PROPOSAL SUBMITTAL FORM

Agency Information

Agency Name: Community Action Council for Lexington-Fayette, Bourbon, Harrison and Nicholas C

Mailing Address: PO Box 11610, Lexington, KY 40576

Street Address: 710 W High Street, Lexington, KY 40508

Phone: (859) 233 - 4600

Is your Agency registered with the IRS as a 501(c)3 organization? ☑ Yes ☐ No

*Note: Agencies **must** be registered with the IRS as a 501(c)3 organization to be eligible for ESR Program funding.*

Does your agency have a current profile with Blue Grass Community Foundation's GoodGiving.net? ☑ Yes ☐ No

*Note: Agencies **must** have profiles with GoodGiving.net to be eligible for ESR funding.*

Website Address: www.commaction.org

Agency Representative *(typically the Executive Director - Name, Title, Phone, Email)*:

Bridgett Rice, Interim Executive Director, 859-233-4600 ext. 1249, bridgett.rice@commaction.org

Person Completing Application *(Name, Title, Phone, Email):*

Cara Howell, Planning & Projects Manager, 859-233-4600 xt. 1201, cara.howell@commaction.org

Program Information

Name of program for which funds are being requested: **Emergency Family Housing (EFH)**

Total Funding Amount Requested: $ **153,360**

RFP #14-2019 PROPOSAL SUBMITTAL FORM

- **Save this PDF formatted Proposal Submittal Form to your hard drive before beginning to enter responses in it to ensure your responses are saved to the form.**
- **LIMIT RESPONSES IN TEXT BOXES TO 250 WORDS**
- **REMINDER: All proposals must be written in a clear and concise manner, as there will be no follow-up or clarifications to proposer's submittal form once the evaluation process begins.**

5.1 Program Design & Performance

5.1.1 General Shelter Information **15 Points**

The following information is required in order to evaluate capacity and scope of programming and ensure a balance of shelter options for various sub-populations of people experiencing homelessness. While the overall narrative score is a major factor in funding recommendations, LFUCG will also consider factors such as ensuring availability of critical services and an adequate number of emergency shelter beds for vulnerable populations.

- Provide a description of the shelter including;
    - shelter operating hours,
    - population served included special populations served,
    - shelter rules and procedures (submit documentation)
    - how basic needs are met such as meals and personal care,
    - operating hours outside of nighttime shelter, i.e. are staff operating during the day
    - general staffing description for the emergency shelter
- Does your emergency shelter consistently implement practices to meet people where they are, and provide person-centered care that focuses on personal strengths? **(submit documentation as an attachment)**
- What policies or value statements convey clear expectations that guests will be treated with dignity and respect, and how does the shelter monitor adherence to these expectations? **(submit documentation as an attachment)**
- Are expectations of guests clearly communicated and easily accessible for review by guests? (submit documentation of communication process
- What specific practices help ensure that the shelter exhibits cultural competency and provides appropriate protections for shelter seekers across demographic differences?
- Does the shelter involve guests in governance and operations? **(submit documentation as an attachment)**

Recognizing that separation often exacerbates an already difficult situation, Emergency Family Housing (EHF) utilizes a non-traditional shelter model to annually meet the emergency shelter needs of up to 30 two-parent and group families (meeting the definition of “family” under HUD’s Equal Access Rule) originating in Lexington-Fayette County through short-term hotel stays or up to 90 days in a master-leased apartment—or some combination in between—without requiring the family to separate. Extensions beyond 90 days will be made on a case by case basis. This non-traditional, scatter-site model is more cost-effective and allows families to preserve more dignity than traditional shelter models.

EFH utilizes a person-centered, strengths-based approach to meet families where they are. This approach helps families in meeting their immediate and ongoing needs, such as obtaining personal care items and accessing local resources, while also providing the necessary support to assist them in rapidly obtaining permanent housing. Referrals are accepted M-F, 8:30am-5:00pm, via phone, email or in person; and via phone and/or email from 5:01am-11:59pm, M-F and on weekends. Referrals made between 12:00am-8:30am will be reviewed the following morning .

The Council employs two Housing Case Management Specialists (HNMS) and two AmeriCorps members to assist families in accessing shelter services and community resources. The Director of Housing and Homelessness Services (DHHS), Mr. Marty Jones, provides administrative oversight.

All required documentation has been provided in the attachments of this application. A cross reference guide has been provided because the various documents address more than one of the required components.

5.1.2 Rapid Resolution, Housing Oriented **25 points**

Up to 10 points will be awarded to applicants demonstrating a shelter project that is rapid resolution and housing oriented. This means a plan is presented for how the organization works with guests to develop and implement a housing plan including diversion techniques and how quickly people move to permanent housing.

Narrative for this section should address all of the following prompts:

- Does your emergency shelter's process for accessing shelter assess options for diverting from shelter?
- Does your emergency shelter's diversion approach include, when needed, financial assistance, mediation, housing location, legal assistance, or other supports?
- What role do mainstream programs play in supporting shelter seekers and diversion efforts?
- How does your emergency shelter provide immediate assistance and link guests with housing options within the first 14 days of a shelter stay?
- How does your emergency shelter use data routinely to detect trends, identify frequent users, and monitor housing success and other performance measures?
- How your emergency shelter coordinate with the broader homelessness service and housing systems in system-level planning?
- Does your emergency shelter assess and address the safety risks for people fleeing domestic violence?
- Describe how shelter guests are assigned case management and detail how case management is provided in your emergency shelter. How often do case managers discuss housing options with guests? How and when do the conversations about obtaining housing begin? Do case managers utilize best practices when working with clients such as trauma informed care?
- How will shelter staff members or volunteers help shelter guests access documents needed for housing (birth certificates, Social Security cards, etc.) when needed?

Staff begin discussing diversion at first contact with the completion of a pre-screener to identify potential alternatives (including financial assistance and mediation) and determine EFH eligibility. Upon entry, staff complete a thorough intake process, explaining the EFH program, assisting the family in completing initial paperwork and providing information about fair housing requirements, tenant expectations and responsibilities and available community resources. As a component of its comprehensive case management strategy and incorporating best practices (including trauma-informed care), staff immediately beginning working with families to reduce barriers, such as utility/rental arrears, unemployment and soft skills development, and the high cost of childcare; assist families in accessing mainstream and other public benefits, vital records and other eligibility documentation; and assist in enrolling in job training/job search assistance or educational programs. Transportation assistance may be provided. Staff and families meet at least weekly, or more frequently if needed, to discuss housing options and assess progress toward goals. For guests that remain for more than 14 days, staff complete the Vulnerability Index–Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT) and enter them into OneDoor Lexington (ODL). The VI-SPDAT assists staff in developing individualized goal and housing plans, including developing safety plans for those fleeing domestic violence. The DHHS participates in OHPI Board and committee meetings.

EFH partners with many service providers including Bluegrass.org, Greenhouse17, Jubilee Jobs, etc. to assist families in transitioning to permanent, stable housing as rapidly as possible. Staff continually monitor and evaluate EFH to identify trends and progress toward performance measures.

5.1.3 Low-Barrier **15 points**

Up to 5 points will be awarded to applicants based on an evaluation of the shelter's commitment to a housing first, low-barrier model. Low-barrier shelter is a critical piece in the homeless assistance approach that prioritizes providing people experiencing homelessness with shelter as quickly as possible – and then providing voluntary supportive services as needed. A low-barrier shelter is one which has only the least restrictive entry criteria necessary to ensure health and safety in the facility.

Narrative for this section should address all of the following prompts:

- Does the shelter set only minimal and reasonable requirements for guests, and does the shelter enforce these requirements in a fair and transparent way? **(submit documentation as an attachment)**
- Does your emergency shelter have minimal expectations or requirements of people seeking shelter? **(submit documentation as an attachment)**
- Does your shelter welcome self-defined family and kinship groups to seek shelter together?
- Can your emergency shelter identify financial resources that can support the adoption of low-barrier policies and practices and support extended or flexible hours and adapted service-delivery models?
- Does your shelter accommodate pets and belongings?
- Does the shelter make accommodations to store belongings and if so, how?
- Do your shelter intake process and housing navigation services coordinate closely with community-based outreach services and coordinated entry?
- Does your shelter create flexible and predictable access for people seeking shelter?
- Are guests required or requested to contribute funds or labor to remain in the shelter? **(submit documentation of any program fees or volunteer time required as an attachment)**
- Are guests required to participate in classes or programs as a condition of remaining in the shelter? If yes, describe the process followed to determine whether someone is admitted or removed from the shelter and appeals available to those denied access. Applicants should include with their proposal a copy of written operation procedures for denial of services. This includes drug testing.
- How many participants were turned away or banned in the past 12 months for reasons described above?

The Council is committed to a low-barrier program model to meet the needs of two-parent and self-defining group families seeking emergency shelter. The Council works closely with OHPI, local shelters, housing providers, and social service agencies to ensure flexible and predictable access for families, provide appropriate referrals and identify alternative funding to support EFH and guests. Families are not required to contribute funds and/or labor as a condition of shelter, nor are they required to participate in classes or programs. The Council partners with the Lexington Humane Society and local storage facilities to accommodate pets and personal belongings, as needed.

By signing the Participant Program Agreement (PPA), families agree to: comply with housing complex conditions; maintain the shelter unit in a clean and safe condition; and actively participate in EFH as described in the Individual Service Plan (ISP). Vacating a housing unit for more than five days, without notifying EFH staff, may result in program exit. Participants may also be expelled for gross misconduct, such as engaging in behaviors that place the health and safety of fellow tenants, service providers, or property at significant risk. Final decisions regarding termination will be addressed between EFH staff and supervisors and, as necessary, property owners/managers. Participants will have the right to appeal the decision, the process for which is provided to each family during intake. During FY18, two participants were exited from the program because of gross misconduct. One participant was exited due to incarceration related to an offense occurring prior to placement.

5.1.4 Actual Results **10 Points**

Applicants will be evaluated based on actual results from the previous year. LFUCG will utilize access to KYHMIS for organizations with prior year participation. ONLY non-participating first-time applicants should provide a narrative describing outcome targets and actual results for relevant existing shelter. If the organization has not operated an overnight emergency shelter in the past year, the organization may submit performance reports for any transitional housing, rapid rehousing, or permanent supportive housing program. .

The OHPI reserves the right to negotiate final targets. Results will be evaluated based on reports from the KYHMIS database, not agency records, so KYHMIS data quality and timeliness is critical.

- **Submit reports from January 1, 2018 to December 31, 2018 as attachments**
    - **CoC APR**
    - **CoC CAPER**

Please see attached CoC APR and CAPER for more information.

5.1.5 Capacity, Cost Effectiveness, & Budget **10 points**

Every community, including Lexington, faces the challenge of ensuring that shelter capacity is scaled to meet local need and that it is financed accordingly. This does assume that we should expand emergency shelter for those in the community that are currently experiencing unsheltered homelessness.

In making decisions regarding necessary capacity, LFUCG will consider how a broad range of changes and improvements within their crisis response systems will impact need and demand for emergency shelter, including: increased emphasis on diversion strategies and services; reductions in the length of time it takes for guests to move from shelter to permanent housing, including through expanded rapid resolution interventions; removal of barriers to entry; and increased emphasis on long-term or frequent users of emergency shelter.

Complete this table by indicating the total in the column to the right, then respond to the narrative prompts below:	**Total**
***Number of individual beds available:	42
***Number of units available for families, if applicable:	10
Funds requested from LFUCG:	153,360
Average nightly census for individuals based on KYHMIS data:	23
Average nightly census for families based on KYHMIS data:	7
Total annual budget for shelter (all funding sources):	232,728
% LFUCG investment (LFUCG Request/Total Budget * 100):	67 %

- ***Total beds above not reflect any overflow capacity such as mats on the floor, sleeping in lobbies, dining room chairs or overflow into other buildings owned by partners such as churches or other non-profits. Also exclude beds reserved for/supported by Department of Corrections, Veterans Administration, Department of Community Based Services, or other funding sources.
- Please describe all funding sources other than LFUCG that are included in your total emergency shelter budget.

Program Budget Summary Form Instructions

Proposal Submittal shall be considered incomplete and shall be rejected without completed Budget Summary Form. *(Including total amount of ESR grant request.)*

For organizations requesting funding for more than one program in this RFP, combine into a single Program Budget narrative for the proposal.

Please note that the Program Budget will be part of the grantee agreement with LFUCG and regular tracking and expenditure reporting will be required.

To ensure readability and uniformity, please use the Program Budget form included. Provide brief line-item detail as specified in each section below and verify all calculations.

This section provides a summary of the total proposed Program Budget for FY 2020. It requests the allocation of all projected funding amounts (City and non-City sources) for anticipated FY 2020 program expenditures.

Total Program Budget

Column A should reflect projected expenditures for the entire program (not just the proposed LFUCG ESR grant funding request portion). When the chart is completed this column should equal ESR Grant Funding Request plus other/non-ESR program funding. (A=B+C)

ESR Grant Funding Request

Column B is the grant amount being requested from this RFP to support this program's services to eligible Fayette County Participants.

Non-LFUCG Program Funding

Column C is the non-LFUCG ESR funding that is allocated to the Total Program Budget (A-B = C).

This form is for the budget for the PROGRAM applying for ESR funds, not the total agency budget.

For each category identify the amount requested and the amount to be leveraged through other programs or organizations (if applicable).

Staff Salaries – Identify the number of Full-time position salaries allocated to the program, and part-time positions allocated to the program, and the amounts of each allocated to Columns A, B, & C.

Consultant Services – In the "List Details" box, **briefly** describe any expenses associated with providing expanded supportive services or other services for which the organization intends to contract with another entity. Any of these expenses to be provided by the proposing organization should be included in other line items.

Space/Facilities – In the "List Details" box, **briefly** list the basis of the allocation of rental costs, utilities, janitorial costs, and any other facility costs for the Program. Identify any office or program space in an LFUCG owned building, and any other costs (rent, monthly utilities, etc.) reimbursed to LFUCG.

Scholarships/Stipends – In the "List Details" box, **briefly** list the type of scholarships or stipends, and include the number of people or organizations to receive funds.

Operating Expenses – In the "List Details" box, **briefly** list the costs associated with expenses, supplies, utilities, and any other expense associated directly with the operation of the project.

Other – In the "List Details" box, **briefly** list any other costs for the Program not covered above.

PROGRAM BUDGET SUMMARY

Agency Name **Community Action Council for Lexington-Fayette, Bourbo**

Program Name **Emergency Family Housing**

FY 2020 (July 1, 2019-June 30, 2020) Total Program Budget

	# of Employees:	Column A Total Program Budget [= B+C]	Column B ESR Grant Funding Request	Column C Non-ESR Program Funding [A-B]
1. Staff Salaries for Program				
Full-Time (FTE)	1	53,321	**53,321**	0
Part-Time		0	**0**	0
Total Salaries		53,321	**53,321**	0
3. Consultant Services	$	0	**0**	0
list details	N/A			
4. Space/Facilities	$	134,224	**58,600**	75,624
list details	$57,400 - Short-term Hotel: $100/night*~14 Nights*15 Families ($21,000); Master-leased Apartment Units: $700/month*12 months*4 Units ($33,600); and Facilities: a portion of costs related to office and meeting space to operate EFH ($4,000). $75,624 - Donated scatter-site units @ $692/mo*12 mo*6 units ($49,824) and $1,231/mo*12 mo*2 units ($29,544)			
5. Operating Expenses	$	25,008	**25,008**	0
list details	$25,008 - Includes: in-area travel ($500); office supplies ($100); household supplies ($1,800); cleaning ($500); insurance and bonding ($286); training expenses ($2,000); client benefits (bus passes/arrears/vital records) ($6,000); utilities ($3,600); utility deposits ($3,000); security deposits ($4,800); communications ($789) and IT ($1,633).			
6. Scholarships / Stipends	$	0	**0**	0
list details - numbers & amounts	N/A			
7. Other	$	16,431	**16,431**	0
list details	$16,431 - To provide for the portion related to programs costs for administrative functions such as Accounting, Human Resources, the Office of the Executive Director as approved by the Council's approved Indirect Cost Rate Agreement. The Council has a provisional rate of 13% however has budgeted at 12.0% based on historical costs.			
8. TOTAL PROGRAM BUDGET	$	228,984	**153,360**	75,624

Cost per Program Participant: $ **5,112**

I understand that this document in its entirety is incorporated into my grant Agreement with the Lexington-Fayette Urban County Government.

Authorized Representative *(typed name)*: Bridgett Rice

Title: Interim Executive Director **Date**: 4/18/2019

5.2 Capacity & Sustainability

5.2.1 Staff Qualifications & Experience **5 Points**

Provide information on the key/primary individuals that will be involved in the provision of services and demonstrate that they have the capacity to address the stated need. List each position by title and name of employee, if available. Describe the anticipated roles and responsibilities for each person as it relates to this project. Describe the experience, expertise, and capacity of each individual to address the proposed activities.

The Council employs two Housing Case Management Specialists (HCMS), who are responsible for all day-to-day operations of EFH, including conducting intakes, providing case management services and assisting families in searching for housing. The HCMSs work with local shelters, OHPI and other Council staff to rapidly move families in need of emergency shelter toward permanent housing solutions. The Director of Housing and Homelessness Services (DHHS) is primarily responsible for programmatic oversight, quarterly reporting and ensuring that the program continues to meet outcomes.

Ms. Brandy Clark has a bachelor's in Social Science with a focus in Psychology from Kentucky State University. Ms. Clark is currently working with the Council's EFH and Project Independence Rapid Rehousing programs and has been with the Council since August 2018. Ms. Chastity Griffin is a Doctoral Student at the University of Kentucky and holds a Masters in Rehabilitation Counseling. Ms. Griffin has worked with many of the Council's Balance of State and Lexington-based housing programs and has been employed with the Council since 2012.

The DHHS, Mr. Marty Jones, has a Master of Public Administration (MPA) degree from the University of Kentucky. Mr. Jones has been with the Council since July 2010 and has been an integral component of the housing programs throughout the Council's four county service area and the Region 6 Balance of State. Finally, the Council's two AmeriCorps members support for the EFH program by conducting intakes and assisting staff and families in searching for housing on behalf of participants.

5.2.2 Partnership & Resource Leverage **5 Points**

How do your programs and services support our community's comprehensive response to the identified priority area of Community Wellness & Safety? Does your organization have any formal agreements or informal working relationship with other local service programs?

What role does your governing board members, volunteers, and / or donors play in facilitating viable service delivery and program administration? Does your program have any major civic benefactors or corporate sponsors? Describe other secured funding sources and committed operational resources your organization has allocated for the proposed program.

While other shelter providers allow only one parent to remain with his/her children, EFH is unique within Lexington's shelter network as it is the only program that allows two-parent and group families to remain together as a family unit while in shelter.

Examples of EFH partners includes Microtel Inn and Suites, Stonebridge Apartments, Hope Center, Salvation Army, Arbor Youth Services, Kentucky Counseling Center, Bluegrass.org, Lexington Humane Society, etc. As mentioned previously, the Council's partnerships with the Housing Authority of Lexington and "Give Kids a Home" provide crucial financial support by allowing the Council to master-lease eight additional units to serve more families seeking emergency shelter. The Council also leverages its supportive/permanent housing and other programs, such as Head Start, LIHEAP, and CSBG, as appropriate. These partnerships and leverage opportunities ensure that EFH guests can access all available resources and provides crucial support as the family exits to permanent housing and moves toward self-sufficiency. The Council also has several Board members from local housing providers to provide informed oversight of the Council's housing programs.

Given its history of successfully operating housing and homelessness programs, the Council appreciates the costs associated with operating EFH and will continue to aggressively seek additional funding to sustain and grow the program. The Council will continue to build and strengthen relationships with other community partners, such as landlords, local businesses and private individuals—in the form of monetary contributions and donations of goods and services—in order to help meet the needs of each family.

5.2.3 Outreach & Inclusion Strategy **15 Points**

Demonstrate how the program will ensure services are available and accessible by all potential participants, especially related to language barriers for persons with limited English proficiency; persons with physical or other disabilities; and persons impacted by poverty and economic distress.

Has your organization enacted any policies (or employs any standard operating procedures) to ensure equitable service opportunity and / or benefit program to a diverse cross-section of the greater community?

As one of a 1,000 community action agencies across the country, the Council is dedicated to addressing the causes and effects of poverty. As such, the Council is committed to providing equitable service opportunity not just for persons impacted by poverty and economic distress, but all people throughout the community—a principle that is embedded in the Council's culture as well as its policies and procedures. Further, the Council believes it is imperative that its workforce and governing bodies are representative of the communities it serves. The Council's tripartite board is comprised 1/3 of representatives from communities with low income, and the public and private sectors. Staff are highly diverse and representative of a cross section of the communities it serves.

Accessibility and inclusion are of paramount importance in all the Council's programming and services. In terms of accessibility for persons with disabilities, EFH utilizes short-term hotel accommodations to ensure that all participant families will have access to a unit that is accessible for persons with disabilities, as needed. The Council will also continue to work with local landlords and others to identify and procure ADA compliant units, as feasible. For those with limited English proficiency, the Council employs approximately 15 bilingual staff to reduce language barriers across all its program and services. In instances in which a bilingual staff member is unavailable or the language spoken is not represented by staff members, the Council contracts with Accipio Language Services to ensure access and reduce language barriers.

Required attachments with Proposal Submittal Form (8 total):

5.1.1 General Shelter Information

- Does your emergency shelter consistently implement practices to meet people where they are, and provide person-centered care that focuses on personal strengths? **(submit documentation as an attachment)**
- What policies or value statements convey clear expectations that guests will be treated with dignity and respect, and how does the shelter monitor adherence to these expectations? **(submit documentation as an attachment)**
- Does the shelter involve guests in governance and operations? **(submit documentation as an attachment)**
- **Submit reports from January 1, 2018 to December 31, 2018 as attachments:**
  - **CoC APR**
  - **CoC CAPER**

5.1.3 Low Barrier

- Does the shelter set only minimal and reasonable requirements for guests, and does the shelter enforce these requirements in a fair and transparent way? **(submit documentation as an attachment)**
- Does your emergency shelter have minimal expectations or requirements of people seeking shelter? **(submit documentation as an attachment)**
- Are guests required or requested to contribute funds or labor to remain in the shelter? **(submit documentation of any program fees or volunteer time required as an attachment)**

Attachments

5.1.1 General Shelter Information

Does your emergency shelter consistently implement practices to meet people where they are, and provide person-centered care that focuses on personal strengths?

- 5.1.1b Program Goals, Values & Outcomes: Task #2
- 5.1.1c Participant Program Agreement: Page 2, "Obligations of the Council"

What policies or value statements convey clear expectations that guests will be treated with dignity and respect, and how does the shelter monitor adherence to these expectations?

- 5.1.1a Affirmative Action Plan: Page 2, "D. Master Purpose."
- 5.1.1b Program Goals, Values & Outcomes: Task #2
- 5.1.1c Participant Program Agreement: Page 2, "Obligations of the Council"
- 5.1.1d Participant and Community Complaints

Does the shelter involve guests in governance and operations?

- 5.1.1b Program Goals, Values & Outcomes: Task #3
- 5.1.1d Participant and Community Complaints

Submit reports from January 1, 2018 to December 31, 2018

- 5.1.1f CoC APR
- 5.1.1g CoC CAPER

5.1.3 Low Barrier

Does the shelter set only minimal and reasonable requirements for guests, and does the shelter enforce these requirements in a fair and transparent way?

Does your emergency shelter have minimal expectations or requirements of people seeking shelter?

- 5.1.1c Participant Program Agreement: Page 2, "Obligations of the Participant"
- 5.1.3b Termination Procedures
- 5.1.3a EFH Expectations

Are guests required or requested to contribute funds or labor to remain in the shelter?

- 5.1.1b Program Goals, Values & Outcomes: Task #2

COMMUNITY ACTION COUNCIL
FOR
LEXINGTON-FAYETTE, BOURBON, HARRISON AND NICHOLAS COUNTIES

OPERATIONS MEMORANDUM

Subject: Affirmative Action Plan

Number: A-1990-G
Change No: 1
Replaces: Affirmative Action Policy A-1990-G

Effective Date: September 27, 2004

Reference: Minutes, Board, 9/27/04

Expiration Date: None

Approval: Board of Directors

Type: Policy

Date: September 27, 2004

DISTRIBUTION:

-Operations Manual Distribution List A
-Members, Human Rights Committee, Board of Directors
-Members, Staff Equal Rights Committee
-David Bratt, General Counsel
-All employees (via payroll 1/13/05)
-Human Resources Manager (distribute to all new employees)

FILING INSTRUCTIONS (Persons with Operations Manual):

1) Pen and Ink Change to the Manual Index:
On page 2 of the Index (A-1986-F, Change 3) under the heading, Administration, locate the entry "Affirmative Action Plan A-1990-G, and add a "1" in the Changes column.

2) Locate Operations Memorandum A-1990-G in your manual. (It should be filed in Volume A by year and issue sequence.)
   a. Remove and destroy A-1990-G.
   b. Replace with this change.

BACKGROUND

The Attachment to this Memorandum is Community Action Council's Affirmative Action Plan. The Plan describes the Council's goals and policies, and certain procedures in the areas of Equal Opportunity and Affirmative Action. The plan is a policy document and, as such, takes precedence over any other administrative or intra-office procedures in the event of a conflict.

RESPONSIBILIITES

All Community Action Council employees are expected to comply with the requirements of the Plan.

All Community Action Council supervisory personnel are accountable for ensuring that the operations under their supervision are in compliance with the Plan.

All delegate agencies, supporting corporations and organizations with program contracts must ensure that those aspects supported by funds received from Community Action Council are in compliance with the requirements of the Plan.

COMMUNITY ACTION COUNCIL
FOR
LEXINGTON-FAYETTE, BOURBON, HARRISON AND NICHOLAS COUNTIES

AFFIRMATIVE ACTION PLAN

I. INTRODUCTION

A. PURPOSE AND SCOPE OF PLAN

This Affirmative Action Plan is designed to:

1. Prevent discrimination in this agency, delegate agencies and institutions in the four-county area.
2. To work toward assisting local groups to prevent discrimination in their communities.

Community Action Council is an Equal Opportunity employer. There shall be no discrimination in hiring and employment because of race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation, political affiliation or belief.

B. POPULATION OF COUNTIES – SEE ATTACHMENT

C. STATEMENT OF COMPLIANCE

Community Action Council is responsible for compliance with all applicable Equal Opportunity policies as established by the Board of Directors, and laws, as set forth by the Civil Rights Act, to insure non-discrimination based on race, religion, color, sex, age, national origin, handicap, marital status, sexual orientation, political affiliation or belief. Community Action Council abides by the following laws:

1. Civil Rights Act of 1964 as amended. Title VII of the Civil Rights Act of 1964 prohibits discrimination in employment by most employers of 15 or more persons on the grounds of race, religion, sex, age, color, national origin or handicap. This Title is administered by the U.S. Equal Employment Opportunity Commission).

2. Executive Order 11246 – Part II prohibits employment discrimination by certain government contractors and requires them to take Affirmative Action to remedy the effects of past discrimination. (This Order is administered by the Office of Federal Contract Compliance, U.S. Department of Labor). It has designated government contractors.

3. Section 504 of the Rehabilitation Act of 1973, as amended, and, as required by 11914, which provides that no otherwise qualified handicapped individual shall, solely on the reason of handicap, be excluded from participation in, be denied direct benefits of, or be subjected to discrimination under any program or activity.

4. Title VI of the Civil Rights Act prohibits discrimination in service or use of facilities by federally assisted programs.

5. Executive Order 13087- prohibits discrimination on the basis of his, or her, sexual orientation.

This plan and policy shall also be flexible enough to include all new human rights programs and regulations as they are created and implemented. Community Action Council maintains an Affirmative Action Plan in compliance with the above listed legal mandates. The plan will ensure that employees are recruited, hired and promoted on the basis of ability, experience and training without regard to race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation or political affiliation or belief.

D. MASTER PURPOSE

Community Action Council's Affirmative Action master purpose is to implement a positive policy prohibiting discrimination because of race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation, political affiliation or belief and to give assistance within our agency's systems and sub-systems and also outside the agency. This includes assurance of compliance with Title VII of the Civil Rights act of 1964, as amended; Executive Order 11246, and other human rights policies or directives as may be implemented in the future.

Community Action Council will give preference to those vendors who are demonstrating an affirmative action equal employment opportunity policy. Minority-owned vendors shall also be given preference. No business will knowingly be transacted with firms that are not in conformance with policies stated in Section I-C of this Plan.

II. ADMINISTRATION

A. BOARD OF DIRECTORS

The Board of Directors of Community Action Council shall be responsible for the determination of goals of the Equal Opportunity Program within the regular work programs of the agency. The Board shall have responsibility of planning, implementing, conducting and evaluating the Equal Opportunity Program. In addition, the Board shall take steps necessary to assure compliance within the Council in accordance with appropriate Acts of Congress, Federal Contract Compliance Regulations and other applicable regulations.

The Board is responsible for: Determination of major personnel, fiscal and program policies; determination of overall plans and priorities, and final approval of all program budgets.

The Board shall establish the Human Rights Committee, which shall have important advisory functions. The Human Rights Committee shall fairly reflect the composition of the Board, with at least 1/3 of the members as representatives of the poor, and there shall be representation from all of the minority groups, including women's organizations, within the geographical area of services. The Human Rights Committee shall be composed of no less than nine and no more than twelve members.

The Executive Director shall, with concurrence of the Board of Directors, select and appoint the Chairperson of the Staff Equal Opportunity Committee, and providing the Staff Equal

Opportunity Chairperson with the duties, responsibilities and accountability as prescribed in this notice.

The Board shall receive regular reports from the Human Rights Committee on its progress in monitoring and evaluating the Affirmative Action Plan and Programs, with recommendations for improvement of same. The Board shall provide to the chief staff official of the Council through its power to delegate the responsibility and authority to implement, through administrative procedures, the Equal Opportunity Policy of the Board.

The Board shall ensure that appropriate policies provide protection and redress for those who have alleged discrimination and provide for the exoneration of those found innocent of charges of discrimination.

The Board shall ensure that all individuals eligible to receive the benefits of the program, directly or indirectly, shall have an equal opportunity to do so. Furthermore, any disparity found in the opportunities offered to the constituency, within the geographical area of services of the Board, will be corrected through the development of adequate policies, which will be implemented by the staff. And, within this frame of reference, the Board shall establish meaningful, measurable criteria in equal opportunity, which will become a major factor in the staff performance evaluation of the Council.

The Board shall adopt a policy to ensure that all of the Council's contractors, vendors and suppliers of services, are equal opportunity employers, or are willing to become same, immediately.

The Board shall ensure that no recipient or other person shall intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Section 624 of the "Act", "or because he/she has made complaint, testified, assisted, or participated in any manner in an investigation, proceeding or hearing. The identity of all complainants shall be kept confidential except to the extent necessary to carry out the purposes of this part, including the conduct of any investigation, hearing or judicial proceeding arising thereunder."

The final approval, decision, authority and responsibility for the implementation of the Equal Opportunity Policy and Affirmative Action Plan and Program shall be that of the Board to ensure equal opportunities for all.

The Board shall require an annual evaluation of effectiveness of the Equal Opportunity Policy and the Affirmative Action Plan and Program. It shall be the role of the Human Rights Committee to perform this evaluation utilizing all of the staff resources available to it.

The Board shall provide the necessary resources for an Equal Opportunity Policy and Affirmative Action Plan and Program, implementation, development and evaluation.

B. HUMAN RIGHTS COMMITTEE

The functions of the Human Rights Committee shall be:

To provide the Board with regular progress reports of the monitoring and evaluation of the Council and delegate agencies' efforts to implement the Equal Opportunity Policy and Affirmative Action Plan and Program.

Through the study and survey, to identify specific problems to be resolved within a short and long range time frame.

To develop and recommend to the Board specific goals and objectives that will eliminate any disparate effect found as a result of the survey and study.

To receive staff assistance from the Staff Equal Opportunity Chairperson and perform an annual evaluation of the staff Equal Opportunity Committee's effectiveness in rendering staff assistance to the Human Rights Committee. The staff evaluation shall be submitted to the Executive Director in the form of a recommendation.

To be responsible for identifying and securing resources that will enable all staff to become more proficient in the area of Human Rights, which will be recommended to the Executive Director for implementation.

To provide the leadership in conducting a continuing campaign to eradicate every form of prejudice or discrimination based on race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation, or political affiliation or belief, within the scope of the Council's operations.

To ensure that the Human Rights Committee composition fairly reflects the composition of the Board and the minority and female composition of the poverty population of the community, and that its composition shall be no less than nine persons.

To ensure an annual evaluation of effectiveness of the Equal Opportunity Policy and Affirmative Action Plan and Program utilizing all of the staff and resources available to it.

C. STAFF EQUAL OPPORTUNITY CHAIRPERSON

The staff Equal Opportunity Chairperson will be given the necessary top management support to execute the job. His/her identity will appear on all internal and external communications regarding the agency's Equal Opportunity Program. The Chair's responsibilities will include, but are not limited to:

Provide staff and technical assistance to the Human Rights Committee, the Board and the Executive Director in the implementation of the Equal Opportunity Policy and the Affirmative Action Plan and Program.

Provide direction and guidance to the Human Rights Committee and top-level management in the development, implementation and analysis of the study and survey which will identify problem areas, internally and externally, and in the design of the solution of the problem areas.

Assist the Human Rights Committee in the mobilization of minority groups, public and private organizations and agencies in the area served in the development of solutions to the problem areas.

Provide staff assistance to the Human Rights Committee in its monitoring and evaluation of the implementation of the Equal Opportunity Policy and Affirmative Acton Plan and Program.

Keep the Human Rights Committee, the Board and the staff informed of the latest developments in equal opportunity, and affirmative action.

Make periodic audits of the program participation and beneficiary patterns, report to the Executive Director and Human Rights Committee any impediments that prevent minorities and women from enjoying full opportunities to participate in all Council sponsored programs.

Make periodic audits of the hiring and promotional matters, reporting to the Human Rights Committee any impediments that prevent minorities and women from enjoying full opportunities to participate in Council sponsored training, educational activities, services, hiring and promotional programs, leading to upward or outward mobility.

Serve as the liaison between the Council, Civil Rights enforcement agencies and minority and female organizations.

Provide technical training and assistance to the Equal Opportunity Counselors of the Council and receive and compile their regular reports.

D. EQUAL OPPORTUNITY COUNSELOR

Any employee or applicant for employment, program participant, or applicant for program participation or benefits, either directly or indirectly, who believes that he/she has encountered discrimination on the basis of race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation, political affiliation or belief must first consult with an Equal Opportunity Counselor, prior to filing a formal complaint. The complainant may select any counselor of his/her choice, who is appointed to serve the Council.

Counselors may be appointed through a process wherein the employees participate in the selection. There shall be at least one counselor appointed for each 25 employees of the Council and its delegate agencies. The list of appointments shall be submitted to the Executive Director for concurrence.

The Equal Opportunity Counselor will provide the complainant with information on both the procedure for filing a formal complaint of discrimination and the procedure for initiating a grievance under agency procedures.

The Equal Opportunity Counselor will have access to any information which is necessary to adequately conduct the inquiry and which will provide the complainant, in writing, a basis for determining whether or not there are grounds to file a formal Civil Rights complaint, or a personnel grievance.

A confidential relationship shall be maintained between the complainant and the Equal Opportunity Counselor. The Counselor shall not reveal the identity of the complainant, except when authorized in writing to do so by the complainant, and only to the authorized enforcement agencies, when the complainant has filed a formal complaint. The authorized enforcement agencies are:

> Local and State Civil Rights Commissions; Federal Equal Employment Opportunity Commission (under Title VII).

At any stage in the presentation of the complaint, including the counseling stage, the employee, program participant or applicant for program participation shall have the right to be accompanied, represented and advised by a representative or attorney of his/her choice. The employee, program participant or applicant for program participation, as well as the representative (if also an employee of the agency), shall have a reasonable amount of official time to present the complaint.

Unless a time extension is approved by the EO chair, the EO Counselor shall conduct his or her full interview with the aggrieved person within four (4) weeks of the date in which the matter was brought to his/her attention by the aggrieved person. The EO Counselor shall advise the aggrieved person in the final interview of his/her right to file a formal complaint of discrimination and of the time limits for filing such a complaint.

If the complainant is a program participant and the complaint is in writing, the Counselor shall utilize all methods of assistance at his disposal, (e.g. investigation, mediation, arbitration, etc.) in an effort to informally resolve the matter.

When the complaint becomes formal, the Equal Opportunity Counselor shall assist the complainant in completing the necessary forms and provide the complainant with a written report of all inquiries, interviews and copies of legally releasable documents gathered during the inquiry. Copies of all information shall be held by the Equal Opportunity Counselor in confidence, and released only to an authorized investigating official(s).

The Equal Opportunity Counselors should have regularly scheduled meetings to summarize complaints brought to their attention. These meetings will identify complaints, and shall be used only to identify the problem areas. The Equal Opportunity Committee shall identify and actively try to resolve problem areas.

The Council is committed to assuring that the role of the Equal Opportunity Committee is sufficiently flexible to ensure that informal resolution of complaints may result whenever possible. The Council shall provide adequate support in terms of cooperation, priority, and designation throughout the organization, resources and time to enable the Counselors to be effective in the counseling role.

III. NON-DISCRIMINATION POLICIES IN EQUAL EMPLOYMENT

A. DEFINITION

Non-discrimination – The objective is to obtain qualified employees consistent with position requirements; to seek, employ, promote and treat all employees and applicants without discrimination because of race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation or political affiliation or belief.

B. RECRUITMENT, SELECTION, ADVANCEMENT, COMPENSATIONS, ETC.

The Community Action Council Board of Directors shall maintain a continuous non-discrimination policy in regard to recruitment, selection, advancement, compensation, etc., policies. All areas shall be diligently covered and made available to all employees though staff meetings and training sessions by the designated Equal Opportunity Counselors.

The Council shall not discriminate in the hiring and employment procedures against any applicant for employment because of race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation or political affiliation or belief.

The Council shall give every consideration to the employment of persons 40 years of age and over in terms of capabilities to perform the job in question.

The Council shall give every consideration to providing employment opportunities to poor persons, especially those persons who have been denied the benefits of formal education and who are willing to learn to perform new functions.

The Council shall give employment consideration to and shall likewise not discriminate against any otherwise qualified handicapped persons. These individuals shall likewise not be excluded from participation in or be denied benefits or subjected to discrimination under the Council's programs or activities.

Although attainment of a high level of education may be important to performance in certain positions, formal education qualifications, unless required by federal, state or local law, or funding source requirements shall not be made a requirement for employment or advancement if a person otherwise has the ability to perform the duties of the position.

The Council shall not consider a criminal conviction an automatic or conclusive indication of a person's character and shall consider each case on an individual basis and in terms of the job he/she is asked to do.

The Council, under the direction of the Executive Director and the Equal Opportunity Chairperson, shall seek qualified minority group applicants for job categories and will make particular efforts to insure minority group representation in occupations at high levels of responsibility.

When and where appropriate, employment advertisements will be placed in newspapers which are widely read so as to ensure that the Equal Opportunity Policy of the Council is upheld in employment practices. Further, the Council will request appropriate groups and agencies to assist in making known the Council's policy, and will advise such groups of available employment opportunities.

The Council will consider for employment at all levels of responsibility persons disadvantaged because of discrimination. Opportunities for earning increased compensation shall be afforded without discrimination to all employees.

Experience has shown that employment alone is not sufficient to fulfill the commitment to the employee. Without adequate prior training and job preparation, a disservice to the employer, the Council and the people to be served is often the result. Therefore, training both on the job and outside the Council is a vital part of the career development program.

Opportunities for advancement to higher levels of responsibility will be afforded to ensure the elimination of discrimination. Through the training programs provided by supervisors or local, state and/or other resource agencies or persons, advancement will be available to all employees. Preparation and job performance at each job level will be made to provide needed courses to foster career development, whenever possible.

IV. VENDOR COMPLIANCE

In accordance with Executive Order 11246, the Community Action Council accepts the obligation to utilize its purchasing power to influence and affect Equal Employment Opportunity policies in all contractors, sub-contractors and vendors from whom the agency purchases goods or services.

V. PARTICIPATION AND SERVICE DELIVERY

The goal of the Council is to achieve the standard of reasonable relationship between the composition of the total low-income population by ethnic groups, sex and age and that of the areas and persons served in all program accounts.

a. Service delivery staff will continue outreach efforts to stress provision of information about opportunities for participation and benefits to all members of the low-income population. Efforts will be made to reach minority individuals, women, and the aged as applicable.

b. Statistical information on the social and economic characteristics of the low-income population and the potential recipients of various programs and services shall be kept up-to-date and used as a basis for evaluating program performance along with other criteria by the Equal Opportunity Chairperson.

c. The Equal Opportunity Chairperson shall review the reporting procedures of the various components at least once a year to determine their validity and correctness.

The Community Action Council will ensure that all major ethnic groups are reasonably represented on the Board and its committees and participate in program planning, development and evaluation.

The Community Action Council's By-Laws provide for representation from minority groups.

VI. INSTITUTIONAL CHANGE

The Community Action Council will serve as a catalyst for positive change in the institutions within the community.

The Council's staff and Board members will become familiar with existing civil rights laws (federal, state and local) which govern the communities served.

The Council will utilize affirmative action techniques to encourage compliance with implementation of civil rights laws by public and private institutions in the community served by the agency.

The Council will utilize affirmative action techniques to change institutional policies or practices which discriminate in the area including, but not limited to: employment, economic development, housing, education, voting, public facilities, criminal justice and welfare.

Attempts will be made to work with appropriate agencies, federal, state, and local institutions, organizations and individuals in developing minority business enterprises and in the

dissemination of information on funds available for meeting the needs of all low-income groups, including student loans, etc.

VII. DISSEMINATION OF EQUAL OPPORTUNITY PROGRAM

The Equal Opportunity Policy and the Affirmative Action Plan and Program of the Council will be distributed to all Board members to make them aware of all facets of the Equal Opportunity Program and to further enable them to carry out these program goals and objectives.

All Council staff shall receive a copy of the Equal Opportunity Policy and the Affirmative Action Plan and Program so that they will be knowledgeable of the Equal Opportunity Program of the Council, become further acquainted with proper procedures of grievance and complaint actions, and under supervision, assist in carrying out the intent of the Policy and Plan within their designated areas.

Where economically feasible, the Council and its delegate agencies shall clearly display on all stationery; in all program sites, near the entrance; and on any other publication or information distributed by the Council that, Community Action Council is an Equal Opportunity/Affirmative Action Employer.

VIII. EQUAL OPPORTUNITY POLICY – PERSONNEL ACTIONS

Equal Opportunity shall be present and take precedence in every personnel action of the Council. Employees shall be governed by the following statement:

No persons shall, on the grounds of race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation, political affiliation or belief be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program, which the Council operates. It is further stated that no employee of the Council may directly or through contractual arrangements, on the grounds of race, religion, sex, age, color, national origin, sexual orientation, marital status, political affiliation or belief deny any individual any services, financial aid or other benefit to an individual which is different, or is provided in any different manner, from that provided to others under the program; subject an individual to segregation or separate treatment in any matter related to the individual's receipt of any service, financial aid, or other benefit under the program; restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit under the program; treat an individual differently from others in determining whether he/she satisfies any admission, enrollment, quota, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service, financial aid, or other benefit (including employment) provided under the program; deny any individual an opportunity to participate in the program through the provision of services or otherwise afforded others under the program, including the opportunity to participate in the program as an employee; nor any personnel of the Council, through contractual or other arrangements, utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation or political affiliation or belief and, employees shall be aware that this prohibition against discrimination includes the receipt and utilization of non-Federal share, contributions, volunteer services, or any other direct or indirect benefits or asset to the Council and against discrimination.

Employees that fail to adhere to the policy are subject to immediate disciplinary action. When "a finding of a fact" of discrimination is found, corrective action will be taken immediately.

Implementation of the Equal Opportunity Policy and Affirmative Action Plan and Programs by employees shall constitute a major factor in the performance rating of the employee.

IX. GRIEVANCE AND APPEAL PROCEDURES

A. POLICY

The agency, recognizing the importance of the individual employee to the organization and the desirability of prompt consideration and disposition for the orderly hearing and equitable handling of employee grievances.

B. DEFINITION: Adverse Action – Any action specified below which the Council brings against one or more employees:

1. Termination
2. Demotion
3. Reduction in Salary
4. Probation
5. Reduction in Status
6. Suspension
7. Reprimand
8. Warning

1. Initiation of Adverse Action: The responsibility for initiating action against an employee or employees rest with the designated supervisor of the employee involved. In case the object of adverse action is the Executive Director, the responsibility rests with the Board of Directors.

Employees are to be treated fairly in all respects. Employees who feel that they have been subjected to unfair treatment or discrimination should have the right to present their grievances according to the grievance procedure in the employee's Personnel Policies and Procedures Handbook.

All employees are covered by a recommended dispute resolution/grievance procedure which is located in the employee's Personnel Policies and Procedures Handbook.

Council employees with a grievance must first go through the agency's procedure and then if the employee is not satisfied he/she may appeal to the Board by filing a request with the Chairman of the Board, thus moving into this process at Step 4 of the formal grievance procedure. Both the Council and the employee will be notified in writing within five working days of the decision. The Board's decision is binding on the behalf of the Council.

The governing body's action should be considered as satisfying the Council's obligation regarding the consideration of employee grievances.

X. DISCRIMINATION COMPLAINT PROCEDURES

Definition: Complaint – A complaint arises from any person who believes he/she has encountered discrimination because of race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation, political affiliation or belief.

1. A formal signed written complaint shall be addressed to a Hearing Officer designated by the Urban County Government's Affirmative Action Officer. The formal complaint should contain the following elements of information:

a. Specification of the nature of the discriminatory practice (i.e., race, color, religion, sex, national origin, age, handicap, marital status, sexual orientation, political affiliation or belief).

b. Date or time period within which the discriminatory practice is alleged to have occurred.

c. Identification of any Federal, State, or local fair employment practices commissions to which the practice has been reported (if the charge concerns a prohibited discriminatory employment practice).

2. The hearing should be scheduled within thirty working days from the time the complaint is filed. As with all hearings the aggrieved person may have present and/or be represented by a person of his/her choice.

XI. MAINTENANCE OF RECORDS AND REPORTS RELATING TO EQUAL OPPORTUNITY POLICY

The Council shall maintain on file for review for a period of no less than two years all applications for employment, the selection criteria and process utilized to select each person for employment.

The Council shall maintain on file for review for a period of no less than twenty years all personnel files and records.

The Council shall maintain on file for review for a period of no less than fifteen years all records and proceedings of complaints of discrimination and grievance procedures.

The Council shall document and maintain a record of its efforts and activities in the implementation of Equal Opportunity Policy and Affirmative Action Plan and Program for a period of no less than fifteen years.

The Council shall develop and maintain on file all of the data utilized in the study and survey to determine the areas of needed improvement and correction for a period not to exceed three years, and the date developed and utilized for each annual improvement and updating of the Equal Opportunity Policy and Affirmative Action Plan and Program for a period not to exceed three years.

XII. PARTICIPATION IN PROGRAM PLANNING, DEVELOPMENT AND EVALUATION

The By-Laws of the Community Action Council will clearly delineate what method is to be used to ensure that all major ethnic groups are reasonably represented on the Board and its committees; through such committees, these members will participate in program planning, development and evaluation.

The membership and Human Rights Committee of the Board will review current membership composition of the private sector of the Board and recommend selections for the next vacancies from any minority group not representing for all groups.

The development, implementation and evaluation of the Affirmative Action Program will involve the poor and low-income residents through their representation on the Community Action Council Board of Directors, Advisory Committees, delegated programs and target area community organizations. Certain funding sources require the submission of the Council Affirmative Action Plan as a condition of funding.

The Board of Directors, Advisory Board, and/or staff of each program account covered under the Affirmative Action Program should reasonably reflect the minority composition of the target population of that program.

SUBPART: Emergency Family Housing Program Procedures

SECTION: Program Goals, Values and Outcomes

Procedure Number: EFH-1	**Effective Date:** 12/8/2015	**Page** 1 **of** 1
Drafted By: Lindsay Anderson		**Requirements:** LFUCG
Subject: Program Goals, Values and Outcomes		**Other:** HUD
Objective: Understanding goals and outcomes of the program and how and to whom they are to be reported.		

NUMBER	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
1.	To assist families in accessing all available resources in order to assist them in transitioning as quickly as possible into a stable, permanent housing situation.	HCMS; SHC; DHHS	Ongoing
2.	To provide emergency housing services for two-parent and group families that are not otherwise eligible for shelter programs currently operating in the Lexington-Fayette County community. The Council will strive to ensure that participants feel safe both physically and emotionally. Further, the Council will treat participants and their belongings with dignity, and staff will take time to know the strengths of each participant while assisting in the process of securing housing. As a component of the administrative oversight process, the DHHS periodically reviews case notes to monitor adherence to the program's expectations that all members of the family are treated with dignity and respect. Participants are not required to contribute funds or labor, nor are they required to participate in any programing other than case management as a condition of shelter.	HCMS; SHC; DHHS	Ongoing
3.	To ensure participants are empowered to participate in the governance and operation of the program. Participants are encouraged to provide ongoing feedback about program operations, and to attend public Board of Director meetings. Participants are encouraged to further participate in governance by joining the Consumer section of the tripartite Board of Directors.	HCMS; SHC; DHHS	Ongoing

NUMBER	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
4.	The results of the goals for the program year are reported quarterly to LFUCG. The desired outcomes (for the third year of the program and beyond) are as follows: Average length of stay is 30 days or less 90% of families exit to Permanent Housing Less than 10% of families return to homelessness within 6 months	DHHS	Quarterly

COMMUNITY ACTION COUNCIL
FOR LEXINGTON-FAYETTE, BOURBON, HARRISON AND NICHOLAS COUNTIES INC.

BOURBON, HARRISON, NICHOLAS COUNTIES
EMERGENCY FAMILY HOUSING PROGRAM

PARTICIPANT PROGRAM AGREEMENT

Head of Household:

Premises: **No. BR: 2**

WITNESSED THAT:

The Community Action Council for Lexington-Fayette, Bourbon, Harrison and Nicholas Counties Inc., a non-profit corporation and community action agency organized and existing under the laws of the State of Kentucky hereafter referred to as the "Council" does hereinafter enter into this Participant Program Agreement (the Agreement) with the above referenced Head of Household (participant) upon the following terms and conditions:

I. FAMILY COMPOSITION:

Participant agrees that the persons identified below are the only members of his/her household who will reside at the Premises:

Names	Relationship

II. TERM OF PROGRAM AGREEMENT:

The Council hereby provides housing unto the Participant for the term hereinafter stated (subject to earlier termination as hereinafter provided) at the Premises described above. The term of the Agreement shall begin on and shall end on .

III. OCCUPANCY:

The Resident shall have the right to exclusive use and occupancy of the Premises. Guests or visitors of the Participant may not be accommodated overnight. "Guest" means a person in the unit with the consent of the household member.

IV. OBLIGATIONS OF THE COUNCIL

The Council shall be obligated, other than beyond its control, as follows:

1. **To notify the Landlord of the need for any maintenance or repair to the Premises to ensure it is in a decent, safe and sanitary condition.**
2. **To provide services to participant as described in the Individual Service Plan.**
3. **To notify the Participant of the specific grounds for termination of the Agreement.**

4. **To afford the Participant the opportunity to appeal the termination of the Agreement per the Council's grievance policy.**

V. OBLIGATIONS OF THE PARTICIPANT:

The Participant shall be obligated as follows:

A. To actively participate in the Emergency Family Housing Program (EFH) as described in the Individual Service Plan (ISP) which includes meeting with program staff as scheduled and taking actions outlined in the ISP to secure housing.
B. To comply with all obligations imposed on tenants by applicable provisions of state law and by Building and housing codes materially affecting health and safety.
C. To keep the dwelling unit and such areas as may be assigned to Participant for Participant's exclusive use in a clean and safe condition; and to leave the premises upon vacating the premises, clean and in the same physical condition as when the Participant moved into the Premises, except for normal wear and tear, and to return the keys to the Council.
D. To dispose of all ashes, garbage, rubbish, and other waste from the premises in a sanitary and safe manner.
E. To use only as intended all electrical, plumbing, sanitary, heating, ventilating, air conditioning and other facilities and appliances.
F. To refrain from and to cause household members and guests to refrain from destroying, defacing, damaging or removing any part of the premises or development or any furnishings provided by the Landlord or Council for the use of the participant.
G. To conduct himself/herself and cause other persons who are on the premises with the Participant's consent to conduct themselves in a manner which is legal, orderly and which will not disturb Participant's neighbor's peaceful enjoyment of their accommodations and will be conducive to maintaining the development in a decent, safe and sanitary condition.
H. The Participant, any member of the Participant's household, a guest, or another person under the Participant's control shall not engage in any criminal activity on the premises.
I. To keep no animals in the Premises. This policy does not apply to animals owned by the Participant to assist persons with disabilities or those deemed as emotional support animals (however, such animals must be pre-approved by the Council).
J. To permit the Landlord and/or Council entrance to the premises for the purpose of performing inventories and inspection, and performing routine maintenance, making improvements or repairs, or the provision of services related to the ISP.
K. To promptly report to the Council any needed repairs to the Premises.
L. Not to keep any unlicensed or inoperable motor vehicles in the development or to leave any motor vehicles raised off the ground on jacks, blocks, or by other means.
M. Not to park, and to inform their guests not to park, on sidewalks, on those parts of the development which are not paved, or in any manner which would obstruct access to a dumpster.
N. To not make repairs or alterations to the dwelling unit, its equipment or its appliances, including the installation of air conditioners, ceiling fans, clothes dryers, TV or radio antennas, wall paper, wall tiles, contact paper, fences, the changing of door locks, or placing signs on ,in, or about the dwelling unit, without the written permission of the Council.
O. To keep paper, trash, cans, bottles, and other such debris picked up from the front, rear, and side yards of the rented premises.
P. To cooperate with the Landlord in providing pest control and maintenance in the development.
Q. To not perform any major repairs such as engine overhauls, transmission repairs, etc. nor to perform any oil changes or lubrication of any motor vehicles in the development.
R. To take reasonable precautions to prevent fires and to refrain from storing or keeping flammable materials on the premises. To not disconnect, damage or otherwise obstruct any smoke or fire alarms installed in the dwelling unit and to report immediately to the Council upon becoming aware that a smoke or fire alarm is not properly operating.
S. To notify the Council if the Participant and all members of the Participant's household will be absent from the dwelling for more than (24) hours.

T. Possession of firearms and/or other weapons or illegal drugs on the Premises shall be grounds for eviction.

VI. PREOCCUPANCY, ANNUAL, AND PRE-TERMINATION INSPECTIONS:

A. The Council and Participant, shall inspect the premises prior to occupancy by the Participant. The Council will furnish the resident with a written statement of the condition of the premises. The statement shall be signed by all parties and kept on file with the Council.

B. The Council will inspect the unit at least monthly to check for needed maintenance, Participant housekeeping and other compliance matters.

VII. ENTRY TO PREMISES DURING TENANCY:

A. The Council and Landlord shall, upon advance notice to the Participant, be permitted to enter the dwelling unit between the hours of 8:00 A.M. and 5:00 P.M. for the purposes of performing inspections, inventories, and maintenance, for making improvements or repairs, or at another agreed upon time which is convenient for the provision of services related to the ISP.

B. The Council and Landlord may enter the premises at any time without advance notice when there is reasonable cause to believe that an emergency exists therein.

C. In the event that the resident and all adult members of the Participant's household are absent from the premises at the time of entry, the Council and/or Landlord shall leave on the premises a written statement specifying the date, time, and purpose of entry prior to leaving the premises.

VIII. TERMINATION OF THIS AGREEMENT:

The Council shall not terminate the Agreement prior to end of the term other than for serious or repeated violation of any of the items listed in Section V. Obligations of the Participant of the Agreement or the ending of the EFH Program or Agreement between the Landlord and Council.

IX. MISCELLANEOUS:

This Agreement shall be governed and construed in accordance with the laws of the State of Kentucky. All actions or claims pertaining to or arising under this Agreement shall be litigated as required by law in the area of residency.

This Agreement, and any regulations referenced herein, contains all the agreement and understandings between the parties, pertaining to the Agreement and the Participant's use of the demised premises.

The Council assumes no liability for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from the occupancy or use of the housing unit under this Agreement.

Participant agrees that all the provisions of the Agreement have been read and are understood and further agrees to be bound by its provisions and conditions as written.

IN WITNESS WHEREOF, the parties execute this Agreement on the ____ day of _____, 2018.

COMMUNITY ACTION COUNCIL

BY_____

PARTICIPANT

_____.

WITNESSED BY (optional):_____.

OPERATIONS MEMORANDUM

Subject: Participant and Community Complaints

Number: D-1984-A
Change No: 7
Replaces: D-1984-A, Change 6

Reference: CHR MTL #87; Head Start Performance Standards

Effective Date: Immediately

Expiration Date: None

Drafted by: Office of the Executive Director

Approval: MJR

Date: 7/15/15

DISTRIBUTION:
Operations Manual Distribution List D
All Employees via email
Charlene Manuel, CHFS/DCBS
Chief Executives, all Head Start, Early Head Start and Migrant Head Start partners and contractors

FILING INSTRUCTIONS:

A. Operations Manuals:

1. Locate Operations Memorandum "Procedures for Civil Rights Discrimination & Service Complaints, D-1984-A, Change 6" in your manual. Remove and destroy D-1984-A, Change 6 and replace it with D-1984-A, Change 7.

B. All Other Recipients:
Retain this memorandum as your primary guidance on Community Action Council's procedures for handling complaints from program participants and members of the communities that the Council serves.

BACKGROUND:
This Change revises the Council's complaint procedures in accordance with the applicable regulations and the Council's current organizational structure. The Kentucky Department for Community-Based Services (DCBS) requires all programs and services that it funds adopt its procedures for "civil rights discrimination and service complaints." (Ref: Manual Transmittal

Letter No. 87, dated 11/5/87) Presently, services funded from the Community Services Block Grant are provided in accordance with a contract with DCBS. A portion of the funds received by the Council's child care services are supported by DCBS subsidies to parents.

The Office of Head Start (OHS) requires that Head Start grantees establish and maintain procedures "to resolve complaints about the program." (Ref: 45 CFR Part 1304.50(d)(2)(v)) The Council's Head Start programs are funded through grants from the Office of Head Start.

Most of the Council's other public funding sources require the establishment and maintenance of complaint procedures.

Community Action Council's history, mission, values and governing processes place a strong emphasis on ensuring that its operations are participant and community driven. Accordingly, a well developed complaint resolution process that provides maximum opportunity for program participant to make their needs and concerns known is an integral aspect of the Council's understanding of itself as a community action agency.

This Operations Memorandum establishes procedures consistent with the Council's values and the [1]requirements of its funding sources. The procedures, for the most part, are parallel to those of the Department for Community-Based Services. They differ wherever the requirements of another funding source, such as OHS, are more stringent.

PROCEDURES:

I. Variances and Exceptions

As noted in the preceding section, the procedures that follow are parallel, for the most part, to those of the Department for Community-Based Services. The principal exceptions concern the appropriate position and/or governance group that hears and decides a complaint and whether a final decision by Community Action Council may be appealed to the Kentucky Department for Community-Based Services. This sub- section describes those exceptions and their applicability.

A. Head Start Grant Funded Programs[1]

The provision that a decision by the Executive Director may be appealed to the Executive Committee is not applicable. Any appeal of a decision by the Executive Director shall be submitted to the Head Start Policy Council or, at the Council's discretion, a committee of the Council designated to hear participant complaints.

B. Programs Not Funded by the Kentucky Department for Community Based Services[2]

[1] As of the issuance of this Operations Memorandum, these were Head Start, Early Head Start and Migrant Head Start.

[2] As of the issuance of this Operations Memorandum, DCBS funding included the Community Services Block Grant, LIHEAP, Weatherization, and certain child care subsidies.

The provision that a final decision by Community Action Council may be appealed to the Kentucky Department for Community Based Services is not applicable.

II. Other Applicable Policies and Procedures

The source document for Community Action Council's complaint procedures is the Kentucky Department for Community-Based Services Manual Transmittal Letter No. 87[3]. It should be reviewed before taking any action in regards to a service complaint.

In the case of a civil rights complaint, the Council's equal opportunity policy and procedures must also be consulted.[4]

III. Responsibility

The senior program managers, Director of Human Resources and the Executive Director are responsible for implementing these procedures at Community Action Council.

Program managers are responsible for ensuring:

- That program staff are trained in these procedures;
- That all applicants for and recipients of services and assistance (program participants) are advised of their rights under these procedures and that applicants who are denied services receive a copy of the letter contained in Attachment II;
- That the procedures are observed within their respective work units.

Additionally, the Director of Child Development shall ensure that permanent signs containing the notice in Attachment I are prominently posted in all Community Action Council operated vehicles.

The Director of Human Resources is responsible for ensuring that signs containing the notice in Attachment I are prominently posted at all Community Action Council and contractor agency ("partnership") facilities.

IV. Participant Rights

Any individual who requests services and/or assistance from Community Action Council has a right to appeal any Council decision and/or action regarding eligibility for services or assistance, or, the quality of a service or assistance provided by Community Action Council.

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[3] The Department for Social Services is the predecessor agency to the Department for Community-Based Services.

[4] As of the issuance of this Operations Mernorandum, these were contained in Operations Memorandum "Equal Opportunity Program", C-1982-S, Change 2

Persons eligible to file a complaint are:

A. Applicants for or recipients of services, or an individual acting on behalf of an applicant or recipient, may appeal denial, reduction, exclusion from or termination of a service, dissatisfaction with a service received, or failure to act upon a request for services with reasonable promptness;

B. Persons who have been affected by the Council's failure to take into account a recipient's choice of service or a determination has been made that the individual must participate in a service program against his/her wishes (except where required by law);

C. Persons who feel that their civil rights have been violated by Council staff.

Each applicant will be informed of his/her right to file a complaint during two stages of the application process:

1. Upon application for program assistance.

   An application form must be completed and maintained on file for each participant. Concurrent with the application process, applicants will be informed of his/her right to appeal as follows:

   a) A notice of the applicant's appeal rights as described in "Attachment I" will be posted at all of the Council's offices and program sites.

   b) A notice of the applicant's appeal rights as described in "Attachment I" will be posted in all transportation services vehicles.

2. Upon denial or partial denial of a service or assistance.

   Within fifteen (15) days from the date the application is acted on, the applicant will receive written notice of his/her eligibility/ineligibility for services. In cases where the determination is 'ineligible', the applicant will be provided with the reasons for denial including his/her right to appeal, and notification of a thirty (30) day time frame for filing an appeal once the denial for service has been made. (See "Attachment II").

   Note: The written notice of denial does not apply to the transportation program. Because of the spontaneity and frequency of requests for this service, written explanation of denial will only be provided upon applicant's request. In order to have this information available upon request, a daily log will be maintained on service denials. (See Attachment III).

   The same appeal rights apply to participant dissatisfaction with the quality of services rendered.

V. Complaint Process

The Council has established a two level complaint process. First, the complainant has the right to an evidentiary hearing at the local level to be conducted by the Council as described below. Second, should the complainant be dissatisfied with the decision

rendered as a result of the local hearing, the complainant may be eligible to file an appeal to the Commissioner of the Kentucky Department for Community-Based Services. (See I. Variances and Exceptions, above.)

A. To initiate the Council's complaint process, a participant or applicant need only express dissatisfaction with eligibility determinations or quality of services rendered to concerned program personnel. The Director of Human Resources will refer the individual to a staff E.O. Committee member in the event of a civil rights complaint.

   In the event the program manager or staff E.0. Committee member cannot resolve the complaint to the participant or applicant's satisfaction; he/she shall notify the participant or applicant of his/her right to file an appeal.

   All service complaints are recorded in the Council's Complaint Tracking Software (CTS), accessed through the Council's web interface, currently https://cacxa l.commaction.org. Any staff member who receives a complaint records the complaint in the CTS. Identifying information regarding the complainant (name, address, telephone number) and a narrative of the concern are recorded. Utilizing the Councils internal e-mail system built into the CTS, the staff person then electronically refers the complaint to the appropriate individual for resolution. The person receiving the referral will resolve the complaint and record the resolution in the CTS, or refer the complaint to another individual for resolution. All parties to whom the complaint has been referred will receive daily notifications, via e-mail, of the pending complaint until it is resolved. The Office Manager, Office of the Executive Director, will receive copies of all referrals and action taken and has the authority to re-open a complaint if its resolution is not satisfactory.

Civil Rights Complaints are appealed, in turn, to:

- the staff E.0. Committee
- the Human Rights Committee of the Board of Directors

1. When requested, the Council will assist in preparing any needed documentation. At the same time, the participant or applicant will receive the information contained in paragraphs 2 through 9 on the complaint process:

2. A written request must be submitted to the Council within thirty (30) days of a denial notice. Any additional information which would lead to a favorable determination for the applicant should be submitted at that time.

3. The applicant or participant has the right to be present at the hearing and to represent him or herself or to have a representative of his/her choice present.

4. The applicant or participant has the right to receive copies of any portion(s) of

his/her case file that will assist in preparation for the hearing.

5. The hearing will be scheduled within ten (10) days of receipt of a written request and the participant or applicant will be notified of that date and time. Notice shall be given at least seven (7) days prior to the hearing.

6. The Executive Director or his/her designated representative will chair the hearing committee.

7. The staff member(s) who made the determination will present the Council's case at the hearing.

8. No decision will be made during the hearing; however, written notification of final determination will be submitted to the participant or applicant within five (5) working days.

9. Notice of the right to appeal the decision, as applicable, will also be provided.

B. Appeals to the Department for Community-Based Services[5]

To initiate an appeal to the Commissioner of DCBS, a participant or applicants who is not satisfied with the Council's final decision need only file a written complaint as indicated below.

All complaints must be in writing or filed on the DCBS-154, Complaint of Discrimination/Civil Rights-Service Form (See Change 3). Council staff are to assist individuals, if requested, in filing an official complaint. The complaint shall contain the following information:

1. Specific violations;
2. Name of the person against whom the complaint is being filed;
3. Description of the alleged act;
4. Circumstances under which the alleged act occurred;
5. Date and place; and
6. Any other substantiating evidence

Complaints must be filed with the Commissioner, Department for Community-Based Services, 275 East Main Street, Frankfort, Kentucky 40621, within ninety (90) days of the alleged act. In cases where the complaint is filed after the ninety (90) day period, a decision as to acceptance or denial of the complaint for action will be made by the Department for Community-Based Services' Commissioner.

The complainant or guardian/legal representative must sign the complaint and mail it. Staff are not to assume responsibility for mailing complaints.

[5] See also, however, I. Variances and Exceptions

If the complaint results from dissatisfaction regarding a proposed discontinuance, suspension or decrease and is received within ten (10) days of the date on the advance notice of adverse action, services shall be continued through the time period in which the hearing officer's decision is rendered. This section applies at both the local and State level and requirement that the complaint be filed with the State agency within the ten (10) day period referred to regardless of the status of the local appeal process.

ATTACHMENT(S): Attachments I, II, and III

ATTACHMENT I

[The following information shall be reproduced on signs and posted in all Community Action Council facilities and vehicles.]

Right of Appeal

To the applicant, recipient or individual acting on behalf of an applicant or recipient.

For any services rendered by Community Action Council for Lexington-Fayette, Bourbon, Harrison and Nicholas Counties, you have the right to appeal and/or express your dissatisfaction concerning denial, reduction, exclusion from or termination of a service, dissatisfaction with a service received, or failure to act upon a request for service with reasonable promptness.

Further information regarding your right to appeal is available from the Executive Director, (859) 233-4600.

Malcolm Ratchford
Executive Director

Community Action Council
P.O. Box 11610
710 West High Street
Lexington, KY 40576

ATTACHMENT II

[Instructions: Print this letter on Community Action Council's letterhead or a reasonable facsimile of the letterhead]

Date: _____

Dear Applicant:

We are sorry to inform you that you cannot receive assistance under the _____ Program for the following reasons:

_____ You are over income eligibility guidelines.

_____ All program funds were expended as of _____

_____ You fail to meet eligibility criteria specified below:

_____

_____

_____

_____

NOTE:

1. *You have the right to appeal and/or express dissatisfaction concerning denial and/or partial denial by Community Action Council on your application for service or assistance under any of its programs. If you wish to file an appeal, your written request must be received within thirty (30) days from the date of this notice.*

2. *In the event that our action on your appeal is unsatisfactory, you may also have the right to appeal our decision to any federal, State or local government agency that may have provided funding for the program for which you have applied. In such cases, we are obligated to notify you of any additional appeal rights.*

_____
[Name]
[Title]
[Telephone Number]

ATTACHMENT III

TRANSPORTATION DENIAL LOG			
Name of Applicant	*Date of Request*	*Reason for Denial*	*Phone #*

Community Action Council

Expectations for EFH

Program Participant Expectations:

____ Fulfill my obligations as outlined in the program agreement
____ Demonstrate responsibility for myself and household, my and my households' actions and housing Plan.
____ Abstain from behavior that is disruptive and unacceptable to others. Examples include: verbal, physical or sexual harassment, threats and/or violent behavior, possession of weapons and criminal activity on site
____ Keep unit and common areas clean. Damage to the unit may result in termination from the program.
____Notify CAC staff of maintenance issues.
____ Refrain from allowing overnight guests not listed as a household member on the program agreement.
____ Abstain from smoking inside of the unit.
____ Collaborate with staff in developing and following housing plan by proving input re: goals and action steps, keeping appointments or contacting staff to reschedule appointments if a conflict arises and completing action steps listed in the housing plan.

CAC Staff Expectations:

____Fulfill obligations as outlined in the program agreement
____Inform the landlord of a reported or observed maintenance issue
____Mediate in problem solving/trouble shooting disputes that arise between participants and owner.
____ Collaborate with participant in developing and following housing plan by proving input re goals and action steps, keeping appointments or contacting participant to reschedule appointments if a conflict arises and completing action steps listed in the housing plan.
____Follow up/Respond quickly to inquiries and concerns.
____ Ensure that participants feel safe both physically and emotionally.
____ Treat participants and their belongings with dignity and respect.

Participant agrees that all the provisions of this Participant Agreement have been read and are understood and further agrees to be bound by its provisions and conditions as written.

_____

(Signature of Tenant) (Date)

_____

(Signature of Staff) (Date)

5.1.1f CoC APR - 1/1/18 - 12/31/18

Report Options

Provider Type	(●) Provider ( ) Reporting Group
Provider *	Community Action Council-EFH-ESR-ES-LEX (2373) ( ) This provider AND its subordinates (●) This provider ONLY
Program Date Range *	01/01/2018 to 12/31/2018
Entry/Exit Types *	[ ] Basic [ ] Basic Center Program Entry/Exit [x] HUD [ ] PATH [ ] Quick Call [ ] RHY [ ] Standard [ ] Transitional Living Program Entry/Exit [ ] VA [ ] HPRP (Retired)

CoC-APR Report Results

4a - Project Identifiers in HMIS	
Organization Name	**Community Action Council-LEX/BOS**
Organization ID	**567**
Project Name	**Community Action Council-EFH-ESR-ES-LEX**
Project ID	**2373**
HMIS Project Type	**Emergency Shelter (HUD)**
Method of Tracking ES	**Entry/Exit Date**
If HMIS Project ID = 6 (S Only)	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
If 2.4, Dependent A = 1	
Identify the Project ID's of the housing projects this project is affiliated with	

5a - Report Validations Table	
Report Validations Table	
1. Total Number of Persons Served	**74**
2. Number of Adults (age 18 or over)	**44**
3. Number of Children (under age 18)	**30**
4. Number of Persons with Unknown Age	**0**
5. Number of Leavers	**53**
6. Number of Adult Leavers	**33**
7. Number of Adult and Head of Household Leavers	**33**

8. Number of Stayers	21
9. Number of Adult Stayers	11
10. Number of Veterans	5
11. Number of Chronically Homeless Persons	8
12. Number of Youth Under Age 25	1
13. Number of Parenting Youth Under Age 25 with Children	1
14. Number of Adult Heads of Household	23
15. Number of Child and Unknown-Age Heads of Household	0
16. Heads of Households and Adult Stayers in the Project 365 Days or More	2

6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	0	0	0	0%
SSN (3.2)	1	0	0	1%
Date of Birth (3.3)	0	0	0	0%
Race (3.4)	0	0		0%
Ethnicity (3.5)	0	0		0%
Gender (3.6)	0	0		0%
Overall Score				1%

6b - Data Quality: Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	0	0%
Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	0	0%
Client Location (3.16)	0	0%
Disabling Condition (3.8)	0	0%

6c - Data Quality: Income and Housing Data Quality

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

6d - Data Quality: Chronic Homelessness

Entering into project type	Count of total records	Missing time in institution	Missing time in housing	Approximate Date started	Number of times (3.917.4)	Number of months	% of records unable to

		(3.917.2)	(3.917.2)	(3.917.3) DK/R/missing	DK/R/missing	(3.917.5) DK/R/missing	calculate
ES, SH, Street Outreach	44			0	0	0	0%
TH	0	0	0	0	0	0	0%
PH(all)	0	0	0	0	0	0	0%
Total	44						**0%**

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	32	16
1 - 3 days	14	16
4 - 6 days	3	6
7 - 10 days	5	2
11+ days	2	13

6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter

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

7a - Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	44	16	28		0
Children	30		30	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	74	16	58	0	0

7b - Point-in-Time Count of Persons on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	23	8	15	0	0
April	18	0	18	0	0
July	30	2	28	0	0
October	21	0	21	0	0

8a - Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type

Total Households	23	7	16	0	0

8b - Point-in-Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	8	3	5	0	0
April	6	0	6	0	0
July	8	1	7	0	0
October	6	0	6	0	0

9a - Number of Persons Contacted

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Contacted	0	0	0	0

9b - Number of Persons Engaged

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Engaged	0	0	0	0
Rate of Engagement	0 %	0 %	0 %	0 %

10a - Gender of Adults

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	20	8	12	0
Female	24	8	16	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	44	16	28	0

10b - Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	18	18	0	0
Female	12	12	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	30	30	0	0

10c - Gender of Persons Missing Age Information

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	0	0	0	0	0

11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	6		6	0	0
5 - 12	16		16	0	0
13 - 17	8		8	0	0
18 - 24	5	3	2		0
25 - 34	17	6	11		0
35 - 44	15	2	13		0
45 - 54	3	2	1		0
55 - 61	3	2	1		0
62 +	1	1	0		0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	74	16	58	0	0

12a - Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	47	10	37	0	0
Black or African American	16	5	11	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	3	0	3	0	0
Native Hawaiian or Other Pacific Islander	1	1	0	0	0
Multiple races	7	0	7	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	74	16	58	0	0

12b - Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latino	71	16	55	0	0
Hispanic/Latino	3	0	3	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	74	16	58	0	0

13a1 - Physical and Mental Health Conditions at Start

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	23	5	18	0	0
Alcohol Abuse	1	0	1	0	0
Drug Abuse	1	1	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	4	3	1	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	3	1	2	0	0
Physical Disability	10	3	7	0	0

13b1 - Physical and Mental Health Conditions at Exit

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	19	5	14	0	0
Alcohol Abuse	1	0	1	0	0
Drug Abuse	1	1	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0

Chronic Health Condition	4	3	1	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	3	1	2	0	0
Physical Disability	9	3	6	0	0

13c1 - Physical and Mental Health Conditions of Stayers

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	4	0	4	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	0	0	0	0	0
Physical Disability	1	0	1	0	0

13a2 - Number of Conditions at Start

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	43	9	34	0	0
1 Condition	22	3	19	0	0
2 Conditions	5	2	3	0	0
3+ Conditions	3	2	1	0	0
Condition Unknown	1	0	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	74	16	58	0	0

13b2 - Number of Conditions at Exit

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	27	7	20	0	0
1 Condition	19	3	16	0	0
2 Conditions	4	2	2	0	0
3+ Conditions	3	2	1	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	53	14	39	0	0

13c2 - Number of Conditions for Stayers

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	16	2	14	0	0
1 Condition	3	0	3	0	0
2 Conditions	1	0	1	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	1	0	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	21	2	19	0	0

14a - Domestic Violence History

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	7	2	5	0	0
No	37	14	23	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	44	16	28	0	0

14b - Persons Fleeing Domestic Violence

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	0	0	0	0	0
No	7	2	5	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	7	2	5	0	0

15 - Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	17	5	12	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	16	9	7	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
Subtotal	33	14	19	0	0
Institutional Settings					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0

Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	7	2	5	0	0
Staying or living in a friend's room, apartment or house	3	0	3	0	0
Staying or living in a family member's room, apartment or house	1	0	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	11	2	9	0	0
Total	44	16	28	0	0

16 - Cash Income - Ranges

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	22	1	18
$1 - 150	1	0	0
$151 - $250	0	0	0
$251 - $500	4	1	2
$501 - $1000	7	0	5
$1001 - $1500	1	0	1
$1501 - $2000	9	0	5
$2001 +	0	0	2
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	0	0
Number of adult stayers not yet required to have an annual assessment		9	

Number of adult stayers without required annual assessment		0	
Total Adults	44	11	33

17 - Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	12	0	8
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	5	0	4
Social Security Disability Insurance (SSDI)	1	0	1
VA Service - Connected Disability Compensation	1	0	1
VA Non-Service Connected Disability Pension	1	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	1	0	2
General Assistance (GA)	0	0	0
Retirement Income from Social Security	1	0	1
Pension or retirement income from a former job	0	0	0
Child Support	2	1	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit		1	14

18 - Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status

Number of Adults by Income Category	Number of Adults at Start	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned Income (i.e., Employment Income)	10	0	6
Adults with Only Other Income	10	1	7
Adults with Both Earned and Other Income	2	0	2
Adults with No Income	22	1	18
Adults with Client Doesn't Know/Client Refused Income Information	0	0	0
Adults with Missing Income Information	0	0	0
Number of adult stayers not yet required to have an annual assessment		9	
Number of adult stayers without required annual assessment		0	
Total Adults	44	11	33
1 or More Source of Income	22	1	15

Adults with Income Information at Start and Annual Assessment/Exit		1	14

19a1 - Client Cash Income Change - Income Source - by Start and Latest Status

Income Change by Income Category (Universe: Adult Stayers with Income Information at Start and Annual Assessment)	Had Income Category at Start and Did Not Have It at Annual Assessment	Retained Income Category But Had Less $ at Annual Assessment Than at Start	Retained Income Category and Same $ at Annual Assessment as at Start	Retained Income Category and Increased $ at Annual Assessment	Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment	Did Not Have the Income Category at Start or at Annual Assessment	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	1	0	0	0	0	1	2	0	0%
Average Change in Earned Income	-1,430	0		0	0			0	
Number of Adults with Other Income	0	0	0	1	0	1	2	1	50%
Average Change in Other Income	0	0		208	0			208	
Number of Adults with Any Income (i.e., Total Income)	0	1	0	0	0	1	2	0	0%
Average Change in Overall Income	0	-1,222		0	0			0	

19a2 - Client Cash Income Change - Income Source - by Start and Exit

Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category But Had Less $ at Exit Than at Start	Retained Income Category and Same $ at Exit as at Start	Retained Income Category and Increased $ at Exit	Did Not Have the Income Category at Start and Gained the Income Category at Exit	Did Not Have the Income Category at Start or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Exit, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	5	3	0	25	33	3	9%
Average Change in Earned Income	0	0		1,298.33	0			1,298.33	
Number of Adults with Other Income	3	0	6	1	2	21	33	3	9%
Average Change in Other Income	-550	0		15	528.5			357.33	

Number of Adults with Any Income (i.e., Total Income)	3	0	10	4	1	15	33	5	15%
Average Change in Overall Income	-550	0		1,146.25	382			993.4	

19a3 - Client Cash Income Change - Income Source - by Start and Latest Status/Exit

Income Change by Income Category (Universe: Adult Stayers/Leavers with Income Information at Start and Annual Assessment/Exit)	Had Income Category at Start and Did Not Have It at Annual Assessment/Exit	Retained Income Category But Had Less $ at Annual Assessment/Exit Than at Start	Retained Income Category and Same $ at Annual Assessment/Exit as at Start	Retained Income Category and Increased $ at Annual Assessment/Exit	Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment/Exit	Did Not Have the Income Category at Start or at Annual Assessment/Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment/Exit, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	1	0	5	3	0	26	35	3	9%
Average Change in Earned Income	-1,430	0		1,298.33	0			1,298.33	
Number of Adults with Other Income	3	0	6	2	2	22	35	4	11%
Average Change in Other Income	-550	0		111.5	528.5			320	
Number of Adults with Any Income (i.e., Total Income)	3	1	10	4	1	16	35	5	14%
Average Change in Overall Income	-550	-1,222		1,146.25	382			993.4	

20a - Type of Non-Cash Benefit Source

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	17	1	16
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	1	1	0

20b - Number of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	26	1	17

1 + Source(s)	17	1	16
Client Doesn't Know/Client Refused	0	0	0
Data not collected	1	9	0
Total	44	11	33

21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	66	2	49
MEDICARE	2	0	3
State Children's Health Insurance Program	0	0	0
Veteran's Administration (VA) Medical Services	1	0	1
Employer-Provided Health Insurance	0	0	0
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	0	0	0
State Health Insurance for Adults	0	0	0
Indian Health Services Program	0	0	0
Other	0	0	0
No Health Insurance	6	0	2
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	2	0
Number of stayers not yet required to have an annual assessment		17	
1 Source of Health Insurance	67	2	49
More than 1 Source of Health Insurance	1	0	2

22a1 - Length of Participation - CoC Projects

	Total	Leavers	Stayers
30 days or less	13	8	5
31 to 60 days	11	7	4
61 to 90 days	3	3	0
91 to 180 days	31	27	4
181 to 365 days	9	5	4
366 to 730 Days (1-2 Yrs)	7	3	4
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0

Total	74	53	21

22b - Average and Median Length of Participation in Days

	Leavers	Stayers
Average Length	128	211
Median Length	123	153

22c - Length of Time between Project Start Date and Housing Move-in Date

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	0	0	0	0	0
Average length of time to housing	0	0	0	0	0
Persons who were exited without move-in	0	0	0	0	0
Total	0	0	0	0	0

23a - Exit Destination - More than 90 days

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	2	2	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	3	0	3	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	4	2	2	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	12	4	8	0	0
Subtotal	21	8	13	0	0
Temporary Destinations					

Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	2	1	1	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	5	0	5	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Subtotal	7	1	6	0	0
Institutional Settings					
Foster care home or foster care group home	7	0	7	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	7	0	7	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	35	9	26	0	0
Total persons exiting to positive housing destinations	21	8	13	0	0
Total persons whose destinations excluded them from the calculation	7	0	7	0	0
Percentage	75%	89%	68%	0%	0%

23b - Exit Destination - 90 Days or Less

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	4	2	2	0	0
Rental by client, with VASH housing subsidy	5	2	3	0	0

Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	3	0	3	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	6	1	5	0	0
Subtotal	18	5	13	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	18	5	13	0	0
Total persons exiting to positive housing destinations	18	5	13	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	100%	100%	100%	0%	0%

25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	0	0	0	0
Non-Chronically Homeless Veteran	5	3	2	0
Not a veteran	39	13	26	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Total	44	16	28	0

25b - Number of Veteran Households

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	0	0	0	0
Non-Chronically Homeless Veteran	4	2	2	0
Not a veteran	19	5	14	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Total	23	7	16	0

25c - Gender - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	4	2	2	0
Female	1	1	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Total	5	3	2	0

25d - Age - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
18 - 24	0	0	0	0
25 - 34	2	2	0	0
35 - 44	2	0	2	0
45 - 54	0	0	0	0
55 - 61	1	1	0	0

62 +	0	0	0	0
Client Doesn't Know/Client Refused				
Data not collected				
Total	5	3	2	0

25e - Physical and Mental Health Conditions - Veterans

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Problem	3	0	3
Alcohol Abuse	0	0	0
Drug Abuse	0	0	0
Both Alcohol and Drug Abuse	0	0	0
Chronic Health Condition	0	0	0
HIV/AIDS	0	0	0
Development Disability	0	0	0
Physical Disability	0	0	0

25f - Cash Income Category - Income Category - by Start and Annual/Exit Status - Veterans

Number of Veterans by Income Category	Number of Veterans at Start	Number of Veterans at Annual Assessment (Stayers)	Number of Veterans at Exit (Leavers)
Veterans with Only Earned Income (i.e., Employment Income)	1	0	1
Veterans with Only Other Income	2	0	2
Veterans with Both Earned and Other Income	1	0	1
Veterans with No Income	1	0	1
Veterans with Client Doesn't Know/Client Refused Income Information	0	0	0
Veterans with Missing Income Information	0	0	0
Number of veterans not yet required to have an annual assessment		0	
Number of veterans without required annual assessment		0	
Total Veterans	5	0	5

25g - Type of Cash Income Sources - Veterans

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	2	0	2
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	1	0	1
Social Security Disability Insurance (SSDI)	0	0	0

VA Service - Connected Disability Compensation	1	0	1
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	1	0	1
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Veterans with Income Information at Start and Annual Assessment/Exit		0	4

25h - Type of Non-Cash Benefit Sources - Veterans

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	1	0	1
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

25i - Exit Destination - Veterans

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	1	1	0	0	0
Rental by client, with VASH housing subsidy	3	2	1	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	1	0	1	0	0

Subtotal	**5**	**3**	**2**	**0**	**0**
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	**0**	**0**	**0**	**0**	**0**
Moved from one HOPWA funded project to HOPWA TH	**0**	**0**	**0**	**0**	**0**
Transitional housing for homeless persons (including homeless youth)	**0**	**0**	**0**	**0**	**0**
Staying or living with family, temporary tenure (e.g., room, apartment or house)	**0**	**0**	**0**	**0**	**0**
Staying or living with friends, temporary tenure (e.g., room apartment or house)	**0**	**0**	**0**	**0**	**0**
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	**0**	**0**	**0**	**0**	**0**
Safe Haven	**0**	**0**	**0**	**0**	**0**
Hotel or motel paid for without emergency shelter voucher	**0**	**0**	**0**	**0**	**0**
Subtotal	**0**	**0**	**0**	**0**	**0**
Institutional Settings					
Foster care home or foster care group home	**0**	**0**	**0**	**0**	**0**
Psychiatric hospital or other psychiatric facility	**0**	**0**	**0**	**0**	**0**
Substance abuse treatment facility or detox center	**0**	**0**	**0**	**0**	**0**
Hospital or other residential non-psychiatric medical facility	**0**	**0**	**0**	**0**	**0**
Jail, prison, or juvenile detention facility	**0**	**0**	**0**	**0**	**0**
Long-term care facility or nursing home	**0**	**0**	**0**	**0**	**0**
Subtotal	**0**	**0**	**0**	**0**	**0**
Other Destinations					
Residential project or halfway house with no homeless criteria	**0**	**0**	**0**	**0**	**0**
Deceased	**0**	**0**	**0**	**0**	**0**
Other	**0**	**0**	**0**	**0**	**0**
Client Doesn't Know/Client Refused	**0**	**0**	**0**	**0**	**0**
Data Not Collected (no exit interview completed)	**0**	**0**	**0**	**0**	**0**
Subtotal	**0**	**0**	**0**	**0**	**0**
Total	**5**	**3**	**2**	**0**	**0**
Total persons exiting to positive housing destinations	**5**	**3**	**2**	**0**	**0**
Total persons whose destinations excluded them from the calculation	**0**	**0**	**0**	**0**	**0**
Percentage	100%	100%	100%	0%	0%

26a - Chronic Homeless Status - Number of Households w/at least one or more CH person

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	2	0	2	0	0
Not Chronically Homeless	21	7	14	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0

Data not collected	0	0	0	0	0
Total	**23**	**7**	**16**	**0**	**0**

26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	8	0	8	0	0
Not Chronically Homeless	66	16	50	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	74	16	58	0	0

26c - Gender of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	5	0	5	0	0
Female	3	0	3	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	8	0	8	0	0

26d - Age of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	4		4	0	0
18 - 24	1	0	1		0
25 - 34	2	0	2		0
35 - 44	1	0	1		0
45 - 54	0	0	0		0
55 - 61	0	0	0		0
62 +	0	0	0		0
Client Doesn't Know/Client Refused	0	0	0		0
Data not collected	0	0	0		0
Total	8	0	8	0	0

26e - Physical and Mental Health Conditions - Chronically Homeless Persons

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers

Mental Health Problem	3	3	0
Alcohol Abuse	0	0	0
Drug Abuse	0	0	0
Both Alcohol and Drug Abuse	0	0	0
Chronic Health Condition	0	0	0
HIV/AIDS	0	0	0
Development Disability	0	0	0
Physical Disability	0	0	0

26f - Client Cash Income - Chronically Homeless Persons

Number of Chronically Homeless Persons by Income Category	Number of Chronically Homeless Persons at Start	Number of Chronically Homeless Persons at Annual Assessment (Stayers)	Number of Chronically Homeless Persons at Exit (Leavers)
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)	1	0	0
Chronically Homeless Persons with Only Other Income	0	1	0
Chronically Homeless Persons with Both Earned and Other Income	1	0	0
Chronically Homeless Persons with No Income	2	1	0
Chronically Homeless Persons with Client Doesn't Know/Client Refused Income Information	0	0	0
Chronically Homeless Persons with Missing Income Information	0	0	0
Number of Chronically Homeless Persons not yet required to have an annual assessment		2	
Number of Chronically Homeless Persons without required annual assessment		0	
Total Chronically Homeless Persons	4	4	0

26g - Type of Cash Income Sources - Chronically Homeless Persons

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	2	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0	0
Social Security Disability Insurance (SSDI)	0	0	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0

Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	1	1	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Chronically Homeless Persons with Income Information at Start and Annual Assessment/Exit		1	0

26h - Type of Non-Cash Income Sources - Chronically Homeless Persons

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	2	1	0
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	1	1	0

27a - Age of Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	0		0	0	0
18 - 24	1	0	1		0
Client Doesn't Know/Client Refused					
Data not collected					
Total	1	0	1	0	0

27b - Parenting Youth

	Total Parenting Youth	Total Children of Parenting Youth	Total Persons	Total Households
Parenting youth < 18	0	0	0	0
Parenting youth 18 to 24	1	3	4	1

27c - Gender - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	1	0	1	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0

Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	1	0	1	0	0

27d - Living Situation - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	1	0	1	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	1	0	1	0	0
Total	1	0	1	0	0

27e - Length of Participation - Youth

	Total	Leavers	Stayers
30 days or less	0	0	0
31 to 60 days	0	0	0
61 to 90 days	0	0	0
91 to 180 days	1	0	1
181 to 365 days	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
Total	1	0	1

27f - Exit Destination - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Subtotal	0	0	0	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0

Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	0	0	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%

5.1.1g CoC CAPER - 1/1/18 - 12/31/18

Report Options

Provider Type	(●) Provider ( ) Reporting Group
Provider *	Community Action Council-EFH-ESR-ES-LEX (2373) ( ) This provider AND its subordinates (●) This provider ONLY
Program Date Range *	01/01/2018 to 12/31/2018
Entry/Exit Types *	[ ] Basic [ ] Basic Center Program Entry/Exit [x] HUD [ ] PATH [ ] Quick Call [ ] RHY [ ] Standard [ ] Transitional Living Program Entry/Exit [ ] VA [ ] HPRP (Retired)

ESG Report Results

4a - Project Identifiers in HMIS	
Organization Name	**Community Action Council-LEX/BOS**
Organization ID	**567**
Project Name	**Community Action Council-EFH-ESR-ES-LEX**
Project ID	**2373**
HMIS Project Type	**Emergency Shelter (HUD)**
Method of Tracking ES	**Entry/Exit Date**
If HMIS Project ID = 6 (S Only)	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
If 2.4, Dependent A = 1	
Identify the Project ID's of the housing projects this project is affiliated with	

5a - Report Validation Table	
Report Validation Table	
1. Total Number of Persons Served	**74**
2. Number of Adults (age 18 or over)	**44**
3. Number of Children (under age 18)	**30**
4. Number of Persons with Unknown Age	**0**

5. Number of Leavers	53
6. Number of Adult Leavers	33
7. Number of Adult and Head of Household Leavers	33
8. Number of Stayers	21
9. Number of Adult Stayers	11
10. Number of Veterans	5
11. Number of Chronically Homeless Persons	8
12. Number of Youth Under Age 25	1
13. Number of Parenting Youth Under Age 25 with Children	1
14. Number of Adult Heads of Household	23
15. Number of Child And Unknown-Age Heads of Household	0
16. Heads of Households and Adult Stayers in the Project 365 Days or More	2

6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	0	0	0	0%
SSN (3.2)	1	0	0	1%
Date of Birth (3.3)	0	0	0	0%
Race (3.4)	0	0		0%
Ethnicity (3.5)	0	0		0%
Gender (3.6)	0	0		0%
Overall Score				**1%**

6b - Data Quality: Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	0	0%
Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	0	0%
Client Location (3.16)	0	0%
Disabling Condition (3.8)	0	0%

6c - Data Quality: Income and Housing Data Quality

Data Element	Error Count	% of Error Rate
Destination (3.12)	0	0%

Income and Sources (4.2) at Start	0	0%
Income and Sources (4.2) at Annual Assessment	0	0%
Income and Sources (4.2) at Exit	0	0%

6d - Data Quality: Chronic Homelessness

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	44			0	0	0	0%
TH	0	0	0	0	0	0	0%
PH (all)	0	0	0	0	0	0	0%
Total	44						**0%**

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	32	16
1 - 3 days	14	16
4 - 6 days	3	6
7 - 10 days	5	2
11+ days	2	13

6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter

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

7a - Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	44	16	28		0
Children	30		30	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	74	16	58	0	0

8a - Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	23	7	16	0	0

8b - Point-in-Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	8	3	5	0	0
April	6	0	6	0	0
July	8	1	7	0	0
October	6	0	6	0	0

9a - Number of Persons Contacted

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Contacted	0	0	0	0

9b - Number of Persons Engaged

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Engaged	0	0	0	0
Rate of Engagement	0.00	0.00	0.00	0.00

10a - Gender of Adults

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	20	8	12	0
Female	24	8	16	0

Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	44	16	28	0

10b - Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	18	18	0	0
Female	12	12	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	30	30	0	0

10c - Gender of Persons Missing Age Information

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	0	0	0	0	0

10d - Gender by Age Ranges

	Total	Under Age 18	Age 18-24	Age 25-61	Age 62 and over	Client Doesn't Know/Client Refused	Data not collected
Male	38	18	2	18	0	0	0
Female	36	12	3	20	1	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0	0	0

Trans Male (FTM or Female to Male)	0	0	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0	0
Data not collected	0	0	0	0	0	0	0
Subtotal	74	30	5	38	1	0	0

11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	6		6	0	0
5 - 12	16		16	0	0
13 - 17	8		8	0	0
18 - 24	5	3	2		0
25 - 34	17	6	11		0
35 - 44	15	2	13		0
45 - 54	3	2	1		0
55 - 61	3	2	1		0
62 +	1	1	0		0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	74	16	58	0	0

12a - Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	47	10	37	0	0
Black or African American	16	5	11	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	3	0	3	0	0
Native Hawaiian or Other Pacific Islander	1	1	0	0	0
Multiple races	7	0	7	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	74	16	58	0	0

12b - Ethnicity

	Total	Without	With Children	With Only	Unknown

		Children	and Adults	Children	Household Type
Non-Hispanic/Non-Latino	71	16	55	0	0
Hispanic/Latino	3	0	3	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	74	16	58	0	0

13a1 - Physical and Mental Health Conditions at Start

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	23	5	18	0	0
Alcohol Abuse	1	0	1	0	0
Drug Abuse	1	1	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	4	3	1	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	3	1	2	0	0
Physical Disability	10	3	7	0	0

13b1 - Physical and Mental Health Conditions of Leavers

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	19	5	14	0	0
Alcohol Abuse	1	0	1	0	0
Drug Abuse	1	1	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	4	3	1	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	3	1	2	0	0
Physical Disability	9	3	6	0	0

13c1 - Physical and Mental Health Conditions of Stayers

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	4	0	4	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0

Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	0	0	0	0	0
Physical Disability	1	0	1	0	0

14a - Domestic Violence History

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	7	2	5	0	0
No	37	14	23	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	44	16	28	0	0

14b - Persons Fleeing Domestic Violence

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	0	0	0	0	0
No	7	2	5	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	7	2	5	0	0

15 - Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	17	5	12	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	16	9	7	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
Subtotal	33	14	19	0	0
Institutional Settings					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0

Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	7	2	5	0	0
Staying or living in a friend's room, apartment or house	3	0	3	0	0
Staying or living in a family member's room, apartment or house	1	0	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	11	2	9	0	0
Total	44	16	28	0	0

20a - Type of Non-Cash Benefit Source

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	17	1	16
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	1	1	0

21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	66	2	49

MEDICARE	2	0	3
State Children's Health Insurance Program	0	0	0
Veteran's Administration (VA) Medical Services	1	0	1
Employer-Provided Health Insurance	0	0	0
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	0	0	0
State Health Insurance for Adults	0	0	0
Indian Health Services Program	0	0	0
Other	0	0	0
No Health Insurance	6	0	2
Client doesn't know/Client refused	0	0	0
Data not collected	0	2	0
Number of stayers not yet required to have an annual assessment		17	
1 Source of Health Insurance	67	2	49
More than 1 Source of Health Insurance	1	0	2

22a2 - Length of Participation - ESG Projects

	Total	Leavers	Stayers
0-7 days	0	0	0
8 to 14 days	5	0	5
15 to 21 days	4	4	0
22 to 30 days	4	4	0
31 to 60 days	11	7	4
61 to 90 days	3	3	0
91 to 180 days	31	27	4
181 to 365 days	9	5	4
366 to 730 Days (1-2 Yrs)	7	3	4
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
Total	74	53	21

22c - Length of Time between Project Start Date and Housing Move-in Date

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household

					Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	0	0	0	0	0
Average length of time to housing	0	0	0	0	0
Persons who were exited without move-in	0	0	0	0	0
Total	0	0	0	0	0

22d - Length of Participation by Household Type

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	5	0	5	0	0
15 to 21 days	4	0	4	0	0
22 to 30 days	4	0	4	0	0
31 to 60 days	11	6	5	0	0
61 to 90 days	3	1	2	0	0
91 to 180 days	31	9	22	0	0
181 to 365 days	9	0	9	0	0
366 to 730 Days (1-2 Yrs)	7	0	7	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	74	16	58	0	0

23a - Exit Destination - More than 90 days

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type

Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Subtotal	0	0	0	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0

Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	0	0	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%

23b - Exit Destination - 90 Days or Less

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Subtotal	0	0	0	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Subtotal	0	0	0	0	0

Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	0	0	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%

23c - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	6	4	2	0	0
Rental by client, with VASH subsidy	5	2	3	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	3	0	3	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	7	2	5	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	18	5	13	0	0
Subtotal	39	13	26	0	0

Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	2	1	1	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	5	0	5	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Subtotal	7	1	6	0	0
Institutional Settings					
Foster care home or foster care group home	7	0	7	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	7	0	7	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	53	14	39	0	0
Total persons exiting to positive housing destinations	39	13	26	0	0
Total persons whose destinations excluded them from the calculation	7	0	7	0	0
Percentage	85%	93%	81%	0%	0%

24 - Homeless Prevention Housing Assessment at Exit

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Able to maintain the housing they had at project start--Without a subsidy	0	0	0	0	0
Able to maintain the housing they had at project start--With the subsidy they had at	0	0	0	0	0

project entry					
Able to maintain the housing they had at project start--With an on-going subsidy acquired since project entry	0	0	0	0	0
Able to maintain the housing they had at project start--Only with financial assistance other than a subsidy	0	0	0	0	0
Moved to new housing unit--With on-going subsidy	0	0	0	0	0
Moved to new housing unit--Without an on-going subsidy	0	0	0	0	0
Moved in with family/friends on a temporary basis	0	0	0	0	0
Moved in with family/friends on a permanent basis	0	0	0	0	0
Moved to a transitional or temporary housing facility or program	0	0	0	0	0
Client became homeless - moving to a shelter or other place unfit for human habitation	0	0	0	0	0
Client went to jail/prison	0	0	0	0	0
Client died	0	0	0	0	0
Client doesn't know/Client refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Total	0	0	0	0	0

25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	0	0	0	0
Non-Chronically Homeless Veteran	5	3	2	0
Not a veteran	39	13	26	0
Client doesn't know/Client refused	0	0	0	0
Data not collected	0	0	0	0
Total	44	16	28	0

26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	8	0	8	0	0
Not Chronically Homeless	66	16	50	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	74	16	58	0	0

SUBPART: Emergency Family Housing Program Procedures

SECTION: Termination Procedures from the Emergency Family Housing Program

Procedure Number: EFH-11	**Effective Date:**		**Page 1 of 3**
Drafted By: **Date:**			**Requirements:**
Subject: Termination from the EFH program			**Other:**
Objective: For CAC staff and participants enrolled in the EFH programs to know possible reasons for termination from the program.			

NUMBER	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
1.	Community Action Council may terminate or refuse assistance to any participant for severe violations of program requirements; due to the ending of the program; or due to the ending of the agreement with the landlord. Causes for termination include non-compliance with program rules, or actions deemed serious enough for immediate termination. In addition, staff will exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases. **Non-Compliance with Program Rules** • Repeated violations of the rules or regulations applicable to the Participant Program Agreement or dwelling unit as evidenced by 3 violations of any one rule listed therein. • Failure to engage in case management services as evidenced by missing more than 2 scheduled appointments without prior notification and/or valid excuse (e.g. doctors note documenting illness). • Failure to cooperate in activities or services outlined in the goals listed in HMIS as evidenced by 2 consecutive months where no action has been taken by the participant specific to steps stated and as documented in case notes. **Immediate Termination** • Serious or repeated interference with the rights of other residents. • Alteration, repair, sale, damage, destruction or other disposition of the premises or any part thereof. • Weapons or illegal drugs seized in the unit by a law enforcement officer.	Housing Case Management Specialist (HCMS); Supportive Housing Coordinator (SHC), Director of Housing & Homeless Services (DHHS)	Upon occurrence

NUMBER	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
	• Any fire on the Council and landlord premises caused by the participant's, household members or guest's actions or neglect. • Engaging in threatening or violent behavior or criminal activity that threatens the health, safety or right to peaceful enjoyment of the premises by other residents and the Council's and landlord's employees. • Abandonment of unit. • Other action or activity deemed serious in nature.		
2.	For each of these causes mentioned above, the following process for termination is to be followed: The HCMS will notify the SHC who will then submit a memo requesting eviction and immediate termination from the program to the DHHS and include Form C-5b along with any other documentation to justify the request. The DHHS will review the request and determine if there is sufficient cause for termination. He/she may consult with the HCMS and SHC before proceeding. Depending upon whether he/she determines termination is warranted, the DHHS will approve or disapprove the request. If the termination request is approved, the DHHS will notify the HCMS and SHC of the decision. The DHHS will then send written notice of termination to the participant and cc the Executive Director, SHC, HCMS and property owner. The notice shall be given 30 calendar days in advance of the termination date except for instances listed above as grounds for immediate termination. If upon receipt of the notice the participant objects to the decision, he or she may appeal the decision. The request for appeal should follow the Council's Right of Appeal process (see Operations Memo D-1984-A) and must be made prior to the date of termination indicated in the notice. All appeals should go to the Executive Director. Upon the final determination of termination, the participant, HCMS and the DHHS will be notified. If the program participant still objects, further appeals will be handled with parties outside of Community Action Council.	HCMS; SHC; DHHS; Executive Director	Upon occurrence
3.	The HCMS will update the participant's status in IRIS.	HCMS	Upon occurrence
4.	When a participant leaves the program, either voluntarily or involuntarily, the HCMS will complete the Participant Exit Summary and update the participant's status in HMIS.	HCMS	Upon occurrence