. Those with the highest VISPDAT scores combining length of time homelessness including applicable portions used to determine severity of service needs will be prioritized for PSH. (4) Hope Haven Homeless Shelter is the organization responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homelessness.

3A-3. Successful Permanent Housing Placement and Retention as
Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in
emergency shelter, safe havens, transitional housing, and rapid rehousing
that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in
permanent housing projects, other than rapid rehousing, that retain their
permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	81%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	94%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals
and persons in families in emergency shelter, safe havens, transitional
housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals
and persons in families in permanent housing projects, other than rapid
rehousing, retain their permanent housing or exit to permanent housing
destinations.
(limit 2,000 characters)

(1) The Coordinated Entry process is designed to minimize the time families experience homelessness and shelter time and by linking them immediately to resources that can eliminate the barriers causing homelessness. RRH is used

when available along with swift placement in CoC PSH projects. Because of limited PSH stock the CoC seeks direct linkage to subsidized housing with our PHA and use of the CoC Preference for the Housing Choice Voucher Program and Public Housing. (2) IL509's strategy to increase the rate at which individuals and families retain their permanent housing other than RRH or exit to permanent housing destinations is accomplished by after care services and working with our local PHA. After care services are a key part in keeping recidivism low. Once participants move in to permanent housing the aftercare services ensure stability through counseling and continued case management services. Aftercare includes individualized plans and goals for sustainable self-sufficiency such as financial management. Participants often move into subsidized housing through our local PHA. PHA is part of the SPC committee and works with aftercare services to maintain lease compliance (i.e. paying rent, no terminable behavior). This communication between agencies is crucial to maintaining permanent housing. HMIS helps to monitor recidivism however the PHA software and coordination with their staff tracks incoming homeless individuals and serves as additional support in aftercare.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	11%

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

(1-2) Our SPC committee meets monthly to collaborate on efforts to reduce homelessness and plans for reducing recidivism. After care services are a key part in keeping recidivism low. Once participants move in to permanent housing the aftercare services ensure stability through counseling and continued case management services. Aftercare includes individualized plans and goals for sustainable self-sufficiency such as financial management. Participants often move into subsidized housing through our local PHA. PHA is part of the SPC committee and works with aftercare services to maintain lease compliance (i.e. paying rent, no terminable behavior, agreements to speak to supportive services to combat behavior that could lead to lease termination). This communication between agencies is crucial to maintaining permanent housing. HMIS helps to monitor recidivism however the PHA software and coordination with their staff tracks incoming homeless individuals and serves as additional support in aftercare. (3) Multiple agencies play a role in working to reduce recidivism, Hope Haven, Community Support Program, Safe Passage and the DeKalb County Housing Authority.

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

(1) IL509 utilizes an in-depth assessment tool that helps to identify participant needs including what form of non-employment sources of income they are eligible to receive. Participants are paired with a Hope Haven case manager who works with clients to assist and guide them to gaining this non-employment related income from mainstream and other programs. Upon entry, goals of achieving participant milestones such as other income, or employment income are set, monitored and followed up on by case managers. (2) DeKalb County Community Action Agency helps in prevention by aiding with employment search, setting goals and furthering education to achieve a higher paying job. Illinois WorkNet center provides OTJ training opportunities with pay, and multiple training and employment services for CoC clients. As a standalone continuum we have one major employment office that we partner with and it is the primary source that CoC participants are connected to on regular basis. The Illinois WorkNet center (who is part of the WIB) is a significant CoC employment resource working with 100% of our CoC projects. IWN provides "On the Job" training programs with various job opportunities that pay a wage. IWN has multiple training and employment services for CoC clients along with being a support for further education. Training opportunities include entry level to higher level allowing for a range of income potential opportunities. (3) The primary organization to oversee responsibility for income growth would be Hope Haven.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)

05/23/2018

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	38
Total	38

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.
Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	X
Unsheltered homelessness	X
Criminal History	
Bad credit or rental history	
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

(1) Our coordinated entry system will provide an assessment of the client, identifying immediate needs, remedy existing barriers and seek to place them in permanent housing options as quickly as possible. We continue to utilize our coordinated assessment system and method of ranking clients as hardest to house and fully utilize the housing first approach. IL509 maximizes CoC funds in unison with the ESG funds to rapidly rehouse families as quickly as possible. (2) IL509 works with the local PHA and their preference system for applicant families currently working with any CoC agency thereby allowing for a housing subsidy for client housing sustainability. Additionally, we will continue to improve our unit turnover time as our PSH units become available to maximize utilization and be ready to house new tenants as quickly as possible. (3) Hope Haven Homeless Shelter is the organization responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	☐
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	☐
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	☐
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	☐
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	☐

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes

Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	
Bad Credit or Rental History	

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

(1) Over the last year the CoC through Hope Haven has actively pursued private donors to increase housing services and resources for youth experiencing homelessness. Through private donations a homeless youth shelter has been purchased and is actively being put in to service now. The program is in its beginning stages and as it develops, the CoC intends to reallocate funds to support the services needed at the youth shelter. (2) The Youth Service Bureau, part of the CoC, receives CCBYS grant funding for 24-hour immediate crisis intervention for runaway/lockout situations. A crisis worker meets with the youth and family to reach a compromise for the youth to return home or go to short-term Family Generated Placement (FGP). For youth at risk for child abuse/neglect, DCFS is contacted for further involvement. If no viable FGP exists, the CCBYS grant covers shelter care in a licensed youth shelter or crisis foster home until the family is reunited or another housing situation can be found. CCBYS covers transportation to/from school, counseling and case management for the family with a goal of stability and permanency for the youth. This includes assisting the family in accessing DV or other services that can help with housing. Of the crisis cases, 100% of youth were in a family/long term living arrangement at case closure. Our safety screen proves 100% increased protective factors and decreased dynamic risk factors for homelessness. CCBYS utilizes a safety screen and the YASI™, that assesses risk, needs and protective factors in youth. YASI is appropriate because it measures both risk and strengths in juvenile populations. It measures protective factors to help case workers build on the strengths of youth to buffer the negative impact of risk and includes a case planning component

designed to help case workers identify and monitor the priority targets.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)

(1) As described in 3B-2.6 our CoC is developing its first Youth Homeless project. This project is coming to fruition based upon the data/evidence provided from the Youth Services Bureau, the Regional Office of Education and their monitoring of youth homelessness along with Hope Haven Homeless shelter our jurisdictions only homeless shelter. Each of these entities have documented an increase in "couch surfing" youth homelessness and an impending need for shelter for literally homeless youth. Hope Haven is shelter for individuals and families and does not have homeless youth facilities however over the last year a noted increase of youth need has presented its self by turn away counts and reports to the shelter which are documented and considered evidence for the need. (2) The project is coming to fruition now, and we are currently working on policies and developing strategies to measure and calculate effectiveness of services. Our CoC plans to seek support from neighboring successful CoC's and their Youth projects to find the best methods and strategies for a successful project. We will seek HUD TA as we plan to reallocate funds next year from RRH to Supportive Youth Housing and we will most likely be merging with another CoC and taking in to account their youth strategies that are in place.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

The DeKalb County Regional Office of Education (ROE) homeless liaison is a member of the CoC. Annually the ROE updates the list of district homeless liaisons and reviews resources available. The ROE Homeless liaison meets with shelters to educate families on their rights, identify homeless students and remove barriers. The case managers work with the Head Start agency and district liaisons to facilitate maintaining the school of origin, to arrange transportation and immediate enrollment. The Dekalb County COC has an MOU with the school district liaisons to follow the McKinney Vento education Act requirements.

3B-2.7a. Applicants must describe the policies and procedures the CoC

adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

In 2011 IL509 adopted an Education Policy that supports efforts to coordinate the sixteen required educational services to homeless children and families as provided for in the McKinney-Vento Homeless Assistance Act. In conjunction with this policy our Emergency Shelter works with our direct youth service provider, juvenile justice and school district homeless liaisons to ensure all parties are supporting and actively upholding the policy. When families or individuals are in housing crisis, whether it be through our prevention team or emergency shelter coordinators participants are informed and thus supplied with the services necessary to uphold our education policy. Some of the items included in the policy includes Supplemental education services, such as tutoring and other academic enrichment programs, expedited evaluations for various services, professional development activities for educators and pupil services personnel working with homeless students, health referral services, defraying the excess cost of transportation in order to enable students to attend the school of origin and early childhood education programs for pre-school-aged homeless children, services and assistance to attract, engage, and retain homeless children and youth and unaccompanied youth in public school programs.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	Yes	No
Birth to 3 years	No	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)

The DeKalb County Veterans Task Force is meeting regularly and identifying the homeless veterans to develop appropriate housing plans. They have a "by name" list and written policies to maintain the list and for case conference processes. They are sharing data and coordinating planning between the CoC and Hines VA Medical Center and the Midwest Shelter for Homeless Veterans. Our priorities are to increase the use of Housing Authority with VASH vouchers. We have 25 VASH vouchers in our jurisdiction. Currently, local veterans are identified immediately and contact the VA Homeless Liaison, VA representatives will come on site and assess eligibility and link them to benefits and services. The local Veterans Commission is instrumental in CoC operation and planning and works directly with Hope Haven to serve veterans in shelter. If ineligible for veteran benefits they are put in the DeKalb County Coordinated Entry System and linked to non-VA services

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance; (2) if the CoC conducted an assessment, attach a copy of the summary. No

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits.
(limit 2,000 characters)

(1) Client resources are identified during the first phase of the client intake process and benefit applications are completed with the help of the assigned case manager to begin securing the benefits. Many agencies partner with Hope Haven and the CoC to provide additional support via non-CoC funds. The DeKalb County Community Action Department, a public entity specializing in family self-sufficiency for families at poverty level works with at risk families to connect them with mainstream benefit enrollment such as Social Security applications assisting with documentation and general advocacy. DeKalb Township provides support for TANF benefits and Department of Human Services for Food Stamps and the medical card, along with Barb City Food Mart and St. Vincent DePaul for cash assistance. There is a designated VA liaison

for veteran benefits. CoC and other partner agencies ensure current information and available resources are shared via our monthly Senior Service Provider and Family Self Sufficiency group meetings. Transportation assistance is also available. (2-3) Hope Haven Homeless shelter staff are responsible for overseeing the CoC's strategy for mainstream benefits. Staff are kept current on mainstream benefit changes through use of regular training and education materials. Designated staff are SOAR trained and required to remain complaint.

4A-2.Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	5
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	5
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:
(1) describe the CoC's outreach;
(2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
(3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
(limit 2,000 characters)

(1-2) 100% of the CoC's geographic area is covered by outreach efforts. Homeless support is also accessed by county wide 2-1-1 system. Law enforcement and food pantries directly engage those who need special outreach and staff will go onsite to work with persons. IL509 is a standalone continuum covering 85% rural farmland. Because of our rural nature, which consists of many small townships, local law enforcement is significant in identifying and providing support in getting any unsheltered homeless connected to shelter. Funds are limited for street outreach which requires a solid community commitment to monitoring and reporting unsheltered homeless. With only one homeless shelter in the continuum & county, it is very well known and utilized. (3) Maintaining a very low unsheltered homeless population, we continue to conduct street outreach as needed based upon sightings and reports of homeless persons. Staff seek out person(s) and engage for support and services. (4) We ensure access to the CE system in DeKalb County by publicizing services on our website, and municipal websites, libraries, police departments, health departments, social service agencies,

township offices, and churches. Direct referrals are provided to those who need access to homeless prevention/rapid rehousing services, emergency shelter services, domestic violence, veteran services and support for youth. This system does not delay access to Emergency Shelter.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

Adopted in to our Coordinated Entry System and Written Standards is our Non-Discrimination policy. Our system servers all individuals regardless of race, color, national origin, religion, sexual orientation, gender identity, disability, age, sex, familial status, or marital status. IL509 conducts its programs in a manner that affirmatively furthers fair housing by marketing our housing and supportive services to all persons. Most recently engaging in our county's 2-1-1 campaign to ensure program outreach throughout the county. (1) At any time during the CE process clients have the right to file a complaint should the feel this principle is violated. Contacts to address complaints are provided to clients to address grievances or seek support. Specific to our PSH programs, orientation and lease-up discusses fair housing rights and participants are empowered with detailed information on fair housing rights, discrimination support and complaint forms. (2) Options for translation are available and reasonable accommodations are made for equal access for persons with disabilities such as alternative housing materials, alternative meeting needs, translation services and more. We ensure that our programs housing and supportive services are provided in the most integrated setting appropriate. Housing placement it is client centered and driven by their choice.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	54	0	-54

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve   No

**families with children or youth defined as
homeless under other Federal statutes?**

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	PHA CoC Preference	07/06/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	Coordinated Asses...	08/07/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	2018 Ranking Tool	07/06/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	Public Posting Co...	09/10/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting Lo...	08/23/2018
1E-4. CoC's Reallocation Process	Yes	Reallocation Policy	07/06/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Notification Outs...	08/23/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Notification Outs...	08/23/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Public Posting Lo...	07/06/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	Governance Charter	07/06/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policies and...	07/06/2018
3A-6. HDX–2018 Competition Report	Yes	2018 HDX Competi...	07/06/2018
3B-2. Order of Priority–Written Standards	No		

3B-5. Racial Disparities Summary	No		
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: PHA CoC Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Coordinated Assessment Tool

Attachment Details

Document Description: 2018 Ranking Tool

Attachment Details

Document Description: Public Posting CoC Approved Consolidated
Application & Ranking

Attachment Details

Document Description: Public Posting Local Competition Deadlines

Attachment Details

Document Description: Reallocation Policy

Attachment Details

Document Description: Notification Outside of eSnaps of Acceptance

Attachment Details

Document Description: Notification Outside of eSnaps of None Rejected Acceptance

Attachment Details

Document Description: Public Posting Local Competition Deadlines

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description: 2018 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

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Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/07/2018
1B. Engagement	08/25/2018
1C. Coordination	09/10/2018
1D. Discharge Planning	08/07/2018
1E. Project Review	09/10/2018
2A. HMIS Implementation	08/10/2018
2B. PIT Count	08/10/2018
2C. Sheltered Data - Methods	09/10/2018
3A. System Performance	08/25/2018
3B. Performance and Strategic Planning	09/10/2018
4A. Mainstream Benefits and Additional Policies	09/10/2018
4B. Attachments	09/10/2018

Submission Summary   No Input Required

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive assistance under the HCV program, the family must submit an application that provides the PHA with the information needed to determine the family's eligibility. HUD requires the PHA to place all families that apply for assistance on a waiting list. When HCV assistance becomes available, the PHA must select families from the waiting list in accordance with HUD requirements and PHA policies as stated in the administrative plan and the annual plan.

The PHA is required to adopt clear policies and procedures for accepting applications, placing families on the waiting list, and selecting families from the waiting list, and must follow these policies and procedures consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the PHA that justify their selection. Examples of this are the selection of families for income targeting and the selection of families that qualify for targeted funding.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance, and that the PHA affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that the PHA will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and PHA policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

> Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how the PHA will handle the applications it receives.

> Part II: Managing the Waiting List. This part presents the policies that govern how the PHA's waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for assistance. It also discusses the process the PHA will use to keep the waiting list current.

> Part III: Selection for HCV Assistance. This part describes the policies that guide the PHA in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that the PHA has the information needed to make a final eligibility determination.

PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the PHA policies for making applications available, accepting applications, making preliminary determinations of eligibility, and the placement of applicants on the waiting list. This part also describes the PHA's obligation to ensure the accessibility of the application process to elderly persons, people with disabilities, and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16, Notice PIH 2009-36]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits the PHA to determine the format and content of HCV applications, as well how such applications will be made available to interested families and how applications will be accepted by the PHA. The PHA must include Form HUD-92006, Supplement to Application for Federally Assisted Housing, as part of the PHA's application.

PHA Policy

Depending upon the length of time that applicants may need to wait to receive assistance, the PHA may use a one- or two-step application process.

A one-step process will be used when it is expected that a family will be selected from the waiting list within 60 days of the date of application. At application, the family must provide all of the information necessary to establish a final determination of family eligibility and level of assistance.

A two-step process will be used when it is expected that a family will not be selected from the waiting list for at least 60 days from the date of application. Under the two-step application process, the PHA initially will require families to provide only the information needed to make an initial assessment of the family's eligibility, and to determine the family's placement on the waiting list. The family will be required to provide all of the information necessary to establish family eligibility and level of assistance when the family is selected from the waiting list.

When the waiting list is open, families may apply on-line at the PHA's website or obtain paper application or pre-application forms from the PHA's office during normal business hours. The date the PHA receives the fully completed application or pre- application is the family's application date.

Applications must be complete in order to be accepted by the PHA for processing. If an application is incomplete, the PHA will notify the family of the additional information required.

4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]

The PHA must take steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard PHA application process. This could include people with disabilities, certain elderly individuals, as well as persons with limited English proficiency (LEP). The PHA must provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible, or the PHA must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of the PHA's policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

PHAs are required to take reasonable steps to ensure equal access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on the PHA's policies related to ensuring access to people with limited English proficiency (LEP).

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03/01/2016

4-I.D. PLACEMENT ON THE WAITING LIST

The PHA must review each complete application received and make a preliminary assessment of the family's eligibility. The PHA must accept applications from families for whom the list is open unless there is good cause for not accepting the application (such as denial of assistance) for the grounds stated in the regulations [24 CFR 982.206(b)(2)]. Where the family is determined to be ineligible, the PHA must notify the family in writing [24 CFR 982.201(f)]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list [24 CFR 982.202(c)].

Ineligible for Placement on the Waiting List

PHA Policy

If the PHA can determine from the information provided that a family is ineligible, the family will not be placed on the waiting list. Where a family is determined to be ineligible, the PHA will send written notification of the ineligibility determination within 10 business days of receiving a complete application. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review and explain the process for doing so (see Chapter 16).

Eligible for Placement on the Waiting List

PHA Policy

Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list.

Applicants will be placed on the waiting list according to preference points, date and time their application is received by the PHA.

PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

The PHA must have policies regarding various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for assistance, as well as conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how a PHA may structure its waiting list and how families must be treated if they apply for assistance from a PHA that administers more than one assisted housing program.

4-II.B. ORGANIZATION OF THE WAITING LIST [24 CFR 982.204 and 205]

The PHA's HCV waiting list must be organized in such a manner to allow the PHA to accurately identify and select families for assistance in the proper order, according to the admissions policies described in this plan.

The waiting list must contain the following information for each applicant listed:
- Applicant name;
- Family unit size;
- Date and time of application;
- Qualification for any local preference;
- Racial or ethnic designation of the head of household.

HUD requires the PHA to maintain a single waiting list for the HCV program unless it serves more than one county or municipality. Such PHAs are permitted, but not required, to maintain a separate waiting list for each county or municipality served.

> ### PHA Policy
>
> The PHA will maintain a single waiting list for the HCV program.

HUD directs that a family that applies for assistance from the HCV program must be offered the opportunity to be placed on the waiting list for any public housing, project-based voucher or moderate rehabilitation program the PHA operates if 1) the other programs' waiting lists are open, and 2) the family is qualified for the other programs.

HUD permits, but does not require, that PHAs maintain a single merged waiting list for their public housing, Section 8, and other subsidized housing programs.

A family's decision to apply for, receive, or refuse other housing assistance must not affect the family's placement on the HCV waiting list, or any preferences for which the family may qualify.

> ### PHA Policy
>
> The PHA will not merge the HCV waiting list with the waiting list for any other program the PHA operates.

4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

A PHA is permitted to close the waiting list if it has an adequate pool of families to use its available HCV assistance. Alternatively, the PHA may elect to continue to accept applications only from certain categories of families that meet particular preferences or funding criteria.

> PHA Policy
>
> The PHA will close the waiting list when the estimated waiting period to fill anticipated openings for housing assistance reaches 24 months.
>
> Where the PHA has particular preferences or finding criteria that require a specific category of family, the PHA may elect to continue to accept applications from these applicants while closing the waiting list to others.

Reopening the Waiting List

If the waiting list has been closed, it cannot be reopened until the PHA publishes a notice in local newspapers of general circulation, minority media, and other suitable media outlets. The notice must comply with HUD fair housing requirements and must specify who may apply, and where and when applications will be received.

The PHA will announce the reopening of the waiting list at least 10 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice.

The PHA will give public notice by publishing the relevant information in suitable media outlets including, but not limited to:

> ***The Daily Chronicle***
>
> ***The Midweek***
>
> ***HACD Website – www.dekcohousing.com***

4-II.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

The PHA must conduct outreach as necessary to ensure that the PHA has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires the PHA to admit a specified percentage of extremely low- income families to the program (see Chapter 4, Part III), the PHA may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21].

PHA outreach efforts must comply with fair housing requirements. This includes:

- Analyzing the housing market area and the populations currently being served to identify underserved populations

- Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program

- Avoiding outreach efforts that prefer or exclude people who are members of a protected class

PHA outreach efforts must be designed to inform qualified families about the availability of assistance under the program. These efforts may include, as needed, any of the following activities:

- Submitting press releases to local newspapers, including minority newspapers

- Developing informational materials and flyers to distribute to other agencies

- Providing application forms to other public and private agencies that serve the low income population

- Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

  PHA Policy

  The PHA will monitor the characteristics of the population being served and the characteristics of the population as a whole in the PHA's jurisdiction. Targeted outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

<u>PHA Policy</u>

While the family is on the waiting list, the family must immediately inform the PHA of changes in contact information, including current residence, mailing address, and phone number. The changes must be submitted in writing.

4-II.F. UPDATING THE WAITING LIST [24 CFR 982.204]

HUD requires the PHA to establish policies to use when removing applicant names from the waiting list.

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to a PHA request for information or updates, and the PHA determines that the family did not respond because of the family member's disability, the PHA must reinstate the applicant family to their former position on the waiting list [24 CFR 982.204(c)(2)].

<u>PHA Policy</u>

The waiting list will be updated annually to ensure that all applicants and applicant information is current and timely.

To update the waiting list, the PHA will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that the PHA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

The family's response must be in writing and may be delivered in person, by mail, or by fax. Responses should be postmarked or received by the PHA not later than 15 business days from the date of the PHA letter.

If the family fails to respond within 15 business days, the family will be removed from the waiting list without further notice.

If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.

If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 15 business days to respond from the date the letter was re-sent.

If a family is removed from the waiting list for failure to respond, the PHA may reinstate the family if it is determined that the lack of response was due to PHA error, or to circumstances beyond the family's control.

Removal from the Waiting List

<u>PHA Policy</u>

If at any time an applicant family is on the waiting list, the PHA determines that the family is not eligible for assistance (see Chapter 3), the family will be removed from the waiting list.

If a family is removed from the waiting list because the PHA has determined the family is not eligible for assistance, a notice will be sent to the family's address of record as well as to any alternate address provided on the initial application. The notice will state the reasons the family was removed from the waiting and will inform the family how to request an informal review of the PHA's decision (see Chapter 16) [24 CFR 982.201(f)].

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The PHA must maintain records showing that such families were admitted with special program funding.

The PHA administers the following types of special funding programs:

Shelter Plus Care and HUD-VASH Programs

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

> PHA Policy
>
> The PHA does not administer any types of targeted funding.

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

> PHA Policy
>
> To accomplish the mission of the Housing Authority of the County of DeKalb to provide housing, the HACD will strive to provide housing to all persons in DeKalb County who require housing assistance as of the date of their application. Acknowledging that the resources available to provide housing are limited, the HACD Board of Commissioners has established the following policies to govern the preference for admission to HACD housing programs. All preferences will be given with consideration to the resources available to the HACD and as long as the preferences do not jeopardize the financial stability of HACD programs.
>
> The Housing Authority of the County of DeKalb will adhere to all program admission guidelines established by the funding source where those admission guidelines, by contract, supersede local guidelines.
>
> The Housing Authority of the County of DeKalb will use the local preferences as noted in exhibit 4-1.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

> PHA Policy
>
> The PHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families based on local preferences according to the date and time of application or by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

PHA Policy

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the PHA's hierarchy of preferences. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the PHA. Documentation will be maintained by the PHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the PHA does not have to ask higher placed families each time targeted selections are made.

4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, the PHA must notify the family [24 CFR 982.554(a)].

> PHA Policy
>
> The PHA will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:
>
>> Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview;
>>
>> Who is required to attend the interview;
>>
>> All documents that must be provided at the interview, including information about what constitutes acceptable documentation;
>>
>> Documents that must be provided at the interview to document eligibility for a preference, if applicable;
>>
>> Other documents and information that should be brought to the interview.
>
> If a notification letter is returned to the PHA with no forwarding address, the family will be removed from the waiting list without further notice. Such failure to act on the part of the applicant prevents the PHA from making an eligibility determination; therefore no informal hearing will be offered.

4-III.E. THE APPLICATION INTERVIEW

HUD recommends that the PHA obtain the information and documentation needed to make an eligibility determination through a face-to-face interview with a PHA representative [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if the PHA determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by the PHA [Notice PIH 2012-10].

Reasonable accommodation will be made for persons with disabilities who are unable to attend an interview due to their disability.

> PHA Policy
>
> Families selected from the waiting list and their household members 18 years or older are required to participate in an eligibility interview.
>
> The head of household or spouse/co-head must provide acceptable documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity). If the family representative does not provide the required documentation at the time of the interview, he or she will be required to provide it within 10 business days.
>
> Pending disclosure and documentation of social security numbers, the PHA will allow for the family to retain its place on the waiting list for 10 days. If not all household members have disclosed their SSNs at the next time the PHA is issuing vouchers, the PHA will issue a voucher to the next eligible applicant family on the waiting list.
>
> The family must provide the information necessary to establish the family's eligibility and determine the appropriate level of assistance, as well as completing   required forms, providing required signatures, and submitting required documentation. If any materials are missing, the PHA will provide the family with a written list of items that must be submitted.
>
> Any required documents or information that the family is unable to provide at the interview must be provided within 10 business days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including   documentation of eligible non-citizen status). If the family is unable to obtain the information or materials within the required timeframe, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (See Chapter 3).
>
> An advocate, interpreter, or other assistant may assist the family with the application and the interview process.
>
> Interviews will be conducted in English. For limited English proficient (LEP) applicants, the PHA will provide translation services in accordance with the PHA's LEP plan.

If the family is unable to attend a scheduled interview, the family should contact the PHA in advance of the interview to schedule a new appointment. In all circumstances, if a family does not attend a scheduled interview, the PHA will send another notification letter with a new interview appointment time. Applicants who fail to attend two scheduled interviews without PHA approval will be denied assistance based on the family's failure to supply information needed to determine eligibility. A notice of denial will be issued in accordance with policies contained in Chapter 3.

4-III.F. COMPLETING THE APPLICATION PROCESS

The PHA must verify all information provided by the family (see Chapter 7). Based on verified information, the PHA must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted funding admission, or selection preference that affected the order in which the family was selected from the waiting list.

PHA Policy

If the PHA determines that the family is ineligible, the PHA will send written notification of the ineligibility determination within 10 business days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review (Chapter 16).

If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list (e.g. targeted funding, extremely low-income), the family will be returned to its original position on the waiting list. The PHA will notify the family in writing that it has been returned to the waiting list, and will specify the reasons for it.

If the PHA determines that the family is eligible to receive assistance, the PHA will invite the family to attend a briefing in accordance with the policies in Chapter 5.

| Exhibit 4-1: Local Preferences |
| (Adopted 12/20/2016) |

Acknowledging that the resources to provide housing are limited, the Housing Authority of the County of DeKalb has established local preferences for admission to its programs. The Housing Authority of the County of DeKalb will select families based on the following local preference system, within each bedroom size category for Low-Income Public Housing, and generally for the Housing Choice Voucher/Section 8 Program. **Families and individuals will be selected from the waiting list according to total preference points and the date and time their application is received by the PHA.**

PREFERENCE 1: DeKalb County Residency (2 point): The residency preference will be applied when the applicant household can demonstrate that they have a physical residence in DeKalb County, Illinois. Physical residence shall be defined as a domicile with a mailing address, other than a post box office box, OR the applicant family has the head, co-head or spouse working within DeKalb County for 30 or more hours on average per week.

> **Verification:** Residency will be verified when the applicant can produce three or more of the following: current lease, utility bills showing the current physical address, medical bills, DHS benefits verified within DeKalb County , child/children's enrollment in DeKalb County school, signed statement from employer indicating dates of employment, number of hours working, hourly wages, and anticipation of continuous employment or 3 items of mail such as car insurance bill, cell phone bill, credit card statement, etc. The mail items presented for proof of residency must be post marked within the last 30 days, and original pieces of mail must be provided. Handwritten or typed address on an envelope will not be accepted.

PREFERENCE 2: Family Preference (1 Point): A person is considered eligible for this preference if either head or spouse has legal custody of a minor child or children.   This preference is also extended to the ELDERLY (over age 62) or DISABLED families/individuals whose head of household or spouse are elderly or have a verified disability.

> **Verification:** Verification of the family preference is verified via confirmation of birth records, foster parent certifications through legal certifications legal adoption records, etc. (This preference is also extended to all elderly families and all families whose head or spouse is receiving income based on their disability. Verification of disability is accomplished through a current Social Security Disability Benefit letter or via Disability Verification from a licensed care provider i.e. physician, counselor, case manager, **psychiatrist**, psychologist, psychoanalyst, psychotherapist ..., etc.)

PREFERENCE 3: Working Preference (1 point): A family is considered eligible for this preference if either head or spouse is employed and working.   This preference is also extended to the ELDERLY (over age 62) or DISABLED families/individuals whose head of household or spouse are elderly or have a verified disability.

> **Verification:** Employment will be verified by at least 2 current, consecutive paycheck stubs, signed statement from employer indicating dates of employment, number of hours working, hourly wages, and anticipation of continuous employment or theworknumber.com.   (This preference is also extended to all elderly families and all families whose head or spouse is receiving income based on their disability. Verification of disability is accomplished through a current Social Security Disability Benefit letter or via Disability Verification from a licensed care provider i.e. physician, counselor, case manager, **psychiatrist**, psychologist, psychoanalyst, psychotherapist, etc.)

PREFERENCE 4: Rent Burden (1 point): In order to qualify for this preference, a family must be paying more than 50% of family income for rent. An applicant does not qualify for a rent burden preference if either of the following is applicable:

   a. The applicant has been paying more that 50% of income for rent for less than 90 days.
   b. The applicant is paying more than 50% of family income to rent a unit because the applicant's housing assistance for occupancy of the unit under any of the following programs has been terminated as a result of the applicant's refusal to comply with applicable program policies and procedures on the occupancy of under occupied and overcrowded units:
       1. Section 8 programs or Public or Indian Housing Programs under the United States Housing Act of 1965; or
       2. The rent supplement program under section 101 of the Housing and Urban Development Act of 1965; or
       3. Rental assistance payments under section 236(f)(2) of the National Housing Act.

   "Family income" is monthly income as defined in 24 CFR 5.609.

> "Rent" is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis plus the utility allowance for family-purchased utilities and services that is used in the PHA tenant-based program, or if the family chooses, the average monthly payment that the family actually made for these utilities and services for the most recent six-month period.

> If an applicant owns a mobile home, but rents the space upon which it is located, then "rent" will include the monthly payments made to amortize the purchase price of the home.

HACD Admin Plan
03/01/2016

Members of a cooperative are "renters" for the purposes of qualifying for the preference. In this case, "rent" would mean the charges under the occupancy agreement.

Verification (Income, Rent, Utilities): Income will be verified in accordance with existing procedures used to verify income to determine eligibility. Amounts due under a lease or occupancy agreement will be verified by requiring the family to furnish copies of an executed rental agreement, canceled checks or rent receipts for the immediate past 90 days, a copy of current purchase agreement, or by contacting the lien holder or landlord direct. Utility payments will be verified by presenting copies of canceled checks or receipts for the most recent six-month period.

PREFERENCE 5: DeKalb County Continuum of Care Preference (1 point): The DeKalb County Continuum of Care Preference is given to Applicant families, otherwise eligible, who are currently residing in Emergency Shelter, Transitional Shelter, Permanent Supportive housing or participating in homeless services at/in/through a participating DeKalb County Continuum of Care agency (at the time of verification) and have received a written letter of recommendation not less than 30 days old from a participating DeKalb County Continuum of Care agency.

Verification: A written letter of recommendation from a participating DeKalb County CoC agency, not less than 30 days old, confirming the eligible applicant's current successful program participation, services received, and demonstrates that the family or individual is housing ready and can maintain successful lease compliance (low risk of homeless recidivism).

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to reside in public housing, the family must submit an application that provides the PHA with the information needed to determine the family's eligibility. HUD requires the PHA to place all eligible families that apply for public housing on a waiting list. When a unit becomes available, the PHA must select families from the waiting list in accordance with HUD requirements and PHA policies as stated in its Admissions and Continued Occupancy Policy (ACOP) and its annual plan.

The PHA is required to adopt a clear approach to accepting applications, placing families on the waiting list, and selecting families from the waiting list, and must follow this approach consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the PHA to receive preferential treatment.

HUD regulations require that the PHA comply with all equal opportunity requirements and it must affirmatively further fair housing goals in the administration of the program [24 CFR 960.103, PH Occ GB p. 13]. Adherence to the selection policies described in this chapter ensures that the PHA will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and PHA policies for accepting applications, managing the waiting list and selecting families from the waiting list. The PHAs policies for assigning unit size and making unit offers are contained in Chapter 5. Together, Chapters 4 and 5 of the ACOP comprise the PHA's Tenant Selection and Assignment Plan (TSAP).

The policies outlined in this chapter are organized into three sections, as follows:

> Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how the PHA will handle the applications it receives.

> Part II: Managing the Waiting List. This part presents the policies that govern how the PHA's waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for public housing. It also discusses the process the PHA will use to keep the waiting list current.

> Part III: Tenant Selection. This part describes the policies that guide the PHA in selecting families from the waiting list as units become available. It also specifies how in-person interviews will be used to ensure that the PHA has the information needed to make a final eligibility determination.

PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the policies that guide the PHA's efforts to distribute and accept applications, and to make preliminary determinations of applicant family eligibility that affect placement of the family on the waiting list. This part also describes the PHA's obligation to ensure the accessibility of the application process.

4-I.B. APPLYING FOR ASSISTANCE

Any family that wishes to reside in public housing must apply for admission to the program [24 CFR 1.4(b)(2)(ii), 24 CFR 960.202(a)(2)(iv), and PH Occ GB, p. 68]. HUD permits the PHA to determine the format and content of its applications, as well how such applications will be made available to interested families and how applications will be accepted by the PHA. However, the PHA must include Form HUD-92006, Supplement to Application for Federally Assisted Housing, as part of the PHA's application [Notice PIH 2009-36].

> #### HACD Policy
>
> Depending upon the length of time between the date of application and the availability of housing, the PHA may use a one- or two-step application process.
>
> A one-step process will be used when it is expected that a family will be selected from the waiting list within 60 days of the date of application. At application, the family must provide all of the information necessary to establish family eligibility and the amount of rent the family will pay.
>
> A two-step process will be used when it is expected that a family will not be selected from the waiting list for at least 60 days from the date of application. Under the two-step application process, the PHA initially will require families to provide only the information needed to make an initial assessment of the family's eligibility, and to determine the family's placement on the waiting list. The family will be required to provide all of the information necessary to establish family eligibility and the amount of rent the family will pay when selected from the waiting list.
>
> Families may obtain application forms from the PHA's website. By reasonable accommodation families may also request – by telephone or by mail – that an application form be sent to the family via first class mail.
>
> Completed online applications must be submitted to the PHA through its online application system. Reasonable accommodation applications must be filled out completely and submitted to the PHA in person. If an application is incomplete, the PHA will notify the family of the additional information required.

4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

The PHA must take a variety of steps to ensure that the application process is accessible to those people who might have difficulty complying with the standard PHA application process.

Disabled Populations [24 CFR 8; PH Occ GB, p. 68]

The PHA must provide reasonable accommodation as needed for persons with disabilities to make the application process fully accessible. The facility where applications are accepted and the application process must be fully accessible or the PHA must provide an alternate approach that provides equal access to the program. Chapter 2 provides a full discussion of the PHA's policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

PHAs are required to take reasonable steps to ensure meaningful access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on the PHA's policies related to ensuring access to people with limited English proficiency (LEP).

4-I.D. PLACEMENT ON THE WAITING LIST

The PHA must review each completed application received and make a preliminary assessment of the family's eligibility. Applicants for whom the waiting list is open must be placed on the waiting list unless the PHA determines the family to be ineligible. Where the family is determined to be ineligible, the PHA must notify the family in writing [24 CFR 960.208(a); PH Occ GB, p. 41].

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list.

Ineligible for Placement on the Waiting List

> **HACD Policy**
>
> If the PHA determines from the information provided that a family is ineligible, the family will not be placed on the waiting list. When a family is determined to be ineligible, the PHA will send written notification of the ineligibility determination within a reasonable amount of time of receipt of the completed application. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal hearing and explain the process for doing so (see Chapter 14).

Eligible for Placement on the Waiting List

> **HACD Policy**
>
> The PHA will send written notification of the preliminary eligibility determination within a reasonable amount of time of receiving a completed application. If applicable, the notice will also indicate the waiting list preference(s) for which the family appears to qualify.
>
> Applicants will be placed on the waiting list according to PHA preference(s) and the date and time their complete application is received by the PHA.
>
> The PHA will assign families on the waiting list according to the bedroom size for which a family qualifies as established in its occupancy standards (see Chapter 5). Families may request to be placed on the waiting list for a unit size smaller than designated by the occupancy guidelines (as long as the unit is not overcrowded according to PHA standards and local codes). However, in these cases, the family must agree not to request a transfer for two years after admission, unless they have a change in family size or composition.
>
> Placement on the waiting list does not indicate that the family is, in fact, eligible for admission. When the family is selected from the waiting list, the PHA will verify any preference(s) claimed and determine eligibility and suitability for admission to the program.

PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

The PHA must have policies regarding the type of waiting list it will utilize as well as how the waiting list will be organized and managed. This includes policies on notifying the public on the opening and closing of the waiting list to new applicants, updating family information, purging the list of families that are no longer interested in or eligible for public housing, and conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how the PHA may structure its waiting list and how families must be treated if they apply for public housing at a PHA that administers more than one assisted housing program.

4-II.B. ORGANIZATION OF THE WAITING LIST

The PHA's public housing waiting list must be organized in such a manner to allow the PHA to accurately identify and select families in the proper order, according to the admissions policies described in this ACOP.

HACD Policy

The waiting list will contain the following information for each applicant listed:

Name and social security number of head of household

Unit size required (number of family members)

Amount and source of annual income

Accessibility requirement, if any

Date and time of application or application number

Household type (family, elderly, disabled)

Admission preference, if any

Race and ethnicity of the head of household

The specific site(s) selected (only if PHA offers site-based waiting lists)

The PHA may adopt one community-wide waiting list or site-based waiting lists. The PHA must obtain approval from HUD through submission of its Annual Plan before it may offer site-based waiting lists. Site-based waiting lists allow families to select the development where they wish to reside and must be consistent with all applicable civil rights and fair housing laws and regulations [24 CFR 903.7(b)(2)].

> **HACD Policy**
>
> The PHA will maintain one single community-wide waiting list for its developments. Within the list, the PHA will designate subparts to easily identify who should be offered the next available unit (i.e. mixed populations, general occupancy, unit size, and accessible units).
>
> The PHA may adopt site-based waiting lists.

HUD requires that public housing applicants must be offered the opportunity to be placed on the waiting list for any tenant-based or project-based voucher or moderate rehabilitation program that the PHA operates if 1) the other programs' waiting lists are open, and 2) the family is qualified for the other programs [24 CFR 982.205(a)(2)(i)].

HUD permits, but does not require, that PHAs maintain a single merged waiting list for their public housing, Section 8, and other subsidized housing programs [24 CFR 982.205(a)(1)].

> **HACD Policy**
>
> The PHA will not merge the public housing waiting list with the waiting list for any other program the PHA operates.

4-II.C. OPENING AND CLOSING THE WAITING LIST

Closing the Waiting List

The PHA is permitted to close the waiting list, in whole or in part, if it has an adequate pool of families to fully lease units in all of its developments. The PHA may close the waiting list completely, or restrict intake by preference, type of project, or by size and type of dwelling unit. [PH Occ GB, p. 31].

> **HACD Policy**
>
> The PHA will close the waiting list when the estimated waiting period for housing applicants on the list reaches 24 months for the most current applicants. Where the PHA has particular preferences or other criteria that require a specific category of family, the PHA may elect to continue to accept applications from these applicants while closing the waiting list to others.

Reopening the Waiting List

If the waiting list has been closed, it may be reopened at any time. The PHA should publish a notice announcing the opening of the waiting list in local newspapers of general circulation, minority media, and other suitable media outlets. Such notice must comply with HUD fair housing requirements. The PHA should specify who may apply, and where and when applications will be received.

> **HACD Policy**
>
> The PHA will announce the reopening of the waiting list at least 10 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice. The notice will specify where, when, and how applications are to be received.
>
> The PHA will give public notice by publishing the relevant information in suitable media outlets including, but not limited to:
>
> > *The Daily Chronicle*
> >
> > *The Midweek*

4-II.D. FAMILY OUTREACH [24 CFR 903.2(d); 24 CFR 903.7(a) and (b)]

The PHA should conduct outreach as necessary to ensure that the PHA has a sufficient number of applicants on the waiting list to fill anticipated vacancies and to assure that the PHA is affirmatively furthering fair housing and complying with the Fair Housing Act.

Because HUD requires the PHA to admit a specified percentage of extremely low income families, the PHA may need to conduct special outreach to ensure that an adequate number of such families apply for public housing.

PHA outreach efforts must comply with fair housing requirements. This includes:

- Analyzing the housing market area and the populations currently being served to identify underserved populations

- Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program

- Avoiding outreach efforts that prefer or exclude people who are members of a protected class

PHA outreach efforts must be designed to inform qualified families about the availability of units under the program. These efforts may include, as needed, any of the following activities:

- Submitting press releases to local newspapers, including minority newspapers

- Developing informational materials and flyers to distribute to other agencies

- Providing application forms to other public and private agencies that serve the low income population

- Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

> **HACD Policy**
>
> The PHA will monitor the characteristics of the population being served and the characteristics of the population as a whole in the PHA's jurisdiction. Targeted outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

HACD Policy

While the family is on the waiting list, the family must inform the PHA, within 10 business days, of changes in family size or composition, preference status, or contact information, including current residence, mailing address, and phone number. The changes must be submitted in writing.

Changes in an applicant's circumstances while on the waiting list may affect the family's qualification for a particular bedroom size or entitlement to a preference. When an applicant reports a change that affects their placement on the waiting list, the waiting list will be updated accordingly.

4-II.F. UPDATING THE WAITING LIST

HUD requires the PHA to establish policies that describe the circumstances under which applicants will be removed from the waiting list [24 CFR 960.202(a)(2)(iv)].

Purging the Waiting List

The decision to remove an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to the PHA's request for information or updates because of the family member's disability, the PHA must, upon the family's request, reinstate the applicant family to their former position on the waiting list as a reasonable accommodation [24 CFR 8.4(a), 24 CFR 100.204(a), and PH Occ GB, p. 39 and 40]. See Chapter 2 for further information regarding reasonable accommodations.

> **HACD Policy**
>
> The waiting list will be updated as needed to ensure that all applicant information is current and timely.
>
> To update the waiting list, the PHA will send a written update request to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that the PHA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.
>
> The family's response must be in writing and may be delivered in person, by mail, or by fax. Responses should be postmarked or received by the PHA not later than 15 business days from the date of the PHA letter.
>
> If the family fails to respond within 15 business days, the family will be removed from the waiting list without further notice.
>
> If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.
>
> If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 15 business days to respond from the date the letter was re-sent. If the family fails to respond within this time frame, the family will be removed from the waiting list without further notice.
>
> When a family is removed from the waiting list during the update process for failure to respond, no informal hearing will be offered. Such failures to act on the part of the applicant prevent the PHA from making an eligibility determination; therefore no informal hearing is required.
>
> If a family is removed from the waiting list for failure to respond, the PHA may reinstate the family if the lack of response was due to PHA error, or to circumstances beyond the family's control.

Removal from the Waiting List

HACD Policy

The PHA will remove an applicant from the waiting list upon request by the applicant family. In such cases no informal hearing is required.

If the PHA determines that the family is not eligible for admission (see Chapter 3) at any time while the family is on the waiting list the family will be removed from the waiting list.

If a family is removed from the waiting list because the PHA has determined the family is not eligible for admission, a notice will be sent to the family's address of record as well as to any alternate address provided on the initial application. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal hearing regarding the PHA's decision (see Chapter 14) [24 CFR 960.208(a)].

PART III: TENANT SELECTION

4-III.A. OVERVIEW

The PHA must establish tenant selection policies for families being admitted to public housing [24 CFR 960.201(a)]. The PHA must not require any specific income or racial quotas for any developments [24 CFR 903.2(d)]. The PHA must not assign persons to a particular section of a community or to a development or building based on race, color, religion, sex, disability, familial status or national origin for purposes of segregating populations [24 CFR 1.4(b)(1)(iii) and 24 CFR 903.2(d)(1)].

The order in which families will be selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences that the family qualifies for. The availability of units also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 960.206(e)(2)]. The PHA's policies must be posted any place where the PHA receives applications. The PHA must provide a copy of its tenant selection policies upon request to any applicant or tenant. The PHA may charge the family for providing a copy of its tenant selection policies [24 CFR 960.202(c)(2)].

> **HACD Policy**
>
> When an applicant or resident family requests a copy of the PHA's tenant selection policies, the PHA will provide copies to them free of charge.

4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

> **HACD Policy**
>
> To accomplish the mission of the Housing Authority of the County of DeKalb, HACD will strive to provide housing to all persons in DeKalb County who require housing assistance as of the date of their application. Acknowledging that the resources available to provide housing are limited, the HACD Board of Commissioners has established preferences for admission to HACD housing programs. All preferences will be given with consideration to the resources available to HACD and as long as the preferences do not jeopardize the financial stability of HACD programs.
>
> The Housing Authority of the County of DeKalb will adhere to all program admission guidelines established by the funding source where those admission guidelines, by contract, supersede local guidelines.
>
> The Housing Authority of the County of DeKalb will use the local preferences as noted in exhibit 4-1.

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40 percent of the families admitted to public housing during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30percent of the area median income, whichever number is higher [*Federal Register* notice 6/25/14]. To ensure this requirement is met, the PHA may skip non-ELI families on the waiting list in order to select an ELI family.

If a PHA also operates a housing choice voucher (HCV) program, admissions of extremely low-income families to the PHA's HCV program during a PHA fiscal year that exceed the 75 percent minimum target requirement for the voucher program, shall be credited against the PHA's basic targeting requirement in the public housing program for the same fiscal year. However, under these circumstances the fiscal year credit to the public housing program must not exceed the lower of: (1) ten percent of public housing waiting list admissions during the PHA fiscal year; (2) ten percent of waiting list admissions to the PHA's housing choice voucher program during the PHA fiscal year; or (3) the number of qualifying low-income families who commence occupancy during the fiscal year of PHA public housing units located in census tracts with a

poverty rate of 30 percent or more. For this purpose, qualifying low-income family means a low-income family other than an extremely low-income family.

HACD Policy

The PHA will monitor progress in meeting the ELI requirement throughout the fiscal year. ELI families will be selected ahead of other eligible families on an as-needed basis to ensure that the income targeting requirement is met.

Mixed Population Developments [24 CFR 960.407]

A mixed population development is a public housing development or portion of a development that was reserved for elderly families and disabled families at its inception (and has retained that character) or the PHA at some point after its inception obtained HUD approval to give preference in tenant selection for all units in the development (or portion of a development) to elderly and disabled families [24 CFR 960.102]. Elderly family means a family whose head, spouse, cohead, or sole member is a person who is at least 62 years of age. Disabled family means a family whose head, spouse, cohead, or sole member is a person with disabilities [24 CFR 5.403]. The PHA must give elderly and disabled families equal preference in selecting these families for admission to mixed population developments. The PHA may not establish a limit on the number of elderly or disabled families that may occupy a mixed population development. In selecting elderly and disabled families to fill these units, the PHA must first offer the units that have accessibility features for families that include a person with a disability and require the accessibility features of such units. The PHA may not discriminate against elderly or disabled families that include children (Fair Housing Amendments Act of 1988).

Units Designated for Elderly or Disabled Families [24 CFR 945]

The PHA may designate projects or portions of a public housing project specifically for elderly or disabled families. The PHA must have a HUD-approved allocation plan before the designation may take place.

Among the designated developments, the PHA must also apply any preferences that it has established. If there are not enough elderly families to occupy the units in a designated elderly development, the PHA may allow near-elderly families to occupy the units [24 CFR 945.303(c)(1)]. Near-elderly family means a family whose head, spouse, or cohead is at least 50 years old, but is less than 62 [24 CFR 5.403].

If there are an insufficient number of elderly families and near-elderly families for the units in a development designated for elderly families, the PHA must make available to all other families any unit that is ready for re-rental and has been vacant for more than 60 consecutive days [24 CFR 945.303(c)(2)].

The decision of any disabled family or elderly family not to occupy or accept occupancy in designated housing shall not have an adverse affect on their admission or continued occupancy in public housing or their position on or placement on the waiting list. However, this protection does not apply to any family who refuses to occupy or accept occupancy in designated housing because of the race, color, religion, sex, disability, familial status, or national origin of the occupants of the designated housing or the surrounding area [24 CFR 945.303(d)(1) and (2)].

This protection does apply to an elderly family or disabled family that declines to accept occupancy, respectively, in a designated project for elderly families or for disabled families, and requests occupancy in a general occupancy project or in a mixed population project [24 CFR 945.303(d)(3)].

> **HACD Policy**
>
> The PHA does not have designated elderly or designated disabled housing at this time.

Deconcentration of Poverty and Income-Mixing [24 CFR 903.1 and 903.2]

The PHA's admission policy must be designed to provide for deconcentration of poverty and income-mixing by bringing higher income tenants into lower income projects and lower income tenants into higher income projects. A statement of the PHA's deconcentration policies must be in included in its annual plan [24 CFR 903.7(b)].

The PHA's deconcentration policy must comply with its obligation to meet the income targeting requirement [24 CFR 903.2(c)(5)].

Developments subject to the deconcentration requirement are referred to as 'covered developments' and include general occupancy (family) public housing developments. The following developments are not subject to deconcentration and income mixing requirements: developments operated by a PHA with fewer than 100 public housing units; mixed population or developments designated specifically for elderly or disabled families; developments operated by a PHA with only one general occupancy development; developments approved for demolition or for conversion to tenant-based public housing; and developments approved for a mixed-finance plan using HOPE VI or public housing funds [24 CFR 903.2(b)].

Steps for Implementation [24 CFR 903.2(c)(1)]

To implement the statutory requirement to deconcentrate poverty and provide for income mixing in covered developments, the PHA must comply with the following steps:

Step 1. The PHA must determine the average income of all families residing in all the PHA's covered developments. The PHA may use the median income, instead of average income, provided that the PHA includes a written explanation in its annual plan justifying the use of median income.

> **HACD Policy**
>
> The PHA will determine the average income of all families in all covered developments on an annual basis.

Step 2. The PHA must determine the average income (or median income, if median income was used in Step 1) of all families residing in each covered development. In determining average income for each development, the PHA has the option of adjusting its income analysis for unit size in accordance with procedures prescribed by HUD.

> **HACD Policy**
>
> The PHA will determine the average income of all families residing in each covered development (not adjusting for unit size) on an annual basis.

Step 3. The PHA must then determine whether each of its covered developments falls above, within, or below the established income range (EIR), which is from 85% to 115% of the average family income determined in Step 1. However, the upper limit must never be less than the income at which a family would be defined as an extremely low income family (federal poverty level or 30percent of median income, whichever number is higher).

Step 4. The PHA with covered developments having average incomes outside the EIR must then determine whether or not these developments are consistent with its local goals and annual plan.

Step 5. Where the income profile for a covered development is not explained or justified in the annual plan submission, the PHA must include in its admission policy its specific policy to provide for deconcentration of poverty and income mixing.

Depending on local circumstances the PHA's deconcentration policy may include, but is not limited to the following:

- Providing incentives to encourage families to accept units in developments where their income level is needed, including rent incentives, affirmative marketing plans, or added amenities

- Targeting investment and capital improvements toward developments with an average income below the EIR to encourage families with incomes above the EIR to accept units in those developments

- Establishing a preference for admission of working families in developments below the EIR

- Skipping a family on the waiting list to reach another family in an effort to further the goals of deconcentration

- Providing other strategies permitted by statute and determined by the PHA in consultation with the residents and the community through the annual plan process to be responsive to local needs and PHA strategic objectives

A family has the sole discretion whether to accept an offer of a unit made under the PHA's deconcentration policy. The PHA must not take any adverse action toward any eligible family for choosing not to accept an offer of a unit under the PHA's deconcentration policy [24 CFR 903.2(c)(4)].

If, at annual review, the average incomes at all general occupancy developments are within the EIR, the PHA will be considered to be in compliance with the deconcentration requirement and no further action is required.

> **HACD Policy**
>
> For developments outside the EIR the PHA will take the following actions to provide for deconcentration of poverty and income mixing:
>
> The PHA will strive to create mixed-income communities and lessen the concentration of very-low income families within the Housing Authority's public housing developments through admissions policies designed to bring higher income tenants into lower income developments and lower income tenants into higher income developments. This policy shall not be construed to impose or require any specific income or racial quotas for any public housing development owned by the PHA.

Order of Selection [24 CFR 960.206(e)]

The PHA system of preferences may select families either according to the date and time of application or by a random selection process.

> ### HACD Policy
>
> Families will be selected from the waiting list based on preference. Among applicants with the same preference, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the PHA.
>
> When selecting applicants from the waiting list, the PHA will match the characteristics of the available unit (unit size, accessibility features, unit type) to the applicants on the waiting lists. The PHA will offer the unit to the highest ranking applicant who qualifies for that unit size or type, or that requires the accessibility features.
>
> By matching unit and family characteristics, it is possible that families who are lower on the waiting list may receive an offer of housing ahead of families with an earlier date and time of application or higher preference status.
>
> Factors such as deconcentration or income mixing and income targeting will also be considered in accordance with HUD requirements and PHA policy.

4-III.C. NOTIFICATION OF SELECTION

When the family has been selected from the waiting list, the PHA must notify the family [24 CFR 960.208].

> **HACD Policy**
>
> The PHA will notify the family in writing when it is selected from the waiting list.
>
> The notice will inform the family of the following:
>
> > Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview
> >
> > Who is required to attend the interview
> >
> > Documents that must be provided at the interview to document the legal identity of household members, including information about what constitutes acceptable documentation
> >
> > Documents that must be provided at the interview to document eligibility for a preference, if applicable
> >
> > Other documents and information that should be brought to the interview
>
> If a notification letter is returned to the PHA with no forwarding address, the family will be removed from the waiting list without further notice. Such failure to act on the part of the applicant prevents the PHA from making an eligibility determination; therefore no informal hearing will be offered.

4-III.D. THE APPLICATION INTERVIEW

HUD recommends that the PHA obtain the information and documentation needed to make an eligibility determination through a private interview. Being invited to attend an interview does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if the PHA determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by the PHA [Notice PIH 2012-10].

Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability [24 CFR 8.4(a) and 24 CFR 100.204(a)].

> **HACD Policy**
>
> Families selected from the waiting list are required to participate in an eligibility interview.
>
> The head of household and the spouse/cohead will be strongly encouraged to attend the interview together. However, either the head of household or the spouse/cohead may attend the interview on behalf of the family. Verification of information pertaining to adult members of the household not present at the interview will not begin until signed release forms are returned to the PHA.
>
> The interview will be conducted only if the head of household or spouse/cohead provides appropriate documentation of legal identity (Chapter 7 provides a discussion of proper documentation of legal identity). If the family representative does not provide the required documentation, the appointment may be rescheduled when the proper documents have been obtained.
>
> Pending disclosure and documentation of social security numbers, the PHA will allow the family to retain its place on the waiting list for 10 days after eligibility interview. If not all household members have disclosed their SSNs at the next time a unit becomes available, the PHA will offer a unit to the next eligible applicant family on the waiting list.
>
> If the family is claiming a waiting list preference, the family must provide documentation to verify their eligibility for a preference (see Chapter 7). If the family is verified as eligible for the preference, the PHA will proceed with the interview. If the PHA determines the family is not eligible for the preference, the interview will not proceed and the family will be placed back on the waiting list according to the date and time of their application.
>
> The family must provide the information necessary to establish the family's eligibility, including suitability, and to determine the appropriate amount of rent the family will pay. The family must also complete required forms, provide required signatures, and submit required documentation. If any materials are missing, the PHA will provide the family with a written list of items that must be submitted.

Any required documents or information that the family is unable to provide at the interview must be provided within 10 business days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of Social Security numbers and eligible noncitizen status). If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (see Chapter 3).

An advocate, interpreter, or other assistant may assist the family with the application and the interview process.

Interviews will be conducted in English. For limited English proficient (LEP) applicants, the PHA will provide translation services in accordance with the PHA's LEP plan.

If the family is unable to attend a scheduled interview, the family should contact the PHA in advance of the interview to schedule a new appointment. In all circumstances, if a family does not attend a scheduled interview, the PHA will send another notification letter with a new interview appointment time. Applicants who fail to attend two scheduled interviews without PHA approval will have their applications made inactive based on the family's failure to supply information needed to determine eligibility. The second appointment letter will state that failure to appear for the appointment without a request to reschedule will be interpreted to mean that the family is no longer interested and their application will be made inactive. Such failure to act on the part of the applicant prevents the PHA from making an eligibility determination, therefore the PHA will not offer an informal hearing.

4-III.E. FINAL ELIGIBILITY DETERMINATION [24 CFR 960.208]

The PHA must verify all information provided by the family (see Chapter 7). Based on verified information related to the eligibility requirements, including PHA suitability standards, the PHA must make a final determination of eligibility (see Chapter 3).

When a determination is made that a family is eligible and satisfies all requirements for admission, including tenant selection criteria, the applicant must be notified of the approximate date of occupancy insofar as that date can be reasonably determined [24 CFR 960.208(b)].

> **HACD Policy**
>
> The PHA will notify a family in writing of their eligibility within 10 business days of the determination and will provide the approximate date of occupancy insofar as that date can be reasonably determined.

The PHA must promptly notify any family determined to be ineligible for admission of the basis for such determination, and must provide the applicant upon request, within a reasonable time after the determination is made, with an opportunity for an informal hearing on such determination [24 CFR 960.208(a)].

> **HACD Policy**
>
> If the PHA determines that the family is ineligible, the PHA will send written notification of the ineligibility determination within 10 business days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal hearing (see Chapter 14).

If the PHA uses a criminal record or sex offender registration information obtained under 24 CFR 5, Subpart J, as the basis of a denial, a copy of the record must precede the notice to deny, with an opportunity for the applicant to dispute the accuracy and relevance of the information before the PHA can move to deny the application. See Section 3-III.G for the PHA's policy regarding such circumstances.

Upon making an eligibility determination, the PHA must provide the family a notice of VAWA rights as well as the HUD VAWA self-certification form (form HUD-50066) in accordance with the Violence against Women Act of 2013, and as outlined in 16-VII.C. The notice and self-certification form must accompany the written notification of eligibility determination. This notice must be provided in both of the following instances: (1) when a family is notified of its eligibility; or (2) when a family is notified of its ineligibility.

Exhibit 4-1: Local Preferences
(Board Resolution 14-07

Acknowledging that the resources to provide housing are limited, the Housing Authority of the County of DeKalb has established local preferences for admission to its programs. The Housing Authority of the County of DeKalb will select families based on the following local preference system, within each bedroom size category for Low-Income Public Housing, and generally for the Housing Choice Voucher/Section 8 Program. **Families and individuals will be selected from the waiting list according to total preference points and the date and time their application is received by the PHA.**

PREFERENCE 1: DeKalb County Residency (2 point): The residency preference will be applied when the applicant household can demonstrate that they have a physical residence in DeKalb County, Illinois. Physical residence shall be defined as a domicile with a mailing address, other than a post box office box, OR the applicant family has the head, co-head or spouse working within DeKalb County for 30 or more hours on average per week.

> **Verification:** Residency will be verified when the applicant can produce three or more of the following: current lease, utility bills showing the current physical address, medical bills, DHS benefits verified within DeKalb County , child/children's enrollment in DeKalb County school, signed statement from employer indicating dates of employment, number of hours working, hourly wages, and anticipation of continuous employment or 3 items of mail such as car insurance bill, cell phone bill, credit card statement, etc. The mail items presented for proof of residency must be post marked within the last 30 days, and original pieces of mail must be provided. Handwritten or typed address on an envelope will not be accepted.

PREFERENCE 2: Family Preference (1 Point): A person is considered eligible for this preference if either head or spouse has legal custody of a minor child or children. This preference is also extended to the ELDERLY (over age 62) or DISABLED families/individuals whose head of household or spouse are elderly or have a verified disability.

> **Verification:** Verification of the family preference is verified via confirmation of birth records, foster parent certifications through legal certifications legal adoption records, etc. (This preference is also extended to all elderly families and all families whose head or spouse is receiving income based on their disability. Verification of disability is accomplished through a current Social Security Disability Benefit letter or via Disability Verification from a licensed care provider i.e. physician, counselor, case manager, **psychiatrist**, psychologist, psychoanalyst, psychotherapist ..., etc.)

PREFERENCE 3: **Working Preference (1 point):** A family is considered eligible for this preference if either head or spouse is employed and working. This preference is also extended to the ELDERLY (over age 62) or DISABLED families/individuals whose head of household or spouse are elderly or have a verified disability.

> **Verification:** Employment will be verified by at least 2 current, consecutive paycheck stubs, signed statement from employer indicating dates of employment, number of hours working, hourly wages, and anticipation of continuous employment or theworknumber.com. (This preference is also extended to all elderly families and all families whose head or spouse is receiving income based on their disability. Verification of disability is accomplished through a current Social Security Disability Benefit letter or via Disability Verification from a licensed care provider i.e. physician, counselor, case manager, **psychiatrist**, psychologist, psychoanalyst, psychotherapist, etc.)

PREFERENCE 5: Rent Burden (1point): In order to qualify for this preference, a family must be paying more than 50% of family income for rent. An applicant does not qualify for a rent burden preference if either of the following is applicable:

a. The applicant has been paying more that 50% of income for rent for less than 90 days.
b. The applicant is paying more than 50% of family income to rent a unit because the applicant's housing assistance for occupancy of the unit under any of the following programs has been terminated as a result of the applicant's refusal to comply with applicable program policies and procedures on the occupancy of under occupied and overcrowded units:
1. Section 8 programs or Public or Indian Housing Programs under the United States Housing Act of 1965; or
2. The rent supplement program under section 101 of the Housing and Urban Development Act of 1965; or
3. Rental assistance payments under section 236(f)(2) of the National Housing Act.

"Family income" is monthly income as defined in 24 CFR 5.609.

"Rent" is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis plus the utility allowance for family-purchased utilities and services that is used in the PHA tenant-based program, or if the family chooses, the average monthly payment that the family actually made for these utilities and services for the most recent six-month period.

If an applicant owns a mobile home, but rents the space upon which it is located, then "rent" will include the monthly payments made to amortize the purchase price of the home.

Members of a cooperative are "renters" for the purposes of qualifying for the preference. In this case, "rent" would mean the charges under the occupancy agreement.

Verification (Income, Rent, Utilities): Income will be verified in accordance with existing procedures used to verify income to determine eligibility. Amounts due under a lease or occupancy agreement will be verified by requiring the family to furnish copies of an executed rental agreement, canceled checks or rent receipts for the immediate past 90 days, a copy of current purchase agreement, or by contacting the lien holder or landlord direct. Utility payments will be verified by presenting copies of canceled checks or receipts for the most recent six-month period.

PREFERENCE 6: DeKalb County Continuum of Care Preference (1 point): The DeKalb County Continuum of Care Preference is given to Applicant families, otherwise eligible, who are <u>currently</u> residing in Emergency Shelter, Transitional Shelter, Permanent Supportive housing or participating in homeless services at/in/through a participating DeKalb County Continuum of Care agency (at the time of verification) and have received a written letter of recommendation not less than 30 days old from a participating DeKalb County Continuum of Care agency.

> **Verification:** A written letter of recommendation from a participating DeKalb County CoC agency, not less than 30 days old, confirming the eligible applicant's <u>current</u> successful program participation, services received, and demonstrates that the family or individual is housing ready and can maintain successful lease compliance (low risk of homeless recidivism).

DeKalb COC Homeless Management Information System

Client Informed Consent and Release of Information
PERMISSION TO SHARE INFORMATION TO OBTAIN NECESSARY SERVICES
Please read the following notice and authorization (or ask to have it read to you) before signing.

This agency,   participates in the DeKalb County Continuum of Care. Agencies that participate in the Continuum of Care belong to a Homeless Management Information System (HMIS), an internet-based network. This network is administered by the Institute for Community Alliances (ICA).

BENEFITS TO DATA SHARING FOR THE CONSUMER

Eliminates duplicate intakes

Faster access to the Coordinated Services System, resulting in receiving assistance more quicl<ly

Reduces the amount of time spent answering basic Allows agencies to focus on meeting your unique service questions regarding your situation needs

Reduces the amount of times you have to tell your story Multiple services can be easily coordinated and to service providers   streamlined

The DeKalb COC ensures the security of its system. Please see below for detailed information on security measures.

You have the option to share your information with other service providers from whom you might be seeking services. Your identity and information collected in HMIS will be shared, with your written consent, in the network. The HMIS includes your demographic information and other essential personal information needed to best determine your service needs.

The computer program used for this purpose has industry standard security protocols, and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency, the network, and limited staff of the Institute for Community Alliances. No personally identifying information will be shared by our network with any Department in the State of Illinois or the Federal Government. Information collected is housed in a secure server in Shreveport, Louisiana. Limited Bowman Systems staff have access to this server and the data for the purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

DeKalb County Homeless Service Providers

Housing Authority of the County of DeKalb

Hope Haven of DeKalb County, Inc.

Please note if you grant permission for your information to be shared, that agreement will be in effect until you revoke it in writing. You may end your agreement in writing, and your personal and service information will no longer be shared from that date going forward. If you do not give permission for this agency to release your information, no other agency in the network will have access to it

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share your information with other agencies, federal and state regulations may require limited data collection for funding purposes.

DeKalb COC Homeless Management Information System

Type of Information to be shared:

    o Personal Identifying Information: Name (First, Middle and Last), Social Security Number, Date of Birth, Ethnicity, Gender, Last Residence Information, Military Status o Housing/Program Specific: Entry/Exits, Agency Assessments, Services, Coordinated Entry, Case Notes, Referrals o Assessment Specific: Income, Non-cash Benefits, Disability, Domestic Violence

Please indicate your choice regarding data sharing:

Option 1:

    _____ By initialing here, I agree to share my and my child/children's above specified information and coordinate services with all participating agencies in the network. [I Verbal Consent

Option 2:

    _____ By initialing here, I agree to limit sharing of my and my child/children's above specified information and coordination of services to this agency and the agencies listed below:

_____	_____
_____	_____
_____	_____

[J Verbal Consent

Option 3:

    _____ By initialing here, I agree I do not want to share my and my child/children's above specified information and coordinate services with other agencies.

    ☐ Verbal Consent

I understand that signing below relates only to data sharing and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing.

Client Signature:Date:

_____

Print Name:

_____

Client Signature:Date:

_____

Print Name:

_____

☐ Verbal Consent obtained by phone (Agency Staff Initials):   Date:

_____   _____

ServicePoint Basic Entry – for Adults

ServicePoint ID #:_____

Client's Name:
(write in name and check 1 data quality option): _____

_____ Full name _____ Partial, street or code name _____ Client doesn't know _____ Client refused

Social Security Number (SSN)
(write in SSN and check 1 data quality option):_____

_____ Full SSN _____ Approx. or partial SSN _____ Client doesn't know _____ Client refused

U.S. Military Veteran

_____ Yes _____ No _____ Client doesn't know _____ Client refused

Date Client Entered Project:_____ / _____ / _____

Project Name:_____

Number of people in household: _____ 1 (single client) _____ More than 1 (family or household)

If more than 1: Client's relationship in the household: _____

Total number of clients in the household: _____

Fill out a separate form for each person (4 page form for each adult, 1 page form for each child)

HUD Relationship to Head of Household:

_____ Self (head of household) _____ Head of Household's spouse or partner
_____ Head of Household's other relation member _____ Other: Non-relation member
_____ Head of Household's Child _____ Client doesn't know
_____ Client refused

Date of Birth (DOB)
(write in DOB and check 1 data quality option): _____ / _____ / _____

_____ Full DOB _____ Approx. or partial DOB _____ Client doesn't know _____ Client refused

Race (check up to 2):

_____ American Indian or Alaska Native _____ Asian _____ Black or African American
_____ Native Hawaiian/Pacific Islander _____ White
_____ Client doesn't know _____ Client refused

Gender:

_____ Female _____ Male _____ Does Not Identify as M/F/T
_____ Transgender male to female _____ Transgender female to male
_____ Client doesn't know _____ Client refused

Ethnicity:

_____ Non-Hispanic/Non-Latino _____ Hispanic/Latino
_____ Client doesn't know _____ Client refused

Does client have a disability of long duration (check 1 and complete grid below):

_____ Yes _____ No _____ Client doesn't know _____ Client refused

DISABILITY DETAIL Circle for each disability type: Y=Yes N=No DK=Doesn't Know R=Refused

Disability Type	Has disability	IF YES:	Long-term	Impairs ability to live independently	Documenta-tion on file	Receiving services or treatment
Alcohol abuse	Y N DK R		Y N	Y N DK R	Y N	Y N DK R
Drug Abuse	Y N DK R		Y N	Y N DK R	Y N	Y N DK R
Both alcohol/drug abuse	Y N DK R		Y N	Y N DK R	Y N	Y N DK R
Chronic health condition*	Y N DK R		Y N	Y N DK R	Y N	Y N DK R
Developmental disability	Y N DK R		Y N	Y N DK R	Y N	Y N DK R
HIV/AIDS	Y N DK R		Y N	Y N DK R	Y N	Y N DK R
Mental health problem	Y N DK R		Y N	Y N DK R	Y N	Y N DK R
Physical disability	Y N DK R		Y N	Y N DK R	Y N	Y N DK R

*Please list chronic health condition(s):_____

Covered by health insurance (check 1 and complete grid below):

_____Yes   _____No   _____Client doesn't know   _____Client refused

Insurance Type	Yes	No	Insurance Type	Yes	No
MEDICAID			Employer-provided insurance		
MEDICARE			Health insurance through COBRA		
State children's health insurance			Private pay health insurance		
Veteran's Admin. medical services			State health insurance for adults		
Indian Health Services Program			Other (Specify):_____		

Client Location: IL-509 DeKalb City and County CoC

County Served at Enrollment: DeKalb County, IL

Zip Code of Last Permanent Address: _____
    (Apartment, Room, or House where the client last lived for 90 days or more)

Type of Living Situation on Night Before Entry (CHOOSE ONE OF THE FOLLOWING THREE CATEGORIES):

Category 1: Homeless Situation   _____Client doesn't know   _____Client refused

_____Place not meant for habitation

_____Emergency shelter, including hotel or motel paid for with emergency shelter voucher

_____Safe Haven

_____Interim Housing

Length of Stay at Prior Night Living Situation:

_____One night or less   _____One month or more, but less than 90 days

_____Two to six nights   _____90 days or more, but less than one year

_____One week or more, but less than one month   _____One year or longer

_____Client doesn't know   _____Client refused

Approximate Date Homelessness started:_____/_____/_____

How to determine Approximate Date Homelessness Started: Have the client look back to when the current time staying on the streets or emergency shelter started. If they were on the streets or shelter and then stayed in housing for less than 7 days, include the time in housing. If they were on the streets or shelter and then stayed in an institution for less than 90 days, include the time in the institution.

Category 2: Institutional Situation

_____Foster care home or foster care group home

_____Hospital or other residential non-psychiatric medical facility

_____Jail, prison or juvenile detention facility

_____Long-term care facility or nursing home

_____Psychiatric hospital or other psychiatric facility

_____Substance abuse treatment facility or detox center

Length of Stay at Prior Night Living Situation:

_____One night or less   _____One month or more, but less than 90 days

_____Two to six nights   _____90 days or more, but less than one year

_____One week or more, but less than one month   _____One year or longer

_____Client doesn't know   _____Client refused

If you selected one of the shaded options above, were they on the streets or in ES prior to that? ___Y ___N

If Yes, Approximate Date Homelessness started: _____/_____/_____

If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)

Category 3: Transitional and Permanent Housing Situation

_____Hotel or motel paid for without emergency shelter voucher

_____Owned by client, no ongoing housing subsidy

_____Owned by client, with ongoing housing subsidy

_____Permanent housing for formerly homeless persons

_____Rental by client, no ongoing housing subsidy

_____Rental by client, with VASH subsidy

_____Rental by client, with GPD TIP subsidy

_____Rental by client, with other ongoing housing subsidy

_____Residential project or halfway house with no homeless criteria

_____Staying or living in a family member's room, apartment or house

_____Staying or living in a friend's room, apartment or house

_____Transitional housing for homeless persons (including homeless youth)

_____Other (specify):_____

Length of Stay at Prior Night Living Situation:

_____One night or less   _____One month or more, but less than 90 days

_____Two to six nights   _____90 days or more, but less than one year

_____One week or more, but less than one month _____One year or longer

_____Client doesn't know   _____Client refused

If you selected one of the shaded options above, were they on the streets or in ES prior to that? ___Y ___N

If Yes, Approximate Date Homelessness started: _____/_____/_____

If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)

Regardless of where they stayed last night—**Number of times the client has been on the streets or in Emergency Shelter in the past three years** (counting current stay):

_____Never in 3 years   _____One Time   _____Two Times   _____Three Times

_____Four or more times   _____Client doesn't know   _____Client refused

Total number of months homeless on the street or in Emergency Shelter in past 3 years:

_____1 month (this time is the first month) _____2 months _____3 months _____4 months _____5 months

_____6 months _____7 months _____8 months _____9 months _____10 months _____11 months

_____12 months _____More than 12 months _____Client doesn't know _____Client refused

---

Homelessness Primary and Secondary reason (circle 1 P for primary reason and 1 S for secondary reason):

Addiction......................................P ....S	Moved to Seek Work	P....S
Discharged from Institution w/o Housing.............P ....S	Other	P....S
Divorce/Separated/Family Breakup ....P ....S	Physical/Mental Disabilities	P....S
Domestic Violence ....P ....S	Reduced wages/ Loss of Income	P....S
Evicted ....P ....S	Relocation	P....S
Family/Personal Illness ....P ....S	Service Resistant/Client Choice.	P....S
Fire/Disaster ....P ....S	Sexual Assault/Other Crimes	P....S
Jail/Prison ....P ....S	Unemployment	P....S
Health/Safety ....P ....S	Unable to Pay Rent/Mortgage	P....S

Domestic Violence Victim/Survivor

_____Yes   _____No   _____Client doesn't know   _____Client refused

If yes, when DV experience occurred:

_____Within the past three months   _____Three to six months ago   _____From six to twelve months ago

_____More than a year ago   _____Client doesn't know   _____Client refused

If yes, are you currently fleeing:

_____No   _____Yes   _____Client doesn't know   _____Client refused

Last Grade Completed:		
_____ Less than Grade 5		_____ GED
_____ Grades 5-6		_____ Some College
_____ Grades 7-8		_____ Associate's Degree
_____ Grades 9-11		_____ Bachelor's Degree
_____ Grade 12 / High School Diploma		_____ Vocational Certification
_____ School does not have grade levels		_____ Client doesn't know
		_____ Client refused

Employed?

_____ Yes _____ No _____ Client doesn't know _____ Client refused

Income from any source?

_____ Yes _____ No _____ Client doesn't know _____ Client refused

Total Monthly CASH income

(write in total $ amount here and complete grid below): $_____

Receives Income Sources:	Yes	Monthly $	No	Not Collected
Alimony or other spousal support				
Child support				
Earned income				
General assistance				
Pension or retirement income from a job				
Private disability insurance				
Retirement income from social security				
Social Security Disability Income (SSDI)				
Supplemental Security Income (SSI)				
TANF (FIP)				
Unemployment Insurance				
VA Non-service connected disability pension				
VA service-connected disability compensation				
Worker's Compensation				
Other (specify):				

Non-cash benefits from any source (check one and complete grid below):

_____ Yes _____ No _____ Client doesn't know _____ Client refused

Receives the following Non-cash Benefit Types:	Yes	No	Not Collected
Supplemental Nutrition Assistance Program (SNAP) (food stamps)			
Special Supplemental Nutrition for Women, infants, children (WIC)			
TANF Child Care services			
TANF transportation services			
Other TANF-funded services			
Section 8, public housing, or other ongoing rent assistance			
Temporary rental assistance			
Other (specify):			

ONLY FOR Rapid Rehousing Projects:

Residential Move-in Date: _____ / _____ / _____

ONLY FOR Street Outreach or Night by Night Emergency Shelter:

Date of Contact:_____ / _____ / _____

Location of Contact:

_____ Place not meant for habitation _____ Service setting, non-residential _____ Service setting, residential

IL509 will provide this form on their website at all times. Before or at the time of the NOFA release, an announcement will be distributed and posted publicly for agencies wishing to submit a <u>new</u> or <u>renewal</u> request for CoC funds.

Each project request (new or renewal) will need to complete this form and submit it, and all data requested below by the date specified in the announcement. **THIS IS A TIGHT TIME FRAME**.

This form will be used by the CoC Ranking Committee. In order to meet HUD performance review standards for all new and renewal projects. Each applicant is asked to bring:

➢ Copies of their most recent HUD APR
➢ Any HUD monitoring visit reports (note any concerns or findings),
➢ The most recent agency audit letter of findings/no findings
➢ Any consumer satisfaction survey information.
➢ A header with your project name must be completed on all pages or bound together with identifying data.
➢ Each applicant will be asked to make a short verbal presentation to the Ranking Committee which includes:
  - Describe your program
  - Performance measure results
  - For Transitional Housing, give % who exited to permanent housing and their average length of stay.
  - Successes and Strength stories
  - Failures and Stumbles – what are you doing about it
  - Housing First and Low Barrier -how are you implementing this?
  - Monitoring Results

Agency Name:	
Project Name:	
Project Type:	

1. **PROJECT POPULATION - SERVING THOSE WITH THE HIGHEST NEEDS - 5 points.**
   Is your project serving those with the highest needs? Check all that apply.
   - ☐ Chronically homeless
   - ☐ Specialized population such as DV(Victim Service), LGBTQ, youth, veterans
   - ☐ Substance abuse, health or mental health impairments
   - ☐ Coming from the streets

2. **HOUSING FIRST - 5 Points**.

Is your project ☐ Permanent Supportive Housing OR ☐ Transitional Housing?

Does your project use a Housing First Approach? ☐ Yes ☐ No

A Housing First approach is offered without pre-conditions or service participation requirements. Housing stabilization is the primary goal. Persons are not terminated for failure to participate in support services, make progress on a service plan, loss of income, being a victim of domestic violence or any other activity not included in a typical lease agreement.

3. LOW BARRIER – 5 Points

Does the project use low barrier approach? ☐ Yes ☐ No

Low barrier means projects allow entry to persons that have low or no income, current or past substance abuse, criminal records (with some exceptions), and history of domestic violence.

4. **BEDS DEDICATED TO CHRONICALLY HOMELESS – 5 Points**

Type of Project: ☐ PSH   ☐ TH   ☐ OTHER

Number of beds dedicated Chronically Homeless: _____

Chronically Homeless % of Total Beds: _____

Change in Chronic Beds from previous year to current year (HIC): _____

☐ Increase   ☐ Decrease

5. **NON-DEDICATED BEDS PRIORITIZED FOR CHRONICALLY HOMELESS– 5 Points**

Type of Project: ☐ PSH   ☐ TH   ☐ OTHER

Are 100% of the beds already designated for Chronic Persons? ☐ Yes ☐ No **(+5 Points)**

If not, what % of your total PSH beds are designated for Chronic Persons? _____

Are you willing to prioritize admission of the Chronically Homeless to non-dedicated units as units are vacated through turnover? ☐ Yes ☐ No   How many? _____

What is the total % of non-dedicated beds that will be prioritized for CH through turnover? _____

6. **HOUSING STABILITY PERFORMANCE – 5 Points**

From the most recent HUD Annual Progress Report:

Percent of participants remaining in PSH or exiting to a permanent destination? _____%

Percent of participants exiting TH to a permanent destination? _____%

7. **INCREASING INCOME – 5 Points**
   From the most recent HUD Annual Progress Report [19a1 & a3]:

   Client Cash Income Change – Income Source: *Performance Measure: % of Persons who Accomplished Measure?*
   19a1 - By Start and Last Status: Previous Year: _____%   Current Year: _____%

   19a3 - By Start and Latest Status/Exit: Previous Year: _____%   Current Year: _____%

8. **ACCESSING MAINSTREAM BENEFITS – 5 Points**
   Does the project meet all 5 criteria for assisting participants with mainstream benefits? ☐Yes ☐No

   These include providing transportation assistance to appointments, use of a single application form for 4 or more benefits, annual follow-ups to ensure benefits are received and renewed, giving participants access to technical assistance for SSI/SSDI, and having a staff person who has completed SOAR training in the past 24 months?

9. **MATCH – 5 Points**
   What percent of your total HUD request is the total amount of your match?

   ☐ 25%   ☐ Other: _____

10. **ADMINISTRATION CAPACITY – 5 Points**
    Drawdown of funds from the LOCCS system in the last project year:

    ☐ Less than 4x   ☐ More than 4x

    Timely and correct submission of the project APR for the last operating year in eSnaps on or before the due date? (i.e. approved by HUD with no revisions required).   ☐Yes ☐No

11. **RECAPTURED FUNDS – 5 Points**
    Did your project have any recaptured funds in the last completed grant year? ☐Yes ☐No

    If yes, amount of recaptured funds: _____

    Percentage of the total grant _____%

Total Points Possible = 55	**Score**:

>> **Continued on Next Page** <<

MANDATORY NON-SCORED INFORMATION
Please keep answers concise

12. Adequate participation in the DeKalb County CoC HMIS system, including entering universal data elements, regular data quality checks, and running performance reports from HMIS. (This will be verified). ☐Yes ☐No

    Have you been notified of any data quality issues? If yes, explain how you resolved them:

13. **EDUCATION POLICY**
    If your project serves persons under 18, do you have a written policy with practices consistent with the McKinney Vento education laws? ☐Yes ☐No

    If your project serves families, does your project have a designated staff person responsible for enrolling homeless children in school and linking them to other services?   ☐Yes ☐No

    If yes, please give name and position title: _____

    If yes, please describe your efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services.

    If yes, describe how your program considers the educational needs of children when families are placed in emergency or transitional shelter.

14. COORDINATED ENTRY PROCESS

Does the project fully participate in the CoC Coordinated Entry Process? ☐Yes ☐No

If yes, how outreach is designed and conducted to identify all and engage all populations?

```


```

If yes, how does your agency advertise the coordinated entry process to reach homeless persons?

```


```

If yes, how does the process ensure that program participants are directed to appropriate housing and services?

```


```

>> THIS PAGE TO BE COMPLETED BY RANKING COMMITTEE <<

Ranking Committee Member Name:	Signature:
Project Name:	Date of Eval:
Project Type: ☐TH ☐PH ☐RRH ☐HMIS	Utilization Rate in last APR (Q10):

#	Description	Max Points	Points Awarded
1	**Project Population - Serving those with the Highest Need**: 1 point for each population served	**5**	
2	**Housing First:** 5 points if the project meets all criteria. 0 points if it does not meet all.	**5**	
3	**Low Barrier**: 5 points if the project meets all criteria. 0 points if it does not meet all.	**5**	
4	**Beds dedicated to CH persons:** 5 points if the reported number increased on the previous HIC or is 100% of beds, 3 points if the project remained constant, 2 points if it is a transitional housing project, 0 points if the number decreased from the previous HIC.	**5**	
5	**Beds non-dedicated to CH persons that are prioritized for CH persons**: 5 points if 100% of beds are already dedicated to CH person, 5 points if 50% or higher of non-dedicated beds will be turned over to CH, 2 points if 50-30% will be turned over, 0 points if under 30% or the project is transitional housing.	**5**	
6	**Housing Stability Performance - % of participants remaining in PSH or exiting to another PH destination or exiting TH to a PH destination:** 5 points if at least 80%, 2 points if at least 65%, 0 points if below 65%.	**5**	
7	**Increasing Income – % of participants (leavers and stayers) meeting employment income or total income measures:** 5 points if at least 50%, 2 points if at least 25%, 0 points if under 25%.	**5**	
8	**Accessing Mainstream Benefits:** 5 points if the project meets all criteria for assisting participants with mainstream benefits in Q3a, b, c and 4, 4a. 0 points if less than all 5 criteria.	**5**	
9	**Match:** 5 points if 25%, 0 points if below 25%	**5**	
10	**Administration Capacity:** 2 points for quarterly or more drawdown of funds from LOCCS. 3 points for timely and correct submission of the APR in eSnaps for the last operating year.	**5**	
11	**Recaptured funds:** 5 points are awarded if no funds are recaptured, 4 points if recaptured funds are >0.5% of the total budget, 3 points if less than 1%, 2 points if less that 2%, 0 points if 2% or more	**5**	
	TOTAL POINTS POSSIBLE	**55**	
12	**Adequate HMIS participation:** including entering universal data elements, regular data quality checks, and running performance reports from HMIS.	**Mandatory**	**Y / N**
13	**Education Policy:** Agency follows the McKinney Vento Laws regarding education of homeless students	**Mandatory**	**Y / N**
14	**Coordinated Entry Process:** Agency participates in the CoC coordinated entry process	**Mandatory**	**Y / N**

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Continuum of Care

What is a Continuum of Care?

The CoC Program is designed to assist individuals and families experiencing homelessness and to provide the services needed to help such individuals move into permanent housing, with the goal of long-term stability. More broadly, the program is designed to promote community-wide unified planning and strategic use of resources to address homelessness.

> "The DeKalb County Continuum of Care seeks to break the cycle of homelessness in DeKalb County by assisting homeless individuals and families to move into permanent housing and become self-sufficient."

Each year, HUD awards CoC Program funding competitively to organizations working to combat homelessness. The DeKalb County Continuum of Care IL509 meets on a quarterly basis. Partners of the Continuum come together to discuss the jurisdictional needs of the homeless persons within our County. Meetings are open to the public. For information and updates on the DeKalb County Continuum, monitor this webpage or email sperkins@dekcohousing.com.

If you or someone you know could benefit from the Continuum of Care Program, please contact Hope Haven, or Community Support Program.

DeKalb County Continuum of Care Policies

- Bylaws IL509 Adopted in 2016
- Education Policy
- CES Standards & Policy
- Governance Charter
- HMIS Policies and Procedures
- Code of Ethics Policy
- Reallocation Policy

More facts about Homelessness:
Illinois Homeless Rates by CoC 2017
2018 IL NLIHC OOT

2018 CoC Information (updated 9/10/2018)

The FY 2018 CoC Program Competition **opened Wednesday, June 20, 2018 and closes Tuesday, September 18, 2018 at 8:00 PM EDT.** Click here for CoC Program NOFA description

2018 Competition Timeline

- Project Eval Form for CoC Ranking 2018– Applications for Grant Renewals or New Projects must be submitted by **August 13, 2018.**
- **6/20/18** – CoC Program Competition opens
- **6/27/18** – CoC Meeting 10:30 am @ 2500 N. Annie Glidden Road DeKalb, IL
  - June 27 2018 Agenda
- **6/28/18** – Electronic application *e-snaps* will be available on or after
- **8/13/18** – New, Bonus, and Renewal Project Applications – deadline for submission
- **8/17/18** – New, Bonus, and Renewal Project Applications – Present to Ranking Committee
- **8/31/18** – Project Accept/Reject notice to be sent – deadline
  - **UPDATE:** All projects have been reviewed and ranked as of 8/17/18 – 2018 Project Rankings
  - All projects were accepted, none rejected or reduced and sub-grantees notified outside of eSNAPS. 2018 Project Acceptance Letters
- **9/5/18** – CoC Meeting 10:30 am – 2500 N. Annie Glidden Rd. DeKalb, IL
- **9/14/18** – Collaborative Application, Project Ranking, Accept/Reject/Reduced Funding – target date for CoC to post for public review
- **9/14/18** – Grant Submission – target date for submission
  - Collaborative Application – Approved 9-5-18
  - Priority Ranking – Approved 9-5-18
- **9/18/18** – Submission Due Date

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    - **8/8/17** – Internal CoC Application for Renewal or New Projects
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    - **9/26/17** – IL509 Submission of Consolidated Application.
    - **9/28/17** – Submission Due Date.
- March 15 2017 Agenda
    - March 15, 2017 Meeting Minutes
- April 6, 2017 Agenda
    - April 6, 2017 Meeting Minutes
- September 11 2017 Agenda

2016 CoC Information

- Continuum of Care HUD Program Grant Competition for FY2016 is open.
    - August 24 2016 Agenda for the CoC meeting.
    - All Project Applications submitted for the 2016 competition *were accepted* for renewal with no rejections.
    - 2016 Project Rankings
    - 2016 Collaborative Application for the CoC HUD Program Grant Competition – **September 14, 2016.**
- April 27, 2016 Meeting Agenda & Information
- Point In Time Count Data
- 1/27/2016 Meeting Agenda & Information
- 2016 TENTATIVE Schedule
- January 27, 2016 Meeting Minutes
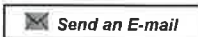- April 27, 2016 Meeting Minutes
- August 24, 2016 Meeting Minutes

2015 CoC Homeless Assistance Grant

- CoC Collaborative Application
- 2015 Project Ranking
    - SPC Rental Assistance
    - Dresser Court Permanent Housing Project
    - Rapid Re-Housing For Families
    - DCHA Permanent Housing Bonus
    - Housing First

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310 N 6th Street, DeKalb, IL 60115

Hours:
Open Monday through Friday: 8:30am to 4:30pm

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Homeless assistance grant funding available

By **DREW ZIMMERMAN****EmailFollow**
June 29, 2018

DeKALB – Competition will be steep for Continuum of Care program funding meant to aid organizations that operate housing and services for homeless individuals.

But now that the application window is open, the Housing Authority of DeKalb County has created a timeline of important local events related to the competition.

New, bonus and renewal project applications must be submitted by Aug. 13 to be presented to the Ranking Committee at 10:30 a.m. Aug. 17 at the housing authority office, 310 N. Sixth St., DeKalb.

Project applicants will be notified of acceptance, rejection or reduction of funding by Aug. 31.

A Continuum of Care meeting then will be held Sept. 5 in the DeKalb County Community Outreach Building at 2500 N. Annie Glidden Road. Project rankings will be posted online by Sept. 14.

The target submission date for grants will be Sept. 14, but they are due to the Department of Housing and Urban Development by Sept. 18.

Search: _____ **>**

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If you or someone you know could benefit from the Continuum of Care Program, please contact Hope Haven, or Community Support Program.

To find out more about Homelessness in our area follow this link to Fred W. Spannaus' website. Fred W. Spannaus specializes in Homelessness and Human Resources. The information provided on the website is eye opening.

More facts about Homelessness:
Illinois Homeless Rates by CoC 2017
2018 IL NLIHC OOT

2018 CoC Information (updated 6/22/2018)

FY2018 CoC Program Competition is Now Open

- The FY 2018 CoC Program Competition **opened Wednesday, June 20, 2018 and closes Tuesday, September 18, 2018 at 8:00 PM EDT**
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Fri 6/22/2018 10:08 AM

Shelly Perkins

DeKalb County Continuum of Care – Local Competition Deadlines

To   Shelly Perkins

Bcc   'susanp@four-c.org'; Dawn Guler - AID (Dguler@the-association.org)'; 'sabrina.nicholson@nm.org'; 'casadekalb@aol.com'; 'nancy@clcdaycare.org'; 'Cortlandchief@cortlandil.org'; 'mayor@cortlandil.org'; 'townclerk@cortlandil.org'; 'Mike.verbic@cityofdekalb.com';
'bill.finucane@cityofdekalb.com'; 'Annemarie.Gaura@CITYOFDEKALB.com'; 'David.Jacobson@cityofdekalb.com'; 'Mike.Marquardt@cityofdekalb.com'; 'kate.noreiko@cityofdekalb.com'; 'Jerry.Smith@CITYOFDEKALB.com'; 'joanne.rouse@cityofdekalb.com';
'patrick.fagan@cityofdekalb.com'; 'Eric.hicks@cityofdekalb.com'; 'luke.howieson@cityofdekalb.com'; 'gene.lowery@cityofdekalb.com'; 'jpetragallo@cityofdekalb.com'; 'Kelly.sullivan@cityofdekalb.com'; 'cleoni@cityofdekalb.com'; 'jmisurelli@genoa-il.com'; 'info@genoa-il.com';
'tlynch@genoapd.com'; 'clerk@hinckleyil.com'; 'amandah@hinckleyil.com'; 'Policechief@HinckleyIL.com'; 'mnelson@sandwich.il.us'; 'bgregory@cityofsycamore.com'; 'kmundy@cityofsycamore.com'; 'ppolarek@cityofsycamore.com'; 'gtheriault@sycamorepd.com';

📄 **Project Eval Form for CoC Ranking 2018.pdf**
234 KB

📄 **CES Standards & Policy 2018.pdf**
529 KB

Hello All –

The 2018 Notice of Funding Availability for Homeless Assistance grants has been released and the competition for funding has begun. Below you will find the timeline along with other necessary dates crucial to the grant competition. You may also visit http://dekcohousing.com/find-housing/continuum-of-care/ for up-to-date changes and policies and related to the IL-509 DeKalb County Continuum of Care.

Also attached please find the final copy of our Coordinated Entry System Written Standards & Policy that incorporates the most recent HUD policy priorities and mandates.

DeKalb County Continuum of Care – Local Competition Deadlines
➢ **Next CoC Meeting:** June 27, 2018 10:30 AM @ 2500 N. Annie Glidden Road
➢ **New, Bonus, and Renewal Project Applications:**   Must be submitted by August 13, 2018. See attached Evaluation Form.
➢ **Notice of Accept/Reject/Reduced Funding:** CoC will notify Project applicants by August 31, 2018
➢ **Collaborative Application, Project Ranking, Accept/Reject/Reduced Funding:** CoC will post on website for transparent public review by September 14, 2018
➢ **Grant Submission:** Target submission date September 14, 2018
➢ **Grant Submission Due to HUD:** September 18, 2018

Please do not hesitate to contact me with any questions you may have!
Thank you!

Michelle M. Perkins
Executive Director

Policy Statement

The DeKalb County Continuum of Care (CoC) Ranking Committee is authorized to make all final decisions pertaining to pursuit, contract, and allocation of funding and will determine the need for reallocation based on analysis of data and outcomes. The DeKalb County Continuum of Care will annually review the option of reallocation of HUD CoC funded resources. The reallocation process will be communicated throughout the entire CoC area via email and website posting and will encourage both new and existing providers to apply for new projects through reallocation. Reallocation shall have the intent to achieve one or more of the following objectives:

1. To meet housing needs for persons as identified in the Coordinated Entry process
2. To make homelessness in DeKalb County rare, non-reoccurring, and of short duration
3. To optimize CoC system performance by providing high-quality, effective programming
4. To align funded programming to be consistent with the HEARTH Act and HUD guidance and HUD policy priorities
5. To contribute to the HUD competitive consolidated application process
6. To strengthen collaboration within the homeless services system

Reallocation may be self-initiated by a funded agency (voluntary) or initiated by CoC Leadership (Continuum-initiated). Decisions related to Continuum-initiated reallocations will be made in accordance with the COC interim rule which holds each CoC responsible for the performance, fiduciary accountability and strategic value of each CoC program project included in its annual Collaborative Application the reallocation process will be transparent, equitable and data-driven with an emphasis on local needs. Reallocation amounts are to be sufficient as to fund effective programming.

Timing of Reallocation

Communication regarding potential reallocation between CoC funded agencies and CoC leadership will be prompt and open. Notification of reallocation requests will occur within 30 days following HUD's announcement of Tier One and Tier Two awards from the previous competition. However, should a compelling need become evident, or an unforeseen incident occur, the CoC reserves the right to respond and accelerate the reallocation process so as to maintain housing stability for those served by existing HUD funds.

Voluntary Reallocation Process

CoC funded agencies will notify the Ranking Committee of their intent in writing no later than 30 days following HUD's announcement of Tier One and Tier Two awards from the previous competition. Funded agencies may also request reallocation if they intend to close, decrease the size of the project, or otherwise fund the project from an alternate source.

To provide an incentive to all funded providers to monitor and improve their project performance and to contribute to system performance, the CoC will give strong preference to agencies to administer proposed new projects for which they are voluntarily reallocating their funding. This will take place during the NOFA application process if the agency history of capacity and performance is acceptable.

Continuum-Initiated Reallocation Process

The DeKalb County CoC maintains full authority to reallocate funding to maximize services, effectively compete and/or to address underperforming projects. The CoC may choose reallocation from any CoC project to meet its responsibility to ensure the CoC Consolidated Application best aligns with HUD priorities and contributes to a competitive application to collaboratively secure funding to meet community needs. Decisions will be made during the process of preparing an application for funds, as described in the Governance Charter and the CoC Collaborative Application Process. All reallocation decisions must be approved by the CoC.

Once it has been determined that reallocation of funding is in the best interest of the CoC, a representative or representatives of the CoC will communicate with the agency whose project is being reallocated to discuss how the reallocation will occur and the timing of any project funding reallocation.

It is the CoC's responsibility to strategically determine how to best use the resources available to end homelessness within the community, the CoC may reallocate funds from projects which are seen as underperforming. Underperforming projects are defined as those which are found during the annual performance review process, or otherwise known to not meet the following CoC funding objectives:

1. ***Project Capacity*** – Underperforming projects may include those which fail to make effective use of project capacity. This may be seen through unspent funds, untimely expenditures, or other issues which significantly impact project operations and performance.
2. ***Financial Management*** – Underperforming projects may include agencies or projects with audit findings for which a response is overdue or unsatisfactory, have outstanding funds, show a misuse of funds, or untimely drawdown of funds.
3. ***Performance Outcomes*** **–** Underperforming projects may show poor data quality within HMIS, unmet performance outcomes within their most recent APR, or rank low in the Project Review.
4. ***Lack of Compliance with Local and Federal Project Review and Certification Standards*** **–** Underperforming projects may include those with a history of serving ineligible persons, expending funds on ineligible costs, lack compliance with Housing First Standards or fail to fully cooperate in the coordinated entry process.
5. ***Local Need*** **–** Projects may be slated for reallocation when a local need is better met through another project.
6. ***Loss of External Supporting Program Funds*** – Projects which are unable to fully meet CoC objectives due to loss of ancillary service or support funding and results in unmet performance outcomes or unspent funds may be slated for reallocation.

Types of Reallocation
The CoC may use funds taken in whole or in part from existing projects to create new projects. HUD determines which type of new projects can be reallocated to and this is described in the annual NOFA.

Shelly Perkins

From:	Shelly Perkins
Sent:	Tuesday, August 21, 2018 9:43 AM
To:	Lesly Wicks (lwicks@hopehavendekalb.com)
Cc:	trusso@ecsdekalb.org; Dawn Guler - AID (Dguler@the-association.org); fmf555mom@yahoo.com; lisa.seymour5@gmail.com; Shelly Perkins
Subject:	Project Acceptance Letter
Attachments:	LTR - DCA Renewal Acceptance.pdf; LTR - HF Renewal Acceptance.pdf; LTR - RRH Renewal Acceptance.pdf; LTR - SHY NEW Acceptance.pdf
Importance:	High

Hello Lesly –

Attached please find your acceptance letters for your project applications for the Continuum of Care.

Michelle Perkins
Executive Director of The Housing Authority of the County of DeKalb
Lead Agency for The DeKalb County Continuum of Care
310 N. 6th St.
DeKalb IL, 60115
815-758-2692 x. 124
815-739-3917 Cell
www.dekcohousing.com

August 21, 2018

Ms. Lesly Wicks
Hope Haven
1145 Rushmoore Drive
DeKalb IL, 60115
lwicks@hopehavendekalb.com

Dear Ms. Wicks

Subject: Dresser Court Project Application – ACCEPTED

As required in the HUD Notice of Funding Availability for the FY 2018 CoC Competition, the DeKalb County Continuum of Care must notify every project as too whether they will be included, rejected or reduced in the CoC's Application to HUD for CoC Program Funding. We are happy to report that there were not projects rejected during this competition.

On August 17, 2018, your project was presented to the Ranking Committee and was subsequently scored and received a 52 out of 55 points, resulting in a rank of #1 for presentation to the CoC for submission for renewal funding.

Your project application must be submitted to eSNAPS by August 29, 2018. Thank you for your dedication to serving our County's homeless population. Your efforts are appreciated and we look forward to your projects continued success.

Sincerely,

Michelle Perkins
Lead Contact IL-509
sperkins@dekcohousing.com
815-758-2692 x.124

August 21, 2018

Ms. Lesly Wicks
Hope Haven
1145 Rushmoore Drive
DeKalb IL, 60115
lwicks@hopehavendekalb.com

Dear Ms. Wicks

      Subject: Housing First Renewal Application – ACCEPTED

As required in the HUD Notice of Funding Availability for the FY 2018 CoC Competition, the DeKalb County Continuum of Care must notify every project as too whether they will be included, rejected or reduced in the CoC's Application to HUD for CoC Program Funding. We are happy to report that there were not projects rejected during this competition.

On August 17, 2018, your project was presented to the Ranking Committee and was subsequently scored and received a 51 out of 55 points, resulting in a rank of #2 for presentation to the CoC for submission for renewal funding.

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Sincerely,

Michelle Perkins
Lead Contact IL-509
sperkins@dekcohousing.com
815-758-2692 x.124

August 21, 2018

Ms. Lesly Wicks
Hope Haven
1145 Rushmoore Drive
DeKalb IL, 60115
lwicks@hopehavendekalb.com

Dear Ms. Wicks

      Subject: Rapid Rehousing Renewal Application – ACCEPTED

As required in the HUD Notice of Funding Availability for the FY 2018 CoC Competition, the DeKalb County Continuum of Care must notify every project as too whether they will be included, rejected or reduced in the CoC's Application to HUD for CoC Program Funding. We are happy to report that there were not projects rejected during this competition.

On August 17, 2018, your project was presented to the Ranking Committee and was subsequently scored and received a 37 out of 55 points, resulting in a rank of #4 for presentation to the CoC for submission for renewal funding. **Please be advised that due to the 94% funding of Tier 1 projects, this project will fall in both Tier 1 and Tier 2.**

Your project application must be submitted to eSNAPS by August 29, 2018. Thank you for your dedication to serving our County's homeless population. Your efforts are appreciated and we look forward to your projects continued success.

Sincerely,

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815-758-2692 x.124

August 21, 2018

Ms. Lesly Wicks
Hope Haven
1145 Rushmoore Drive
DeKalb IL, 60115
lwicks@hopehavendekalb.com

Dear Ms. Wicks

Subject: Supportive Housing for Youth - NEW Application – ACCEPTED

As required in the HUD Notice of Funding Availability for the FY 2018 CoC Competition, the DeKalb County Continuum of Care must notify every project as too whether they will be included, rejected or reduced in the CoC's Application to HUD for CoC Program Funding. We are happy to report that there were not projects rejected during this competition.

On August 17, 2018, your project was presented to the Ranking Committee as a NEW project and was subsequently scored and received a 32 out of 55 points. Your project rank is #5 for presentation to the CoC for new funding utilizing the Bonus funding. Please be advised that due to the 94% funding of Tier 1 projects, this project will fall in Tier 2.

Your project application must be submitted to eSNAPS by August 29, 2018. Thank you for your dedication to serving our County's homeless population. Your efforts are appreciated and we look forward to your projects continued success.

Sincerely,

Michelle Perkins
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815-758-2692 x.124

Shelly Perkins

Hello Jennifer –

Attached please find your acceptance letters for your project applications for the Continuum of Care.

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815-758-2692 x. 124
815-739-3917 Cell
www.dekcohousing.com

August 21, 2018

Ms. Jennifer Yochem
The Housing Authority of the County of DeKalb
310 N. 6th Street
DeKalb IL, 60115
jyochem@dekcohousing.com

Dear Ms. Yochem

   Subject: Rental Assistance Renewal Application – ACCEPTED

As required in the HUD Notice of Funding Availability for the FY 2018 CoC Competition, the DeKalb County Continuum of Care must notify every project as too whether they will be included, rejected or reduced in the CoC's Application to HUD for CoC Program Funding. We are happy to report that there were not projects rejected during this competition.

On August 17, 2018, your project was presented to the Ranking Committee and was subsequently scored and received a 50 out of 55 points, resulting in a rank of #3 for presentation to the CoC for submission for renewal funding.

Your project application must be submitted to eSNAPS by August 29, 2018. Thank you for your dedication to serving our County's homeless population. Your efforts are appreciated and we look forward to your projects continued success.

Sincerely,

Michelle Perkins
Lead Contact IL-509
sperkins@dekcohousing.com
815-758-2692 x.124

From:	Shelly Perkins
Sent:	Tuesday, August 21, 2018 9:30 AM
To:	lisa.seymour5@gmail.com; trusso@ecsdekalb.org; Dawn Guler - AID (Dguler@the-association.org); fmf555mom@yahoo.com
Cc:	Lesly Wicks; Jennifer Yochem; Shelly Perkins
Subject:	RE: Ranking Committee & SubGrantees
Attachments:	Ranking Scores.xlsx

Importance: High

Hello All –

Thank you for your time on 8/17/18 to submit projects and to review and rank them as well. Attached are draft minutes of the meeting. Please let me know what changes you would like. I will be submitting them with my reminder email for the 9/5/18 CoC Meeting.

Below you will find the summation of the scores. Each committee member scored each project. Then all three scores were averaged to reach a final score for ranking. Attached is the full workbook with all the data.

For grant submission, we have two Tier's. Tier 1 is 94% of our Annual Renewal Demand. Our Annual Renewal Demand is $580,973. 94% of that is $ 546,115 (this is 6% less and equals $ 34,858 which is also the bonus amount). Using the rank order from the chart below this is how the funding/tier ranking would go. It is also in the Ranking Scores XLS. I have reviewed the NOFA to make sure I didn't miss anything that we need to consider. I will send out Acceptance Letters to the Project Applicants.

Project Applicants in Rank Order

DCA	Housing First	SPC Score	RRH	NEW SHY - PH
3	3	4	1	2
5	5	5	5	5
5	5	5	5	5
4	5	4	1	2
5	5	5	1	2
5	5	5	2	2
5	3	5	2	2
5	5	5	5	5
5	5	5	5	5
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52	**51**	**50**	**37**	**32**

Continuum of Care 2018 Project Rankings

$580,973 ARD

	Rank	Project	Type	Recipient	Amount		
1	52	Dresser Court Permanent Housing Project	Renewal	Hope Haven	$ 98,690		
2	51	Housing First	Renewal	Hope Haven	$ 29,704		Tier 1
3	50	Rental Assistance 47 (59) units	Renewal	HACD	$ 404,157		94% ARD
4	37	Rapid Re-Housing for Individuals	Renewal	Hope Haven	$ 13,564	$546,115	Total T1
4		Rapid Re-Housing for Individuals	Renewal	Hope Haven	$ 34,858		
5	32	Supportive Housing for Youth	New	Hope Haven	$ 34,858	$ 69,716	Total T2
					Grant Total	$615,831	

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Importance: High

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August 21, 2018

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Hope Haven
1145 Rushmoore Drive
DeKalb IL, 60115
lwicks@hopehavendekalb.com

Dear Ms. Wicks

Subject: Dresser Court Project Application – ACCEPTED

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August 21, 2018

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lwicks@hopehavendekalb.com

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lwicks@hopehavendekalb.com

Dear Ms. Wicks

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The Housing Authority of the County of DeKalb
310 N. 6th Street
DeKalb IL, 60115
jyochem@dekcohousing.com

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					Grant Total	$615,831		

Housing Authority of the County of DeKalb

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Continuum of Care

What is a Continuum of Care?

The CoC Program is designed to assist individuals and families experiencing homelessness and to provide the services needed to help such individuals move into permanent housing, with the goal of long-term stability. More broadly, the program is designed to promote community-wide unified planning and strategic use of resources to address homelessness.

"The DeKalb County Continuum of Care seeks to break the cycle of homelessness in DeKalb County by assisting homeless individuals and families to move into permanent housing and become self-sufficient."

Each year, HUD awards CoC Program funding competitively to organizations working to combat homelessness. The DeKalb County Continuum of Care IL509 meets on a quarterly basis. Partners of the Continuum come together to discuss the jurisdictional needs of the homeless persons within our County. Meetings are open to the public. For information and updates on the DeKalb County Continuum, monitor this webpage or email sperkins@dekcohousing.com.

If you or someone you know could benefit from the Continuum of Care Program, please contact Hope Haven, or Community Support Program.

To find out more about Homelessness in our area follow this link to Fred W. Spannaus' website. Fred W. Spannaus specializes in Homelessness and Human Resources. The information provided on the website is eye opening.

More facts about Homelessness:
Illinois Homeless Rates by CoC 2017
2018 IL NLIHC OOT

2018 CoC Information (updated 6/22/2018)

FY2018 CoC Program Competition is Now Open

- The FY 2018 CoC Program Competition **opened Wednesday, June 20, 2018 and closes Tuesday, September 18, 2018 at 8:00 PM EDT**
- Click here for CoC Program NOFA description
- Bylaws IL509 Adopted in 2016
- Education Policy
- CES Standards & Policy
- Governance Charter
- HMIS Policies and Procedures
- Code of Ethics Policy
- Reallocation Policy
- Project Eval Form for CoC Ranking 2018– Applications for Grant Renewals or New Projects must be submitted by **August 13, 2018**.
- **2018 Competition Timeline**
  - **6/20/18** – CoC Program Competition opens
  - **6/27/18** – CoC Meeting 10:30 am @ 2500 N. Annie Glidden Road DeKalb, IL
    - June 27 2018 Agenda
  - **6/28/18** – Electronic application *e-snaps* will be available on or after
  - **8/13/18** – New, Bonus, and Renewal Project Applications – deadline for submission
  - **8/17/18** – New, Bonus, and Renewal Project Applications – Present to Ranking Committee
  - **8/31/18** – Project Accept/Reject notice to be sent – deadline
  - **9/5/18** – CoC Meeting 10:30 am – 2500 N. Annie Glidden Rd. DeKalb, IL
  - **9/14/18** – Collaborative Application, Project Ranking, Accept/Reject/Reduced Funding – target date for CoC to post for public review
  - **9/14/18** – Grant Submission – target date for submission
  - **9/18/18** – Submission Due Date
- January 17 2018 Agenda
  - January 17, 2018 Meeting Minutes
- June 27 2018 Agenda

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Veterans

Continuum of Care

Briarwood Apartments

Sequoya Apartments

Sunset Apartments

How to Apply

» Online Application for DeKalb County Illinois

» What You Need to Know

2017 CoC Information (updated 9/13/2017)

- Collaborative Application 9.13.17
- 2017 Project Ranking Scores
- IL509 Competition Report – This report provides CoC performance data.
- 2017 NOFA has been released
- Project Eval Form for CoC Ranking – Applications for Grant Renewals or New Projects must be submitted by **August 8, 2017.**
- **2017 Competition Timeline**
  - **8/8/17** – Internal CoC Application for Renewal or New Projects
    - 2017 Project Ranking Scores
  - **8/20/17** – Project Accept/Reject notice to be sent.
  - **8/29/17** – Projects must be submitted in eSNAPS [All project applications are required to be submitted to the CoC no later than 30 days before the application deadline of 9/28/2017].
  - **9/11/17** – CoC meeting to accept Priority Listing and Accept/Reject Projects and approve submission of the Collaborative Application.
  - **9/12/17** – CoC must notify project applicants (renewal or new) in writing of acceptance or rejection of project application.
  - **9/25/17** Renewal or New Projects – CoC must make the full Consolidated Application available on its website to its community for inspection and to notify community members and stakeholders that the Application is available.
  - **9/26/17** – IL509 Submission of Consolidated Application.
  - **9/28/17** – Submission Due Date.

- March 15 2017 Agenda
  - March 15, 2017 Meeting Minutes
- April 6, 2017 Agenda
  - April 6, 2017 Meeting Minutes
- September 11 2017 Agenda

2016 CoC Information

- Continuum of Care HUD Program Grant Competition for FY2016 is open.
  - August 24 2016 Agenda for the CoC meeting.
  - All Project Applications submitted for the 2016 competition *were accepted* for renewal with no rejections.
  - 2016 Project Rankings
  - 2016 Collaborative Application for the CoC HUD Program Grant Competition – **September 14, 2016.**
- April 27, 2016 Meeting Agenda & Information
- Point In Time Count Data
- 1/27/2016 Meeting Agenda & Information
- 2016 TENTATIVE Schedule
- January 27, 2016 Meeting Minutes
- April 27, 2016 Meeting Minutes
- August 24, 2016 Meeting Minutes

2015 CoC Homeless Assistance Grant

- CoC Collaborative Application
- 2015 Project Ranking
  - SPC Rental Assistance
  - Dresser Court Permanent Housing Project
  - Rapid Re-Housing For Families
  - DCHA Permanent Housing Bonus
  - Housing First

Contact the Housing Authority

Phone: (815) 758-2692
Fax: (815) 758-4190

✉ *Send an E-mail*

Address & Hours

Address:
310 N 6th Street, DeKalb, IL 60115

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facebook.

Hours:
Open Monday through Friday: 8:30am to 4:30pm

A. Purpose and Scope

The purpose of this Governance Charter is to confirm agreements between the Continuum of Care and the Institute for Community Alliances (hereinafter HMIS Lead Agency). As such, the Governance Charter sets forth the general understandings, and specific responsibilities of each party relating to key aspects of the governance and operation of the Homeless Management Information System (HMIS.) This Governance Charter is effective upon execution by the DeKalb County Continuum of Care and the Institute for Community Alliances.

B. Background

The HMIS is a collaborative project of the DeKalb County Continuum of Care, the HMIS Lead Agency, and participating Partner Agencies. HMIS is an internet-based data collection application designed to capture information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness over time. Use of HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD), U.S Department of Veterans Affairs (VA), and the U.S. Department of Health and Human Services (HHS) for specific programs to provide housing and services to persons experiencing homelessness.

The Continuum of Care is a community-wide initiative that works to provide a range of housing and services for the homeless. The continuum of care system includes homelessness prevention assistance, emergency shelter, transitional housing, permanent affordable and permanent supportive housing, supportive services, specialized programs and outreach for designated homeless subpopulations, and integration with mainstream programs. HMIS enables homeless service providers to collect uniform client information over time. HMIS is essential to efforts to streamline client services and inform public policy decisions aimed at addressing and ending homelessness at local, state and federal levels. Through HMIS, homeless people benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in DeKalb County, which may include measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs. Such an unduplicated accounting of homelessness is necessary to service and systems planning, effective resource allocation, and advocacy. The parties to this Governance Charter share a common interest in collaborating to end homelessness and successfully implementing and operating the HMIS.

C. General Understandings

<u>1. Continuum of Care Governance</u>

The DeKalb County Continuum of Care (CoC) is responsible for governance of the HMIS. The CoC is the lead-planning groups for efforts to end homelessness and for implementing and operating homeless service delivery systems in DeKalb County, Illinois. As such and under HUD policy (24 CFR part 580), the CoC is responsible for HMIS oversight and implementation, including planning, software selection, HMIS Lead Agency designation and setting up and managing the HMIS in compliance with HUD's national HMIS Standards. The CoC's oversight and governance responsibilities are carried out by the HMIS Governance Committee (described below), which reviews and approves all HMIS policies and procedures.

2. HMIS Lead Agency Designation
The CoC designates the HMIS Lead Agency to manage HMIS operations on its behalf, and to provide HMIS administrative functions at the direction of the CoC through the CoC Board and the HMIS Governance Committee.

3. Homeless Management Information System Governance Committee
The CoC members and HMIS Partner Agencies actively participate with the HMIS Lead Agency through the HMIS Governance Committee in the management of the HMIS. The HMIS Governance Committee is responsible for establishing policies, procedures, and protocols for functions essential to the viability and success of the HMIS, including, but not limited to, data privacy, data quality, analysis, reporting, data sharing protocols. All CoC HMIS participating agencies will be represented on the HMIS Governance Committee to ensure shared responsibility and accountability.

3.1 Governance Committee Requirements
a. Meetings - Meetings will be held annually. Important HMIS policy items that emerge in between meetings will be handled by the committee via email, conference call, or an online meeting.
b. Attendance - Governance Committee members are required to attend all meetings. A majority of the Governance Committee is one half plus one of the members present at the meeting when the vote is taking place.
c. Accessibility - Committee members will be publicly identified and available for contact by HMIS users and agencies in the CoC.
d. Policies and Procedures - Approval of policy, procedures and HMIS protocols will be attempted through consensus and conversation, but will ultimately be decided by simple majority.
e. Voluntary Committee Membership – Governance Committee members are volunteers and are not compensated for their participation.

4. Funding
Funding for the software and operations of the HMIS shall be provided by a HUD Continuum of Care program HMIS grant and other funding from the CoC. Partner Agencies may be required to pay user fees for the HMIS software and reporting licenses assigned to their agency. In the event there is a shortfall in funding for the software or operation of the HMIS, the CoC Board will explore options to increase revenue.

5. Software and Hosting
The CoC has selected a single software product to serve as the sole HMIS software application, in this case Mediware ServicePoint. All Partner Agencies agree to use the product as configured for the CoC.

6. Compliance with Homeless Management Information System Standards
The HMIS is operated in compliance with the HMIS Data and Technical Standards and any other applicable laws. The parties anticipate that HUD will release revised HMIS Standards periodically. The parties agree to make changes to this Governance Charter, the HMIS Policies and Procedures, and other HMIS operational documents, to comply with the revised standards within the HUD-specified timeframe for such changes.

7. Operational Policies and Agreements

The HMIS operates within the framework of agreements, policies, and procedures that have been developed and approved over time by the HMIS Lead Agency and the CoC through the HMIS Governance Committee. These agreements, policies and procedures include but are not limited to the Policies and Procedures Manual, Privacy Policies and the Consumer Notice, Partner Agency Agreements, and User Agreements. All operational agreements and policies and procedures are reviewed annually by the HMIS Lead Agency, the HMIS Governance Committee, and the CoC to comply with the HMIS Standards or otherwise improve HMIS operations.

8. Data Ownership

The data entered into the HMIS is owned by the Partner Agency responsible for entering the client-level information. The HMIS Lead Agency and Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the HMIS privacy, security and confidentiality policies and procedures. The Partner Agencies have the final authority to approve or disapprove the use of the data that is contained in the HMIS.

D. Specific Responsibilities of the Parties

1. DeKalb County Continuum of Care

Responsible for oversight, project direction, formalizing policy setting, and guidance for the HMIS project. It is the responsibility of the CoC to:

   a. Designate the HMIS Lead Agency, the software to be used for HMIS, and approve any changes to the HMIS Lead Agency or software.
   b. Request revision to any HMIS operational agreement, policy or procedure developed by the HMIS Lead Agency, and approved by the HMIS Governance Committee.
   c. Conduct outreach to homeless assistance agencies not using HMIS, and encourage these agencies and other mainstream programs serving homeless people to participate in HMIS.
   d. Work to inform elected officials, government agencies, the nonprofit community, and the public about the role and importance of HMIS and HMIS data.
   e. Promote the effective use of HMIS data, including its use to measure the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs.
   f. Provide all local information as necessary for compilation of the Continuum of Care Housing Inventory Count, and support the HMIS Lead Agency in preparing the Annual Homeless Assessment Report (AHAR) and HUD System Performance Measures (SPM).

2. HMIS Governance Committee

The CoC exercises the following responsibilities for HMIS governance through the HMIS Governance Committee.

   a. Implement and continuously improve the HMIS.
   b. Ensure the HMIS scope aligns with the requirements of agencies, HUD and other federal partners, and other stakeholder groups.
   c. Address any issue that has major implications for the HMIS, such as HMIS Data Standards revisions released by HUD, or HMIS Vendor performance problems.
   d. Review, revise and approve all HMIS operational policies developed by the HMIS Lead Agency and submit all approved operational documents to each CoC Board of Directors or equivalent CoC governing body.

e. Ensure agency and user compliance with the federal HMIS Standards, and all HMIS operational agreements, policies and procedures.
f. Provide guidance and oversight of HMIS related user and agency compliance monitoring undertaken by the HMIS Lead Agency.
g. Approve HMIS Lead Agency recommendations to terminate a user license or restrict the HMIS participation of a Partner Agency.

3. HMIS Lead Agency

The Institute for Community Alliances presently serves as the lead agency for the DeKalb County Continuum of Care HMIS project, managing and administering all HMIS operations and activities. The HMIS Lead Agency exercises these responsibilities at the direction of the HMIS Governance Committee. These responsibilities are contingent on receipt of the appropriate funding from participating CoCs and Partner Agencies. The responsibilities of the HMIS Lead Agency include:

I. General
a. Obtain and maintain the contract with the selected software vendor.
b. Determine the parameters of the HMIS as it relates to continuity of service, ability to limit access to the data, hosting responsibilities, general security and maintenance issues, data storage, back-up and recovery, customization, compliance with HUD Data standards, reporting needs, training and technical support.
c. Provide overall staffing for the operation of the HMIS.
d. Develop and maintain all HMIS operational agreements, policies and procedures, including a written privacy notice.
e. Obtain signed Partner Agency Agreements and User Agreements.
f. Invoice Partner Agencies and jurisdictions for HMIS fees approved by the HMIS Governance Committee.
g. Monitor Partner Agencies and users to ensure compliance with HMIS operational agreements, policies and procedures on behalf of, and at the direction of, the HMIS Governance Committee.
h. Convene a meeting of the HMIS Governance Committee annually.
i. Participate as a voting or non-voting member of the CoC's Board of Directors or equivalent decision making body.
j. Attend the HMIS and Data Committee meetings of the CoC.
k. Provide and maintain the HMIS website.
l. Comply with federal HMIS Standards (including anticipated changes to the HMIS Standards) and all other applicable laws.
m. Apply as the project applicant for all HUD CoC Program HMIS Projects within the CoC.
n. Serve as the liaison with HUD regarding HUD HMIS grants.

II. Administer the software, including:
a. Ensure the software vendor complies with the responsibilities designated below in Section D.4.
b. Report any concerns with the software vendor to the HMIS Governance Committee.
c. Inform CoCs and agencies how each software release will change or impact current workflow and operations.
d. Protect confidential data (in compliance with federal HMIS Standards, local privacy policies, and other applicable law), and abide by any restrictions clients have placed on their own data.
e. In accordance with and by all HUD regulations and policies

III. Administer HMIS end users, including:

    a. Provide and manage end user licenses, including authorizing usage and the level of access to HMIS for all users.

    b. Add and remove partner agency administrators.

    c. Provide all training and user guidance needed to ensure appropriate system use, data entry, data reporting, and data security and confidentiality.

    d. Provide specific training for agency administrators and end users.

    e. Establish the training requirements for users and agency administrators.

    f. Maintain documentation of user training completion.

    g. Outreach to Partner Agencies to provide end user support.

    h. Develop and maintain a how-to manual that provides data entry guidance for users.

    i. Maintain an email helpdesk for user support.

    j. Communicate at least monthly with users through an e-newsletter. The e-newsletter will provide information on upcoming regulatory changes, software upgrades, current HMIS news, grants, training, etc.

IV. Ensure Data Quality

    a. Ensure all client and homeless program data are collected in adherence to the HUD HMIS Data Standards, the HMIS Policies and Procedures, and local additional requirements.

    b. Customize the HMIS application to meet local data requirements (within reason and within constraints of budget and other duties).

    c. Develop and implement a data quality plan.

    d. Monitor data quality and generate data quality reports under the data quality plan.

    e. Assist Partner Agencies and users to rectify data quality concerns.

    f. Carry out aggregate data extraction and reporting under the guidance of the HMIS Governance Committee.

    g. Assist Partner Agencies with agency-specific data collection and reporting needs, such as the Annual Progress Report and other program reports (within reason and within constraints of budget and other duties).

    h. Develop HMIS data entry workflow and requirements for HMIS data and reporting to meet Partner Agency reporting requirements.

V. Reporting

    a. Complete, or provide assistance for the completion of the Annual Homeless Assessment Report, HUD CoC Program Notice of Funding Availability, Consolidated Annual Performance Evaluation Report, CoC 10 Year Plans, Partner Agency Annual Performance Reports, and other reports to funders from agencies federally mandated to use HMIS.

    b. Ensure the HMIS policies and procedures and recommend data entry workflow align with collecting the data necessary to complete the reports listed above in Section D.3.IV.a.

    c. Construct, run and publish all necessary system-wide reports to meet federal and local reporting compliance.

    d. Provide aggregate reports to groups or stakeholders requesting HMIS information within the constraints detailed in the HMIS Policies and Procedures Manual.

VI. Satisfactory Assurances Regarding Confidentiality and Security:

It is understood that the HMIS will contain client information that may be subject to the privacy and security protections and requirements of federal HMIS Standards, HIPAA Privacy Rule, other law, and local HMIS privacy and security policies and procedures. The HMIS Lead Agency hereby agrees that it will use protected client information only for purposes permitted by agreement with Partner Agencies and as permitted by the applicable law and Standards. Further, the HMIS Lead Agency agrees it will make use of all safeguards required by HUD Privacy Standards, HIPAA Privacy Rule, where appropriate, other law, and local HMIS privacy and security policies and procedures in order to prevent any unauthorized disclosure of protected client information.

    a. Develop and implement security and confidentiality plans required by the HUD HMIS Standards.
    b. Assist Partner Agencies to rectify agency data security and privacy concerns.

4. Software Vendor

The selected software vendor and HMIS database must meet all HUD regulations and policies, and the following requirements:

    a. Ensure the HMIS design meets the federal HMIS Data Standards.
    b. Develop a codebook and provide other documentation of programs created.
    c. Provide ongoing support to the HMIS Lead pertaining to the needs of end users to mine the database, generate reports and other interface needs.
    d. Administer the product servers, including web and database servers.
    e. Monitor access to HMIS through auditing.
    f. Monitor functionality, speed and database backup procedures.
    e. Provide backup and recovery of internal and external networks.
    f. Maintain the system twenty-four hours a day, seven days a week.
    g. Communicate any planned or unplanned interruption of service to the HMIS Lead Agency.
    h. Take all steps needed to secure the system against breaches of security and system crashes.

E. Period of Agreement and Modification/Termination

1. Period of Operation and Termination

This Governance Charter shall remain in effect until terminated by the parties. Each party shall have the right to terminate this agreement as to itself only upon 30 days prior written notice to the HMIS Governance Committee in care of the HMIS Lead Agency. Violation of any component may be grounds for immediate termination of this Agreement.

2. Amendments

Amendments, including additions, deletions, or modifications to this Governance Charter must be agreed to by all parties to this Agreement.

DeKalb County Continuum of Care

HMIS

Policies and Procedures

DeKalb County Continuum of Care

And

Institute for Community Alliances

2017

Contents

1. Introduction

The DeKalb County Continuum of Care Homeless Management Information System (HMIS) is the designated database of the DeKalb County Continuum of Care. HMIS is an internet-based database that is used by homeless service organizations in the DeKalb County Continuum of Care to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness. Mediware administers the central server and HMIS software, and ICA administers user and agency licensing, training and compliance.

HMIS enables service providers to measure the effectiveness of their interventions and facilitate longitudinal analysis of service needs and gaps within the Continuum of Care. Information that is gathered from consumers via interviews conducted by service providers is analyzed for an unduplicated count, aggregated (void of any identifying client level information) and made available to policy makers, service providers, advocates, and consumer representatives. Data aggregated from HMIS about the extent and nature of homelessness in the DeKalb County Continuum of Care is used to inform public policy decisions aimed at addressing and ending homelessness at local, state and federal levels.

Guidance for the implementation of DeKalb County Continuum of Care HMIS is provided by the coalition's HMIS Governance Committee that is committed to understanding the gaps in services to consumers of the human service delivery system in an attempt to end homelessness.

This document provides the policies, procedures, guidelines and standards that govern HMIS operations, as well as the responsibilities for Agency Administrators and end users.

1.1 HMIS BENEFITS

Use of HMIS provides numerous benefits for service providers, homeless persons, and the DeKalb County Continuum of Care.

Benefits for service providers
- Provides online real-time information about client needs and the services available for homeless persons.
- Assures confidentiality by providing information in a secured system.
- Decreases duplicative client intakes and assessments.
- Tracks client outcomes and provides a client history.
- Generates data reports for local use and for state and federal reporting requirements.
- Facilitates the coordination of services within an organization and with other agencies and programs.
- Provides access to a statewide database of service providers, allowing agency staff to easily select a referral agency.
- Increased ability to define and understand the extent of homelessness throughout DeKalb County Continuum of Care.
- Increased ability to focus staff and financial resources where services for homeless persons are needed the most.
- Increased ability to evaluate the effectiveness of specific interventions and programs, and services provided.

Benefits for persons experiencing homelessness

- Intake information and needs assessments are maintained historically, reducing the number of times homeless persons must repeat their stories to multiple service providers.
- The opportunity to provide intake and life history one time demonstrates that service providers consider the homeless person's time valuable, and restores some of the consumer's dignity.
- Multiple services can be easily coordinated and referrals streamlined.
- Increased data collection may increase area funding, producing increased service availability to clients

2. Requirements for Participation

2.1 RESPONSIBILITIES OF HMIS USERS

Agency Administrators
1. Edit and update agency information in HMIS.
2. Ensure that the participating agency obtains a unique user license for each user at the agency.
3. Establish the standard report for each specific program created.
4. Maintain a minimum standard of data quality by ensuring the Universal Data Elements are complete and accurate for every individual served by the agency and entered into HMIS.
5. Maintain the required universal data elements and program specific data elements for each program in accordance with the updated 2015 HMIS Data Standards, and maintain data elements required by the HMIS Governance Committee and/or the CoC in which the program operates.
6. Ensure agency staff persons receive required HMIS training, and review the DeKalb County Continuum of Care HMIS Policies and Procedures, the Agency Partnership Agreement and any agency policies which impact the security and integrity of client information.
7. Ensure that HMIS access is granted only to staff members that have received training, have completed the DeKalb County Continuum of Care HMIS User Agreement and are authorized to use HMIS.
8. Notify all users at their agency of interruptions in service.
9. Provide a single point of communication between users and HMIS staff at the Institute for Community Alliances.
10. Administer and monitor data security policies and standards, including:
    - User access control;
    - The backup and recovery of data; and
    - Detecting and responding to violations of the policies and procedures or agency procedures.

Users
1. Take appropriate measures to prevent unauthorized data disclosure.
2. Report any security violations.
3. Comply with relevant policies and procedures.
4. Input required data fields in a current and timely manner.

5. Ensure a minimum standard of data quality by accurately answering the Universal Data Elements and required program specific data elements for every individual entered into HMIS.
6. Inform clients about the agency's use of HMIS.
7. Take responsibility for any actions undertaken with one's username and password.
8. Complete required training.
9. Read any communications from the coalition or HMIS lead pertaining to HMIS information.

2.2 PARTNER AGENCY REQUIREMENTS

Participation Agreement Documents
Partner Agencies must complete the following documents:
1. **Partnership Agreements** must be signed by each participating agency's executive director. The Institute for Community Alliances will retain the original document. The participation agreement states the agency's commitment to adhere to the policies and procedures for effective use of HMIS.

2. **DeKalb County Continuum of Care HMIS User Agreements** list user policies and responsibilities and are electronically signed by each authorized user. An electronic or hard copy of the original document must be kept by the originating agency.

3. **Coordinated Services Agreements** allow the specifically named HMIS user to enter client data as, or on behalf of, another specifically named Participating Agency and/or to report on behalf the specifically named Participating Agency. The signed agreement will be maintained by the HMIS Lead Agency, the Institute for Community Alliances.

User Access to the System
The Agency Administrator will determine user access for users at or below the Case Manager III access level and assign users to the appropriate agency provider. The System Administrator will generate usernames and passwords within the administrative function of the software.

The Agency Administrator and all users must complete training before access to the system is granted by ICA. All users must undergo a criminal background check as detailed in the Agency Partnership Agreement.

User Requirements
Users must be paid staff or official volunteers of a Partner Agency. An official volunteer must complete a volunteer application with the Partner Agency, undergo agency training, pass a criminal background check, and record volunteer hours with the agency. Individuals who are solely contracting with a Partner Agency are prohibited from receiving a user license. All users must be at least 18 years old.

Users who are also Clients Listed in HMIS
In order to prevent users from editing their own file or files of immediate family members, all users will agree to a conflict of interest statement that is part of the User Agreement. Users must disclose any potential conflict of interest to their Agency Administrator. Users will be prohibited from making changes to the information in their own file or the files of their immediate family members. If a user is suspected

of violating this agreement, the System Administrator will run the audit trail report to determine if there was an infraction.

Passwords
- Creation: Passwords are automatically generated from the system when a user is created. The Agency Administrator will communicate the system-generated password to the user.
- Use: The user will be required to change the password the first time they log onto the system. The password must be at least 8 characters and alphanumeric. Passwords should not be able to be easily guessed or found in a dictionary. Passwords are the individual's responsibility and users cannot share passwords. Users shall not keep written copies of their password in a publicly accessible location.
- Storage: Any passwords that are written down are to be stored securely and must be inaccessible to other persons. Users are not to store passwords on a personal computer for easier log on.
- Expiration: Passwords expire every 45 days. Users may not use the same password consecutively. Passwords cannot be re-used until two password selections have expired.
- Unsuccessful logon: If a user unsuccessfully attempts to log-on three times, the User ID will be "locked out," and access permission will be revoked rendering the user unable to gain access until his/her password is reset.

Inputting Data
Agencies participating in the HMIS must meet the minimum data entry requirements established by the updated 2015 HMIS Data Standards.

Tracking of Unauthorized Access
Any suspicion of unauthorized activity should be reported to the Institute for Community Alliances HMIS staff.

Agency Administrator
The Agency Administrator will be responsible for resetting passwords, and monitoring HMIS access by users at their agency. This person will also be responsible for ensuring new agency staff persons are trained on how to use the HMIS by the System Administrators and for ensuring that new staff are aware of any agency or program specific data entry requirements.

The Agency Administrator must identify the assessments and requirements for each program, and work with the System Administrators to properly set up each program in the HMIS.

Client Consent Forms
In addition to posting the HMIS Consumer Notice, agencies shall require clients to sign a client consent form. The form requires clients to authorize the electronic sharing of their personal information with other agencies that participate in HMIS when data sharing is appropriate for client service.

Data Protocols
Agencies may collect information for data elements in addition to the minimally required data elements established by the HMIS Governance Committee in accordance with HUD. Agencies must maintain consistency with data collection and entry within each program.

2.4 USER TRAINING REQUIREMENTS

New User Training Requirements
All users are required to attend new user training with ICA prior to receiving access to the system. If ICA determines that data entered by a current end user does not meet minimum data quality standards, users may be required to repeat this training.

Once a new user begins the HMIS new user training series, the user has 15 days to complete the training series and all required assignments. ICA staff will review the user's homework and determine if corrections are needed. Users will have an additional 15 days to make all corrections. If the user fails to complete all requirements within 30 days, the user will need to retake the training series. ICA staff may determine that a new user failed to grasp the necessary data entry concepts based on the quality of the user's homework. ICA staff may use their discretion to require new users to repeat new user training. If a new user fails to successfully complete the homework requirements for data entry after repeated attempts, ICA staff may use their discretion to determine that the new user is not capable of accurate and complete data entry, and may refuse to issue the new user a DeKalb County Continuum of Care HMIS user license.

New users may request permission from ICA to take the new user training series over two consecutive months if new users are unable to attend all trainings during one month. ICA must receive the request in writing prior to the start of the new user training series.

ICA has sole discretion to waive the requirement to attend new user training regarding persons with previous HMIS experience. ICA will consider the user's familiarity with the HMIS and the need for the user to learn about potential system updates and changes during new user training when making its decision to waive the new user training requirement.

Users are expected to fully participate in all trainings attended. If a user misses more than ten minutes or ten percent (whichever is greater) of a training, the user will not receive credit for completing the training.

Ongoing User Training Requirements
All users are required to attend annual security training to retain their user license.

2.5 HMIS USER LEVELS

HMIS user roles are listed on the ICA website.

Resource Specialist I
Users at this level may access only the ResourcePoint module. Users may search the database of area agencies and programs, and view the agency or program detail screens. A Resource Specialist I cannot modify or delete data, and does not have access to client or service records or other modules and screens.

Resource Specialist II
Users may access only the ResourcePoint module. Users may search the database of area agencies and programs, and view the agency or program detail screens. At this level, the user does not have access to client or service records or other modules and screens. A Resource Specialist II is an agency-level "Information & Referral (I&R) specialist" who may update their own agency and program information.

Resource Specialist III
Users at this level may access only the ResourcePoint module. Users may search the database of area agencies and programs and view the agency or program detail screens. A Resource Specialist III may add or remove resource groups, including Global (which they get by default). Access to client or service records and other modules and screens is not given. A Resource Specialist III may edit the system-wide news feature.

Volunteer
Users may access ResourcePoint, and have limited access to ClientPoint and service records. A volunteer may view or edit basic demographic information about clients (the profile screen), but is restricted from all other screens in ClientPoint. A volunteer may also enter new clients, make referrals, and check clients in/out from a shelter. A volunteer does not have access to the "Services Provided" tab. This access level is designed to allow a volunteer to perform basic intake steps with a new client and then refer the client to an agency staff member or case manager.

Agency Staff
Users may access ResourcePoint, have full access to service records, and limited access to ClientPoint. Agency staff may access most functions in ServicePoint, however, they may only access basic demographic data on clients (profile screen). All other screens are restricted including Reports. Agency Staff can add news items to the newswire feature.

Case Manager I
Users may access all screens and modules except "Administration." A Case Manager I may access all screens within ClientPoint, except the medical screen for confidentiality reasons. Users may access Reports.

Case Manager II
Users may access all screens and modules except "Administration." A Case Manager II may access all screens within ClientPoint, including the medical screen. Users may access Reports.

Case Manager III
This role has the same actions available as the Case Manager II with the added ability to see program data for all providers on their provider tree, like an Agency Administrator.

Agency Administrator
Users may access all ServicePoint screens and modules. Agency Administrators may add/remove users and edit agency and program data for all providers on their provider tree.

Executive Director
Users have the same access rights as an Agency Administrator, but rank above the Agency Administrator.

System Operator
Users may only access Administration screens. System operators can create new agency providers, add new users, reset passwords, and access other system-level options. Users may order additional user licenses and modify the allocation of licenses. They maintain the system, but may not access any client or service records.

System Administrator I
Users have the same access rights to client information as Agency Administrators, but for all agencies in the system. System Administrators also have full access to administrative functions.

System Administrator II
There are no system restrictions on users. They have full HMIS access.

2.6 HMIS VENDOR REQUIREMENTS

Physical Security
Access to areas containing HMIS equipment, data and software will be secured.

Firewall Protection
The vendor will secure the perimeter of its network using technology from firewall vendors. Company system administrators monitor firewall logs to determine unusual patterns and possible system vulnerabilities.

User Authentication
Users may only access HMIS with a valid username and password combination that is encrypted via SSL for internet transmission to prevent theft. If a user enters an invalid password three consecutive times, they are automatically shut out of that HMIS session. For added security, the session key is automatically scrambled and re-established in the background at regular intervals.

Application Security
HMIS users will be assigned a system access level that restricts their access to appropriate data.

Database Security
Wherever possible, all database access is controlled at the operating system and database connection level for additional security. Access to production databases is limited to a minimal number of points; as with production servers, production databases do not share a master password database.

Technical Support
The vendor will assist ICA HMIS staff to resolve software problems, make necessary modifications for special programming, and will explain system functionality to ICA.

Technical Performance
The vendor maintains the system, including data backup, data retrieval and server functionality/operation. Upgrades to the system software will be continuously developed and implemented.

Hardware Disposal
Data stored on broken equipment or equipment intended for disposal will be destroyed using industry standard procedures.

2.7 MINIMUM TECHNICAL STANDARDS

Minimum Computer Requirements
- A PC with a 2 Gigahertz or higher processor, 40GB hard drive, 512 MB RAM, and Microsoft Windows 7 or 8
- The most recent version of Google Chrome, Safari or Firefox. No additional plug-in is required. It is recommended that your browser have a 128 cipher / encryption strength installed. The browser's cache should be set to "Check for new version of the stored pages: Every visit to page."

- A broadband Internet connection or LAN connection. Dial-up modem connections are not sufficient.
- Virus protection updates
- The only mobile device that is officially supported by Mediware is the Apple iPad running the latest version of iOS.

<u>Additional Recommendations</u>
    Memory
- Windows 7: 4Gig recommended (2 Gig minimum)

    Monitor
- Screen Display: 1024x768 (XGA) or higher; 1280x768 strongly advised

    Processor
- A Dual-Core processor is recommended

2.8 HMIS LICENSE FEES

<u>Annual DeKalb County Continuum of Care HMIS License Fees</u>
Agencies may purchase HMIS licenses at any time. License fees are determined based upon the amount per license charged by Mediware.

Billing for licenses will occur once annually in July, covering the Mediware contract period of April through March. The annual fee will cover the subsequent calendar year and must be paid within 60 days following the date of the invoice. If a Partner Agency fails to pay their license fees by the stated due date, the agency's user licenses will be suspended until ICA receives the payment.

<u>Reporting Licenses</u>
The reporting license is available for HMIS users to facilitate data reporting. The additional amount charged for these licenses will reflect the actual cost of the license charged to the HMIS Lead Agency under the HMIS software contract.

2.9 HMIS OPERATING POLICIES VIOLATION

HMIS users and Partner Agencies must abide by all HMIS operational policies and procedures found in the HMIS Policies and Procedures manual, the DeKalb County Continuum of Care HMIS User Agreement, and the Partner Agency Agreement. Repercussion for any violation will be assessed in a tiered manner. Each user or Partner Agency violation will face successive consequences – the violations do not need to be of the same type in order to be considered second or third violations. User violations do not expire. No regard is given to the duration of time that occurs between successive violations of the HMIS operation policies and procedures as it relates to corrective action.

- First Violation – the user and Partner Agency will be notified of the violation in writing by ICA. The user's license will be suspended for 30 days, or until the Partner Agency notifies ICA of action taken to remedy the violation. ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. ICA will notify the HMIS Governance Committee of the violation during the next scheduled Governance Committee meeting following the violation.
- Second Violation – the user and Partner Agency will be notified of the violation in writing by ICA. The user's license will be suspended for 30 days. The user and/or Partner Agency must take

action to remedy the violation; however, this action will not shorten the length of the license suspension. If the violation has not been remedied by the end of the 30-day user license suspension, the suspension will continue until the Partner Agency notifies ICA of the action taken to remedy the violation. ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. ICA will notify the HMIS Governance Committee of the violation during the next scheduled Governance Committee meeting following the violation.

- Third Violation – the user and Partner Agency will be notified of the violation in writing by ICA. ICA will notify the HMIS Governance Committee of the violation and convene a review panel made up of Governance Committee members who will determine if the user's license should be terminated. The user's license will be suspended for a minimum of 30 days, or until the Governance Committee review panel notifies ICA of their determination, whichever occurs later. If the Governance Committee determines the user should retain their user license, ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. If users who retain their license after their third violation have an additional violation, that violation will be reviewed by the Governance Committee review panel.

Any user or other fees paid by the Partner Agency will not be returned if a user's or Partner Agency's access to HMIS is revoked.

Notifying the HMIS Lead Agency of a Violation
It is the responsibility of the Agency Administrator or general User at Partner Agencies that do not have an agency administrator to notify the HMIS Lead Agency when they suspect that a User or Partner Agency has violated any HMIS operational agreement, policy or procedure. A complaint about a potential violation must include the User and Partner Agency name, and a description of the violation, including the date or timeframe of the suspected violation. Complaints should be sent in writing to the HMIS Lead Agency (ICA) at rrhmis@icalliances.org. The name of the person making the complaint will not be released from the HMIS Lead Agency if the individual wishes to remain anonymous.

Violations of Local, State or Federal Law
Any Partner Agency or user violation of local, state or federal law will immediately be subject to the consequences listed under the Third Violation above.

Multiple Violations within a 12-Month Timeframe
During a 12 month calendar year, if there are multiple users (3 or more) with multiple violations (2 or more) from one Partner Agency, the Partner Agency as a whole will be subject to the consequences listed under the Third Violation above.

3. Privacy and Security

The importance of the integrity and security of HMIS cannot be overstated. Given this importance, HMIS must be administered and operated under high standards of data privacy and security. The Institute for Community Alliances and Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the HMIS privacy, security and confidentiality policies and procedures. When a privacy or security standard conflicts with other Federal, state and local laws to which the Partner Agency must adhere, the Partner Agency must contact ICA to collaboratively update the applicable policies for the partner agency to accurately reflect the additional protections.

3.1 DATA ASSESSMENT AND ACCESS

All HMIS data will be handled according to the following major classifications: Shared or Closed Data. HMIS staff will assess all data, and implement appropriate controls to ensure that data classified as shared or closed are handled according to the following procedures.

Shared Data
Shared data is unrestricted information that has been entered by one provider and is visible to other providers using HMIS. DeKalb County Continuum of Care's HMIS is designed as an open system that defaults to allow shared data. Providers have the option of changing their program settings to keep client data closed.

Closed Data
Information entered by one provider that is not visible to other providers using HMIS. Programs that serve victims of domestic violence, individuals with HIV/AIDS, provide youth services, or legal services must enter closed data. Further, programs that provide youth services and legal services may enter clients as "unnamed." Individual client records can be closed at the client's request.

Procedures for transmission and storage of data
- Open Data: This is data that does not contain personal identifying information. The data should be handled discretely, unless it is further classified as Public Data. The data must be stored out of site, and may be transmitted via internal or first-class mail until it is considered public data.
- Confidential Data at the Agency Level: Confidential data contains personal identifying information. Each agency shall develop rules governing the access of confidential data in HMIS to ensure that those staff needing confidential data access will have access, and access is otherwise restricted. The agency rules shall also cover the destruction of paper and electronic data in a manner that will ensure that privacy is maintained and that proper controls are in place for any hard copy and electronic data that is based on HMIS data.

Whenever confidential data is accessed:
- Hard copies shall be shredded when disposal is appropriate. Hard copies shall be stored in a secure environment that is inaccessible to the general public or staff not requiring access.
- Hard copies shall not be left out in the open or unattended.
- Electronic copies shall be stored only where the employee can access the data.
- Electronic copies shall be stored where a password is required to access the data if on shared server space.

All public data must be classified as aggregated public or unpublished restricted access data.

Aggregated Public Data
Information published according to the "Reporting Parameters and Guidelines" (HMIS Policies and Procedures Section 3.2).

Unpublished Restricted Access Data
Information scheduled, but not yet approved, for publication. Examples include draft reports, fragments of data sets, and data without context or data that have not been analyzed.

Procedures for Transmission and Storage of Data
- Aggregated Public Data: Security controls are not required.
- Unpublished Restricted Access Data:
  1. Draft or Fragmented Data – Accessible only to authorized HMIS staff and agency personnel. Requires auditing of access and must be stored in a secure out-of-sight location. Data can be transmitted via e-mail, internal departmental or first class mail. If mailed, data must be labeled confidential.
  2. Confidential Data: Requires encryption at all times. Must be magnetically overwritten and destroyed. Hard copies of data must be stored in an out-of-sight secure location.

3.2 DATA REPORTING PARAMETERS AND GUIDELINES

All open data will be handled according to the following classifications - *Public Data*, *Internal Data, and Restricted Data* - and should be handled according to the following procedures.

Principles for Release of Data
- Only de-identified aggregated data will be released except as specified below.
- No identified client data may be released without informed consent unless otherwise specified by Illinois State and Federal confidentiality laws. All requests for such information must be addressed to the owner/participating agency where the data was collected.
- Program specific information used for annual grant program reports and program specific information included in grant applications is classified as public information. No other program specific information will be released without written consent.
- There will be full access to aggregate data included in published reports.
- Reports of aggregate data may be made directly available to the public.
- The parameters of the aggregated data, that is, where the data comes from and what it includes will be presented with each report.
- Data will be mined for agencies requesting reports on a case-by-case basis.
- Requests must be written with a description of specific data to be included and for what duration of time. Requests are to be submitted at least 30 days prior to the date the report is needed. Exceptions to the 30-day notice may be made.
- ICA reserves the right to deny any request for aggregated data.

3.3 RELEASE OF DATA FOR GRANT FUNDERS

Entities providing funding to agencies or programs required to use HMIS will not have automatic access to HMIS. Access to HMIS will only be granted by ICA when there is a voluntary written agreement in place between the funding entity and the agency or program. Funding for any agency or program using HMIS cannot be contingent upon establishing a voluntary written agreement allowing the funder HMIS access.

3.4 BASELINE PRIVACY POLICY

<u>Collection of Personal Information</u>
Personal information will be collected for HMIS only when it is needed to provide services, when it is needed for another specific purpose of the agency where a client is receiving services, or when it is required by law. Personal information may be collected for these purposes:
- To provide or coordinate services for clients
- To find programs that may provide additional client assistance
- To comply with government and grant reporting obligations
- To assess the state of homelessness in the community, and to assess the condition and availability of affordable housing to better target services and resources

Only lawful and fair means are used to collect personal information.

Personal information is collected with the knowledge and consent of clients. It is assumed that clients consent to the collection their personal information as described in this notice when they seek assistance from an agency using HMIS and provide the agency with their personal information.

If an agency reasonably believes that a client is a victim of abuse, neglect or domestic violence, or if a client reports that he/she is a victim of abuse, neglect or domestic violence, explicit permission is required to enter and share the client's information in HMIS.

Personal information may also be collected from:
- Additional individuals seeking services with a client
- Other private organizations that provide services and participate in HMIS

Upon request, clients must be able to access the *Use and Disclosure of Personal Information* policy found below.

<u>Use and Disclosure of Personal Information</u>
These policies explain why an agency collects personal information from clients. Personal information may be used or disclosed for activities described in this part of the notice. Client consent to the use or disclosure of personal information for the purposes described in this notice, and for reasons that are compatible with purposes described in this notice but not listed, is assumed. Clients must give consent before their personal information is used or disclosed for any purpose not described here.

Personal information may be used or disclosed for the following purposes:
1. *To provide or coordinate services to individuals. Client records are shared with other organizations that may have separate privacy policies and that may allow different uses and disclosures of the information. If clients access services at one of these other organizations, they will be notified of the agency's privacy and sharing policy.* {OPTIONAL}

2. To carry out administrative functions such as legal audits, personnel, oversight, and management functions.

3. For research and statistical purposes. Personal information released for research and statistical purposes will be de-identified.

4. For academic research conducted by an individual or institution that has a formal relationship with the Institute for Community Alliances. The research must be conducted by an individual employed by or affiliated with the organization or institution. All research projects must be conducted under a written research agreement approved in writing by the designated agency administrator or executive director. The written research agreement must:
   - Establish the rules and limitations for processing personal information and providing security for personal information in the course of the research.
   - Provide for the return or proper disposal of all personal information at the conclusion of the research.
   - Restrict additional use or disclosure of personal information, except where required by law.
   - Require that the recipient of the personal information formally agree to comply with all terms and conditions of the written research agreement, and
   - Be substituted, when appropriate, by Institutional Review Board, Privacy Board or other applicable human subjects' protection institution approval.

5. When required by law. Personal information will be released to the extent that use or disclosure complies with the requirements of the law.

6. To avert a serious threat to health or safety if:
   - the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
   - the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.

7. To report to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence, information about an individual reasonably believed to be a victim of abuse, neglect or domestic violence. When the personal information of a victim of abuse, neglect or domestic violence is disclosed, the individual whose information has been released will promptly be informed, except if:
   - it is believed that informing the individual would place the individual at risk of serious harm, or
   - a personal representative (such as a family member or friend) who is responsible for the abuse, neglect or other injury is the individual who would be informed, and it is believed that informing the personal representative would not be in the best interest of the individual as determined in the exercise of professional judgment.

8. For a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:

   - In response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer or a grand jury subpoena, if the court ordered disclosure goes through the Institute for Community Alliances and is reviewed by the Executive Director for any additional action or comment.
   - If the law enforcement official makes a written request for personal information. The written request must meet the following requirements:
     i. Be signed by a supervisory official of the law enforcement agency seeking the personal information.
     ii. State how the information is relevant and material to a legitimate law enforcement investigation.

      iii.   Identify the personal information sought.

      iv.   Be specific and limited in scope to the purpose for which the information is sought, and

      v.   Be approved for release by the Institute for Community Alliances legal counsel after a review period of seven to fourteen days.

- If it is believed that the personal information constitutes evidence of criminal conduct that occurred at the agency where the client receives services.
- If the official is an authorized federal official seeking personal information for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to a foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 (threats against the President and others), and the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.

9. For law enforcement or another public official authorized to receive a client's personal information to conduct an immediate enforcement activity that depends upon the disclosure. Personal information may be disclosed when a client is incapacitated and unable to agree to the disclosure if waiting until the individual is able to agree to the disclosure would materially and adversely affect the enforcement activity. In this case, the disclosure will only be made if it is not intended to be used against the individual.

10. To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

Inspection and Correction of Personal Information

Clients may inspect and receive a copy of their person information maintained in HMIS. The agency where the client receives services will offer to explain any information that a client may not understand.

If the information listed in HMIS is believed to be inaccurate or incomplete, a client may submit a verbal or written request to have his/her information corrected. Inaccurate or incomplete data may be deleted, or marked as inaccurate or incomplete and supplemented with additional information.

A request to inspect or copy one's personal information may be denied if:
- The information was compiled in reasonable anticipation of litigation or comparable proceedings
- The information was obtained under a promise or confidentiality and if the disclosure would reveal the source of the information, or
- The life or physical safety of any individual would be reasonably endangered by disclosure of the personal information.

If a request for inspection access or personal information correction is denied, the agency where the client receives services will explain the reason for the denial. The client's request and the reason for the denial will be included in the client's record.

Requests for inspection access or personal information correction may be denied if they are made in a repeated and/or harassing manner.

Limits on Collection of Personal Information

Only personal information relevant for the purpose(s) for which it will be used will be collected. Personal information must be accurate and complete.

Client files not used in seven years may be made inactive in HMIS. ICA will check with agencies before making client files inactive. Personal information may be retained for a longer period if required by statute, regulation, contract or another obligation.

<u>Limits on Partner Agency Use of HMIS Client Information</u>
The DeKalb County Continuum of Care HMIS is a shared data system. This system allows Partner Agencies to share client information in order to coordinate services for clients. However, Partner Agencies may not limit client service or refuse to provide service in a way that discriminates against clients based on information the Partner Agency obtained from HMIS. Partner Agencies may not penalize a client based on historical data contained in HMIS.

Youth providers serving clients under the age of 18 must maintain closed HMIS client files. Youth under the age of 18 may not provide either written or verbal consent to the release of their personally identifying information in HMIS.

<u>Complaints and Accountability</u>
Questions or complaints about the privacy and security policies and practices may be submitted to the agency where the client receives services. Complaints specific to HMIS should be submitted to the HMIS agency administrator and program director. If no resolution can be found, the complaint will be forwarded to the System Administrators, and the agency's executive director. If there is no resolution, the DeKalb County Continuum of Care HMIS Governance Committee will oversee final arbitration. All other complaints will follow the agency's grievance procedure as outlined in the agency's handbook.

All HMIS users (including employees, volunteers, affiliates, contractors and associates) are required to comply with this privacy notice. Users must receive and acknowledge receipt of a copy of this privacy notice.

3.5 USE OF A COMPARABLE DATABASE BY VICTIM SERVICE PROVIDERS

Victim service providers, private nonprofit agencies whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking, must not directly enter or provide data into HMIS if they are legally prohibited from participating in HMIS. Victim service providers that are recipients of funds requiring participation in HMIS, but are prohibited from entering data in HMIS, must use a comparable database to enter client information. A comparable database is a database that can be used to collect client-level data over time and generate unduplicated aggregated reports based on the client information entered into the database. The reports generated by a comparable database must be accurate and provide the same information as the reports generated by HMIS.

3.6 USER CONFLICT OF INTEREST

Users who are also clients with files in HMIS are prohibited from entering or editing information in their own file. All users are also prohibited from entering or editing information in files of immediate family members. All users must sign the DeKalb County Continuum of Care HMIS User Agreement, which includes a statement describing this limitation, and report any potential conflict of interest to their Agency Administrator. The System Administrator may run the audit trail report to determine if there has been a violation of the conflict of interest agreement.

3.7 SECURITY PROCEDURE TRAINING FOR USERS

All users must receive security training prior to being given access to HMIS. Security training will be covered during the new user training for all new users. All users must receive ongoing annual training on security procedures from the Institute for Community Alliances.

3.8 VIOLATION OF SECURITY PROCEDURES

All potential violations of any security protocols will be investigated and any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to: a formal letter of reprimand, suspension of system privileges, revocation of system privileges and criminal prosecution.

If possible, all confirmed security violations will be communicated in writing to the affected client within 14 days, unless the client cannot be located. If the client cannot be located, a written description of the violation and efforts to locate the client will be prepared by the System Administrator at the Institute for Community Alliances, and placed in the client's file at the Agency that originated the client's record.

Any agency that is found to have consistently and/or flagrantly violated security procedures may have their access privileges suspended or revoked. All sanctions are imposed by the ICA HMIS staff. All sanctions may be appealed to the HMIS Governance Committee.

3.9 PROCEDURE FOR REPORTING SECURITY INCIDENTS

Users and Agency Administrators should report all unlawful access of HMIS and unlawful attempted access of HMIS. This includes theft of usernames and passwords. Security incidents should be reported to the ICA System Administrator. The ICA System Administrator will use the HMIS user audit trail report to determine the extent of the breach of security.

3.10 DISASTER RECOVERY PLAN

Mediware Disaster Recovery Plan
DeKalb County Continuum of Care's HMIS is covered under Mediware Disaster Recovery Plan. Due to the nature of technology, unforeseen service outages may occur. In order to assure service reliability, Mediware provides the following disaster recovery plan. Plan highlights include:
- Database tape backups occur nightly.
- Tape backups are stored offsite.
- Seven day backup history is stored locally on instantly accessible Raid 10 storage.
- One month backup history is stored off site.
- Access to Mediware emergency line to provide assistance related to "outages" or "downtime" 24 hours a day.
- Data is backed up locally on instantly-accessible disk storage every 24 hours.
- The application server is backed up offsite, out-of-state, on a different internet provider and on a separate electrical grid via secured Virtual Private Network (VPN) connection.
- Backups of the application site are near-instantaneous (no files older than 5 minutes).
- The database is replicated nightly at an offsite location in case of a primary data center failure.
- Priority level response (ensures downtime will not exceed 4 hours).

Standard Data Recovery

DeKalb County Continuum of Care's HMIS database is available online, and is readily accessible for approximately 24 hours a day. Tape backups of the database are kept for approximately one month. Upon recognition of a system failure, HMIS can be copied to a standby server. The database can be restored, and the site recreated within three to four hours if online backups are accessible. As a rule, a tape restoration can be made within six to eight hours. On-site backups are made once daily. A restore of this backup may incur some data loss between when the backup was made and when the system failure occurred.

All internal servers are configured in hot-swappable hard drive RAID configurations. All systems are configured with hot-swappable redundant power supply units. Our Internet connectivity is comprised of a primary and secondary connection with separate internet service providers to ensure redundancy in the event of an ISP connectivity outage. The primary Core routers are configured with redundant power supplies, and are configured in tandem so that if one core router fails the secondary router will continue operation with little to no interruption in service. All servers, network devices, and related hardware are powered via APC Battery Backup units that are connected in turn to electrical circuits, which are connected to a building generator.

All client data is backed-up online and stored on a central file server repository for 24 hours. Each night a tape backup is made of the client database and secured in a bank vault.

Historical data can be restored from tape as long as the data requested is newer than 30 days old. As a rule, the data can be restored to a standby server within four hours without affecting the current live site. Data can then be selectively queried and/or restored to the live site.

For power outage, HMIS is backed up via APC battery back-up units, which are connected via generator-backed up electrical circuits. For a system crash, a system restore will take four hours. There is potential for some small data loss (data that was entered between the last backup and when the failure occurred) if a tape restore is necessary. If the failure is not hard drive related, the data restore time will possibly be shorter as the drives themselves can be repopulated into a standby server.

All major outages are immediately brought to the attention of executive management. Mediware support staff helps manage communication or messaging to the System Administrator as progress is made to address the service outage.

DeKalb County Continuum of Care HMIS Disaster Recovery Plan

The Institute for Community Alliances operates a regional approach to administering the DeKalb County Continuum of Car eHMIS. The ICA DeKalb County Continuum of Care HMIS office is currently in Madison, Wisconsin. In the event of a localized emergency or disaster, ICA will shift responsibility for administering the HMIS and managing day-to-day operations of the system to an unaffected site.

4. Data Requirements

4.1 MINIMUM DATA COLLECTION STANDARD

Partner Agencies are responsible for asking all clients a minimum set of questions for use in aggregate analysis. These questions are included in custom assessments that are created by HMIS System Administrators. The required data elements depend on the program. The mandatory data elements in each assessment are displayed in *red* text and/or specific text indicating that the field is required.

The Agency Administrator must identify the assessments and requirements for each program. ICA will consult with the Agency Administrator to properly set up each program in HMIS.

Guidelines clearly articulating the minimum expectations for data entry for all programs entering data in HMIS will be sent to Agency Administrators and posted on the Institute for Community Alliances' DeKalb County Continuum of Care HMIS webpage. Agency Administrators must ensure that the minimum data elements are fulfilled for every program.

4.2 PROVIDER NAMING CONVENTION

All providers within HMIS must be named so that they accurately reflect the type of service carried out by the corresponding Partner Agency program.

4.3 DATA QUALITY PLAN

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. No data collection system has a quality rating of 100%. However, to meet the goals set forth by the DeKalb County Continuum of Care when presenting accurate and consistent information on homelessness, it is critical that the HMIS have the best possible representation of reality as it relates to persons experiencing homeless and the projects that serve them. Specifically, the goal is to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact on the homeless service system. To that end, the CoC will collectively assess the quality of our data by examining characteristics such as timeliness, completeness, and accuracy.

See Appendix 7 for the complete Data Quality Plan.

4.4 XML IMPORTS

While HMIS databases are required to have the capacity to accept XML imports, The DeKalb County Continuum of Care reserves the right to not allow XML imports into the HMIS. Allowing XML imports will impact data integrity, create issues for coordinated entry, and increase the likelihood of duplication of client files in the system.

4.5 HMIS DATA PROTECTION

As the HMIS Lead Agency, it is the responsibility of ICA to maintain the HMIS, including protecting the data contained in HMIS. In the case where ICA is made aware through data contained in HMIS that Partner Agency program funds were used for an ineligible service, ICA will notify the Partner Agency about the misuse of funds. If the Partner Agency fails to rectify the misuse of funds in a timely fashion, ICA will notify the appropriate funding body.

5. Glossary

Agency Administrator – the individual responsible for HMIS use at each partner agency that has ten or more HMIS users.

Aggregated Public Data – data that is published and available publicly. This type of data does not identify clients listed in the HMIS.

Closed Data – information entered by one provider that is not visible to other providers using HMIS.

Confidential Data – contains personal identifying information.

ICA – the Institute for Community Alliances, which is the HMIS Lead Agency.

HMIS – Homeless Management Information System – an internet-based database that is used by homeless service organizations across DeKalb County Continuum of Care to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness.

HMIS Governance Committee – the group of HMIS users who are responsible for approving and implementing the HMIS Policies and Procedures, and for working to make improvements to DeKalb County Continuum of Care's HMIS.

HMIS License Fee – the annual fee paid by partner agencies to allow each HMIS user at their agency continued access to the database.

HMIS User Level – HMIS users are assigned a specific user level that limits the data the user is able to access in the database.

HMIS Vendor – the DeKalb County Continuum of CareHMIS software vendor is Mediware. The HMIS vendor designs the HMIS and provides ongoing support to the System Administrators.

Minimum Data Entry Standards – a minimum set of questions that must be completed for each client to provide data for use in aggregate analysis.

Open Data – does not contain personal identifying information.

Partner Agencies – the homeless service organizations that use HMIS.

System Administrators – staff at ICA who are responsible for overseeing HMIS users and use in DeKalb County Continuum of Care. The System Administrators allow users HMIS access and provide training; ensure user compliance with HMIS policies and procedures; and make policy recommendations to the Steering Committee.

Shared Data – unrestricted information that has been entered by one provider and is visible to other providers using HMIS.

Unpublished Restricted Access Data – information scheduled, but not yet approved, for publication.

Victim Service Provider – a nonprofit agency with a primary mission to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.

6. Appendix 1: Data Dictionary and Data Manual

The HMIS Data Standards Manual is intended to serve as a reference and provide basic guidance on HMIS data elements for CoCs, HMIS Lead Agencies, HMIS System Administrators, and users. The companion document to the HMIS Data Manual is the HMIS Data Dictionary.

The HMIS Data Dictionary is designed for HMIS vendors, HMIS Lead Agencies, and HMIS system administrators to understand all of the data elements required in an HMIS, data collection and function of each required element and the specific use of each element by the appropriate federal partner. The HMIS Data Dictionary should be the source for HMIS software programming.

HMIS systems must be able to collect all of the data elements defined in the HMIS Data Dictionary, support system logic identified in this document, and ensure that data collection and the visibility of data elements is appropriate to the project type and federal funding source for any given project.

7. Appendix 2: Data Quality Plan

Data quality is vitally important to the success of the HMIS and the programs that use this database. The Federal Partners and other funders monitor the quality of the HMIS data through the Annual Homelessness Assessment Report, System Performance Measures, the CoC Program Competition, and a variety of other program reports. If the quality of the data are poor, funders may refuse to grant funding or reduce future funding. These funding cuts could negatively affect program(s) throughout the DeKalb County Continuum of Care. As it is imperative that the data are correct, HMIS participating providers and ICA staff will work diligently on adhering to the HMIS Data Standards in order to ensure all reports are complete, consistent, accurate, and timely.

7.1 GOALS OF THE DATA QUALITY PLAN

In coordination with the DeKalb County Continuum of Care HMIS Governance Committee, a data quality plan was established. The goals of this plan are to:
- Help ensure the availability of timely and accurate data for use in helping to end homelessness.
- Identify problems early and increase the usability of data.
- Prepare data for federal, state, and local reporting processes.
- Support the efforts of the HEARTH Act implementation, including Coordinated Entry.

Agencies and program providers will also benefit from participating in this process by:
- Requiring less corrections right before reports are due, because data will be cleaned up regularly.
- Providing access to more up-to-date information to inform program decisions, monitor client progress, and inform stakeholders about programs.
- Implementing changes when needed and measuring progress against goals.

7.2 DATA QUALITY PLAN AND RESPONSIBILITIES

DeKalb County Continuum of Care HMIS Committee Role
- Have an ongoing relationship with the HMIS Staff from each agency to identify training needs based on monthly data quality reports.
- Develop the HMIS Policies and Procedures, including a Data Quality and Security Plan, which are updated annually.
- Meet annually to discuss changes and updates in the system.

Funder Role
- Create a framework of performance expectations that will enable the funder to rank and rate projects and target funding based on need.
- Monitor the established baseline standards for participation and data collection as set forth by the HMIS Data Standards.
- Perform site visits yearly that will include comparing paper files to the data entered into HMIS to check for data accuracy and completeness.

ICA HMIS Staff Role
- Review the data quality reports for the DeKalb County Continuum of Care.
- If a provider has data quality issues, forward the report to the provider, so they can fix their

data.
- Review the provider list for each report. If there are missing or incorrect providers on the list, confirm those with the program provider.
- Run the Data Completeness Report Card monthly.
- Run the Data Incongruity Locator custom reports at least quarterly.
- Assist funders with monitoring when appropriate and provide technical assistance regularly to non-funded HMIS participating agencies.
- Provider on-going HMIS training for existing end-users.

Agency Administrator Role
- Review data quality reports sent to you by ICA HMIS Staff person(s).
- If you have data quality issues, correct them as soon as possible.
- Run data quality reports to check client data on a monthly basis. Use these data quality reports in conjunction with your existing data checking reports frequently to check your data.

User Role
- Review data quality reports sent to you by your Agency Administrator.
- Correct data quality issues as soon as possible.
- At intake, gather the most complete and accurate information you can about each client and the services they need in a timely manner.

7.3 DATA COMPLETENESS

All data entered into the HMIS must be complete. Completeness is the level at which a field has been answered in whole or in its entirety. Measuring completeness can ensure that client profiles are accurately answered in whole and that an entire picture of the client situation emerges. Partially complete or missing data (e.g., missing the SSN, missing the date of birth, missing information on disability or missing veteran status) can negatively affect the CoC's ability to provide comprehensive care to clients. Incomplete data results in an inaccurate picture of the need in the CoC, directly affecting services in individual communities necessary to permanently house clients. It is every HMIS end user's responsibility to report an accurate picture of populations served to facilitate accurate reporting and analysis.

The ultimate goal is to collect 100% of all data elements for all household members. However, the DeKalb County Continuum of Care HMIS Committee recognizes that this may not be possible in all cases. Therefore, an acceptable range of null/missing and unknown/don't know/refused responses has been established, depending on the data element and the project type. Missing data elements are data elements that were either not collected, or collected but were not entered into HMIS. Don't know/refused data elements are those data elements that were not collected because the client either doesn't remember the information or refuses to answer the question. Don't know/refused is from the clients' perspective and is not used to denote that the information was not collected.

Participating agencies will be expected to record the most complete data possible. Only when a client refuses to provide his or her or dependent's personal information and the project funder does not prohibit it, it is permissible to enter incomplete client data.

Some required procedures to follow are:
- If a client refuses to provide the remaining identifiable elements, record the answer as "refused."

- If a client's record already exists in HMIS, the agency must not create a new alias record. Client records entered under aliases may affect agency's overall data completeness and accuracy rates. The agency is responsible for any duplication of services that results from hiding the actual name under an alias.

Note: A client may not wish to provide information to HMIS. This is their right and an HMIS Participating Agency cannot deny services to any client refusing inclusion in HMIS. However, in order for HUD funded providers to accurately complete reporting for their projects, either a De-identified client record must be created in HMIS or the client's information and services must be tracked on paper.

7.4 DATA COMPLETENESS STANDARDS

- *Emergency Shelter projects:* All Universal Data Elements will be entered with an overall completeness rate of 95% or greater.
- *Outreach projects:* All Universal and Project Specific Data Elements (if HUD or SAMHSA funded) will be entered with an overall completeness rate of 90% or greater ***after client enrollment date.***
- *Permanent Supportive Housing projects (including HUD-VASH):* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *Transitional Housing projects:* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *Rapid Re-Housing Projects:* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *Prevention projects:* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *HOPWA projects:* All Universal and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.
- *Coordinated Entry:* All Universal Data Elements and Project Specific Data Elements will be entered with an overall completeness rate of 90% or greater.
- *Supportive Services Only projects:* All Universal Data Elements and Project Specific Data Elements will be entered with an overall completeness rate of 98% or greater.

7.5 DATA CONSISTENCY

ICA HMS Staff will evaluate the quality of all HMIS Participating Agency data on the consistency of the data being entered. All Participating Agencies across should work consistently to reduce duplication in HMIS by following workflow practices outlined in training. HMIS end users are trained to search for existing clients in the system, across multiple parameters, before adding a new client into the system. Client data can be searched by Client ID, Name, Social Security Number, and Client Alias. End Users are trained to follow this protocol when adding a new client in the system.

Data consistency will ensure that data is understood, collected, and entered consistently across all projects in the HMIS. Consistency directly affects the accuracy of data; if an end user collects all of the data, but they don't collect it in a consistent manner, then the data may not be accurate. All data in HMIS shall be collected and entered in a common and consistent manner across all projects. To that end, all end users will complete an initial training before accessing the live HMIS system.

ICA HMIS staff will provide regular training, refresher courses, as well as, updated data entry workflows and sample intake forms as a guide for quick reference when collecting and entering data to ensure that data is understood, collected and entered consistently across all programs in the HMIS.

ICA HMIS staff will review data entries in the database quarterly for duplicate entries, and merge any duplicate client records found at this time. If a Participating Agency is consistently creating duplicate clients, the HMIS staff will contact the designated Agency Administrator to notify and address the end user creating the duplication, so future duplication can be avoided.

All HMIS Participating Agency client data should adhere to HMIS capitalization guidelines. HMIS end users are trained on the current method and style to enter client level data. For example, client names are entered with the first initial of the first and last name capitalized (i.e., First Last). No client name should be entered in any of the following ways:
- ALL CAPS
- all lower case
- Mix of lower and upper case letters
- Nicknames in the Name space (use the Alias box instead.)

7.6 DATA ACCURACY

Accurate data ensures that the HMIS is the best possible representation of reality as it relates to persons experiencing homelessness and the programs serving them on a day-to-day basis. Accuracy can be difficult to assess as it depends on the client providing correct data and the intake worker's ability to document and enter the data accurately. Accuracy is best determined by comparing records in the HMIS to paper records, or the records of another reliable provider. For example, a SSN in question can be compared to a paper case file or SSI benefit application. In-person interviews, with clients participating in projects who are utilizing the HMIS, are another method for assessing accurate data entry. Evaluation for accurate documentation of case management, service transactions and referrals in the HMIS can be assessed by client interviews. In-person interviews with clients may be coordinated with funders during HUD monitoring or performed individually with non-HUD funded Participating Agencies by HMIS staff, when appropriate.

Information entered into the HMIS needs to be valid, meaning it needs to accurately represent information on the participants of the homeless service projects contributing data to the HMIS Implementation. Inaccurate data may be intentional or unintentional. In general, false or inaccurate information is less desirable than incomplete information, since with the latter, it is at least possible to acknowledge the gap. Thus, it should be emphasized to clients and staff that it is better to enter nothing (or preferably "client doesn't know" or "refused") than to enter inaccurate information. To ensure the most up-to-date and complete data, data entry errors should be corrected on a monthly basis.

All data entered into the HMIS shall be a reflection of information provided by the client, as documented by the intake worker or otherwise updated by the client and documented for reference. Recording inaccurate information is strictly prohibited.

7.7 DATA ACCURACY STANDARD

Data Quality Measurements: Accurate Data*	Data Quality Report Name	Applicability of Standard by Project Type	Max Allowed
Missing Entry/Exits	Entry Exit Data Quality	All Projects	0%
Incorrect Entry Type	Entry Exit Data Quality	All Projects	0%
Duplicate Entry/Exits	Entry Exit Data Quality	All Projects	0%
Future Entry/Exits	Entry Exit Data Quality	All Projects	0%
Missing Exit Dates	Unexited Clients Exceeding Max Length of Stay	All Projects	0%
Unknown Destinations	Entry Exit Data Quality	All Projects	50% for CE, 20% for ES, 20% for Outreach, 3% All Other Types
Children Only Households	Entry Exit Data Quality	All Projects	0%
Missing Head of Household	Entry Exit Data Quality	All Projects	0%
Missing Services and Referrals	PATH Data Completeness: 2016 Standards	PATH	0%
Service Dates fall outside of Entry and Exit Dates	PATH Data Completeness: 2016 Standards	PATH	0%

7.8 BED/UNIT UTILIZATION RATES

One of the primary features of an HMIS is the ability to record the number of client stays or bed nights at a homeless assistance project. The count of clients in a project on a given night is compared to the number of beds reported in the Housing Inventory Count (HIC) to return the agency's Bed Utilization percentage. The generally acceptable range of bed utilization rates for established projects is 65%- 105%

Project Types	Lowest Acceptable Bed Utilization Rate	Highest Acceptable Bed Utilization Rate
ES, TH, PSH, RRH	65%	105%

7.9 MONITORING PLAN

The DeKalb County Continuum of Care recognizes that the data produced from HMIS is critical to meet the reporting and compliance requirements for individual partner agencies and the HMIS implementation as a whole. As such, all HMIS partner agencies are expected to meet the data quality benchmarks described in this document.

To achieve this, the HMIS data will be monitored on a monthly basis to quickly identify and resolve issues that affect the timeliness, completeness, consistency and accuracy of the data. All monitoring will be done in accordance with the data quality monitoring plan, with full support of the DeKalb County Continuum of Care and the HMIS Committee.

The purpose of monitoring is to ensure that the agreed-upon data quality benchmarks are met to the greatest extent possible, and that data quality issues are quickly identified and resolved. To ensure that Participating Agencies have continued access to the expectations set forth in the data quality plan, the following protocol will be used:

1. The HMIS Governance Committees will have the ability to review and critique the Data Quality Plan draft prior to publication, and continue to provide input when updates are necessary.
2. Participating agencies will provide timely updates to the HMIS staff in their corresponding CoC regarding any changes to programs.
3. Data Quality reports will be reviewed at a minimum once a month by HMIS staff and senior staff at all HMIS participating agencies in the CoC.
4. HMIS staff and participating agencies throughout each CoC must work to prevent duplicate data.
5. HMIS staff will monitor the creation of duplicate client records within the system and correct at least quarterly.
6. Participating agencies must review hardcopy records and compare them to the HMIS data to ensure consistency.
7. HMIS will provide new end users with new user training and provide existing users with access to training throughout the year to reflect any system updates.
8. HMIS staff will assist programs within their CoC in correcting data and updating information as needed.

9. HMIS staff will provide annual site visits to all participating agencies within their corresponding CoC with prior notification to provide technical assistance and assess the accuracy of client-level data entry.
10. Participating agencies that meet the data quality benchmarks will be periodically recognized by their respective HMIS Staff.

7.10 DATA QUALITY PLAN ENFORCEMENT

ICA HMIS Staff will take the following steps to enforce the Data Quality Plan:

1. ICA HMIS staff will first provide additional in-person technical assistance for participating agencies that fail to meet the data quality benchmarks set forth in this document.
2. If corrective action is not taken, ICA HMIS staff will send the HMIS participating agency a notice stating they are noncompliant with the standards set for data quality. The participating agency will be asked to submit a plan to the ICA HMIS staff describing how they intend to improve their data quality to meet DeKalb County Continuum of Care standards.
3. If a plan of action is requested, and is not submitted within the allotted time frame, the ICA HMIS staff may suspend all end-user accounts under that project for a period no longer than 7 days.
4. After the suspension, end-user accounts will be restored, and the HMIS participating agency will have the opportunity to correct data until the next month's review and will follow the same process as before. ICA HMIS staff will report the suspension to the DeKalb County Continuum of Care Board of Directors.
5. If the HMIS participating agency's account needs to be suspended for a second time, the ICA HMIS Staff may suspend user accounts for up to 30 days. Should the problem persist, or in the event that the participating agency fails to submit a written plan, ICA may suspend the participating agency's ability to enter data into the HMIS, and will contact any appropriate state and federal funders, notifying these funders of the participating agency's non-compliance with HMIS data entry mandates. ICA HMIS staff will report the suspension to the DeKalb County Continuum of Care Board of Directors.

The ICA HMIS staff will investigate all potential violations of any security protocols. A participating agency's access may also be suspended or revoked if serious or repeated violation(s) of HMIS Policies and Procedures occur by agency users. Any user found to be in violation of security protocols will be sanctioned which may include, but are not limited to:
- A formal letter of reprimand
- Suspension of system privileges
- Revocation of system privileges

2018 HDX Competition Report
PIT Count Data for IL-509 - Dekalb City & County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	**81**	**90**	**100**
Emergency Shelter Total	62	72	75
Safe Haven Total	0	0	0
Transitional Housing Total	15	15	22
Total Sheltered Count	**77**	**87**	**97**
Total Unsheltered Count	**4**	**3**	**3**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**0**	**0**	**7**
Sheltered Count of Chronically Homeless Persons	0	0	4
Unsheltered Count of Chronically Homeless Persons	0	0	3

2018 HDX Competition Report
PIT Count Data for IL-509 - Dekalb City & County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	12	11	19
Sheltered Count of Homeless Households with Children	12	11	19
Unsheltered Count of Homeless Households with Children	0	0	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	0	2	2	5
Sheltered Count of Homeless Veterans	0	2	2	5
Unsheltered Count of Homeless Veterans	0	0	0	0

2018 HDX Competition Report
HIC Data for IL-509 - Dekalb City & County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	96	25	71	100.00%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	22	22	0	NA
Rapid Re-Housing (RRH) Beds	0	0	0	NA
Permanent Supportive Housing (PSH) Beds	129	0	104	80.62%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	247	47	175	87.50%

2018 HDX Competition Report

HIC Data for IL-509 - Dekalb City & County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	38	38	38

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC		8	0

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC		54	0

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for IL-509 - Dekalb City & County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	175	225	107	86	-21	74	52	-22
1.2 Persons in ES, SH, and TH	175	225	107	86	-21	74	52	-22

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	175	235	120	140	20	83	100	17
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	175	235	120	140	20	83	100	17

FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	51	6	12%	7	14%	4	8%	17	33%
Exit was from TH	0	0		0		0		0	
Exit was from SH	0	0		0		0		0	
Exit was from PH	4	0	0%	0	0%	0	0%	0	0%
TOTAL Returns to Homelessness	55	6	11%	7	13%	4	7%	17	31%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	81	90	9
Emergency Shelter Total	62	72	10
Safe Haven Total	0	0	0
Transitional Housing Total	15	15	0
Total Sheltered Count	77	87	10
Unsheltered Count	4	3	-1

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	184	238	54
Emergency Shelter Total	184	238	54
Safe Haven Total	0	0	0
Transitional Housing Total	0	0	0

FY2017 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	54	49	-5
Number of adults with increased earned income	3	6	3
Percentage of adults who increased earned income	6%	12%	6%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	54	49	-5
Number of adults with increased non-employment cash income	24	26	2
Percentage of adults who increased non-employment cash income	44%	53%	9%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	54	49	-5
Number of adults with increased total income	26	30	4
Percentage of adults who increased total income	48%	61%	13%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	16	21	5
Number of adults who exited with increased earned income	2	0	-2
Percentage of adults who increased earned income	13%	0%	-13%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	16	21	5
Number of adults who exited with increased non-employment cash income	0	7	7
Percentage of adults who increased non-employment cash income	0%	33%	33%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	16	21	5
Number of adults who exited with increased total income	2	7	5
Percentage of adults who increased total income	13%	33%	20%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	148	220	72
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	13	46	33
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	135	174	39

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	177	243	66
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	47	58	11
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	130	185	55

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	0	0	0
Of persons above, those who exited to temporary & some institutional destinations	0	0	0
Of the persons above, those who exited to permanent housing destinations	0	0	0
% Successful exits			

Metric 7b.1 – Change in exits to permanent housing destinations

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	140	210	70
Of the persons above, those who exited to permanent housing destinations	111	170	59
% Successful exits	79%	81%	2%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	69	120	51
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	67	113	46
% Successful exits/retention	97%	94%	-3%

2018 HDX Competition Report

FY2017 - SysPM Data Quality

IL-509 - Dekalb City & County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report
FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	54	54	54	54	32				84	112	102	91		3		54				
2. Number of HMIS Beds	54	54	54	54	32				59	97	75	66		3		39				
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	100.00				70.24	86.61	73.53	72.53		100.00		72.22				
4. Unduplicated Persons Served (HMIS)	9	94	140	191	0	0	0	0	39	58	67	108	0	25	56	71	0	0	0	0
5. Total Leavers (HMIS)	0	53	99	143	0	0	0	0	1	1	9	12	0	2	33	62	0	0	0	0
6. Destination of Don't Know, Refused, or Missing (HMIS)	0	0	2	7	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0
7. Destination Error Rate (%)		0.00	2.02	4.90					0.00	0.00	0.00	33.33		0.00	0.00	0.00				

15

2018 HDX Competition Report
Submission and Count Dates for IL-509 - Dekalb City & County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/26/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/16/2018	Yes
2018 HIC Count Submittal Date	4/10/2018	Yes
2017 System PM Submittal Date	5/23/2018	Yes