PROPOSAL SUBMITTAL FORM

Agency Information

Agency Name: The Salvation Army

Mailing Address: 736 W. Main Street Lexington, KY 40508

Street Address: 736 W. Main Street Lexington, KY 40508 Corporate Address: 440 W. Nyack Rd

Phone: (859) 252 - 7706

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.salvationarmylex.org

Agency Representative *(typically the Executive Director - Name, Title, Phone, Email)*:
Major Thomas Hinzman, Central Kentucky Area Coordinator, (859) 252-7706, thomas.hinzman@us

Person Completing Application *(Name, Title, Phone, Email):*
Melissa Childs, Grant Writer, (859) 252-7706, melissa.childs@use.salvationarmy.org

Program Information

Name of program for which funds are being requested: **Emergency Homeless Shelter**

Total Funding Amount Requested: $ **294,500.00**

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)**

Our shelter is open 24 hours per day, every day of the year, serving over 1,300 individuals annually. Staff are available at all hours including our Director of Guest Services who lives on-site. We welcome all women and single parent families and frequently house individuals who are victims of domestic violence, struggling with addiction or mental illness, or aging out of foster care. Our guests include individuals of all ages, newborns to senior citizens, and from many nationalities. We serve three healthy meals daily and provide hygiene items, clothing, and linens. Through partnerships with the University of Kentucky and Mountain Comprehensive Care, we offer both mental and physical healthcare on-site. Each guest meets with a caseworker within three business days of their arrival to draft their housing case plan, starting with an inventory of their current strengths and assets and looking for opportunities to build both through on-site resources like job and life skills training (see “TSA Housing Plan”).

Expectations of guests are communicated through the attached “Rules” and “Information and Procedures” documents, reviewed with guests upon arrival. Guests sign one copy and are provided with a second to keep and access at any time. Staff are trained on cultural competency and we accommodate needs accordingly, such as religious food restrictions. Staff must adhere to The Salvation Army’s core value of treating people with dignity and respect (see attached job description). Our grievance policy is outlined in the attached “Information and Procedures” document. Guests are not involved in shelter governance.

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?

Our social services staff oversee our shelter as well as our financial assistance (rent and utilities) program, food and clothing banks (located next door), and partnerships with more than 40 other community agencies addressing legal, housing, transportation, etc. Because of this crossover in location and staffing we are strategically positioned to address diversion. If needs can be met without emergency shelter we do so.

Guests meet with a caseworker within three business days of arrival to draft their housing case plan, including permanent housing options chosen by the guest. We maintain a list of active openings (partnering with Coordinated Entry and local landlords), given to guests and posted with frequent updates. Caseworkers meet with guests weekly. All caseworkers are trained in and utilize best practices including trauma informed care. Caseworkers help guests complete applications for birth certificates, IDs, etc. We partner with the city's homeless ID program to pay the cost.

We work to make sure families not only find housing but are prepared to keep it. In the past two years, only 4% of our guests have returned. Thus our shelter staff can easily identify frequent users and provide additional support. We house victims of domestic violence and ensure safety with tinted windows, confidentiality, and resources through the Amanda Center. When needed, we partner with Greenhouse17 for our most vulnerable guests. We actively participate in Lexington-wide homelessness initiatives through Coordinated Entry, the HMIS Common Assessment System and Committee, OHPI Advocacy, Issues, and Programs Committee, and Eastern State Hospital meetings.

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 attached document titled, "Hanger Lodge Rules" details our behavior requirements for guests to receive shelter. Because we accommodate children and have two licensed childcare programs on-site, we are unable to accommodate sex offenders and have a zero-tolerance drug policy. We have also attached our "Information and Procedures" and "Program Agreement" documents, which give guests program information and expectations of behavior. However, only violations of the items listed in our "Rules" document will result in removal from our shelter.

We welcome single parent families but are unable to shelter all family groups due to physical space constraints. Our program funding is flexible to community needs with 45% having no requirements other than supporting our shelter. We are unable to accommodate pets, but welcome service animals. Each guest receives one locker and two dresser drawers for their belongings. Additional space is available in our storage shed upon request.

We work with Lexington's Coordinated Entry system as well as local law enforcement, the United Way 211, local hospitals, and other shelters to identify individuals in need of shelter. Guests are welcomed at every hour, every day – staff are available 24/7. We request that guests participate in daily chores, attend life skills classes when not at work, and contribute $10 weekly once employed. However, failure to do any of these is not grounds for removal. In the past 12 months, 30 guests (2% of total served) have been removed or banned for rule violations, all of which are listed in our "Rules" document.

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**

See attached CoC APR and CoC CAPER reports.

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:	171 ind & fam
***Number of units available for families, if applicable:	19
Funds requested from LFUCG:	294,500
Average nightly census for individuals based on KYHMIS data:	94
Average nightly census for families based on KYHMIS data:	55
Total annual budget for shelter (all funding sources):	1,035,075
% LFUCG investment (LFUCG Request/Total Budget * 100):	28 %

- ***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 **The Salvation Army**

Program Name **Emergency Homeless Shelter**

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)	11	370,536	130,000	240,536
Part-Time	24	286,093	110,000	176,093
Total Salaries		656,629	240,000	416,629
3. Consultant Services	$	9,500	4,500	5,000
list details	Requested: $4,500 for interpreting/translation services for non-English speaking guests (rate of $39/hr + mileage) Other Sources: $5,000 for contracted position for IT Services			
4. Space/Facilities	$	97,285	30,000	67,285
list details	Requested: $30,000 for Utilities Other Sources: $26,428 for Utilities and $40,857 for property upkeep and janitorial supplies			
5. Operating Expenses	$	205,998	20,000	185,998
list details	Requested: $20,000 for Food Other Sources: $14,322 for Program Supplies, $121,661 for Food, $2,700 for Continuing Education, $22,591 for Equipment/Furniture, $6,929 for Transportation, $6,897 for Office Supplies & Printing, $5,803 for Phone & Internet, and $5,195 for Insurance & Licenses			
6. Scholarships / Stipends	$	7,463	0	7,463
list details - numbers & amounts	Other Sources: $7,493 for bus tokens and miscellaneous assistance Our guests are also eligible for our medical, rent, and utilities assistance programs and free childcare through our Boys & Girls Club and Early Learning Center. These are budgeted separately.			
7. Other	$	58,200	0	58,200
list details	Other Sources: $58,200 for local support staff salaries and benefits (accounting, administrative & development)			
8. TOTAL PROGRAM BUDGET	$	1,035,075	294,500	740,575

Cost per Program Participant: $ 796

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)*: Michael J. Southwick

Title: Secretary **Date**: 4-15-2019

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.

Our shelter is equipped with a well-educated staff who maintain current knowledge and practices through continuing education (such as trainings in housing first, trauma informed care, mental health recovery, substance abuse, harm reduction, motivational interviewing, and assertive engagement attended this past year).They are supported locally by our Fiscal Manager, Executive Assistant for Human Resources, and Development Team. Our two Area Coordinators, Majors Thomas and Susan Hinzman, oversee and guide our program with more than 60 years of program management experience combined. Our key program staff members include:

• Mary Okpebholo, Director of Guest Services, has served at our shelter for 22 years and lives on-site. Mary coordinates a team of guest service assistants, cooks, in-kind donations processors, and maintenance staff to meet the basic needs of all guests through food, shelter, clothing, etc.

• Jen Andrews, MSW, TCADC, Social Services Coordinator, 12 years experience. Jen oversees the services that help guests find housing and build a stable future including case management, job training and placement, and partnerships with outside agencies.

• Shantel Taylor, BSW, Social Services Assistant Coordinator. In addition to providing case management, Shantel coordinates our life skills training program and maintains relationships with local housing providers who communicate with her regarding active openings.

• Susan Cox, Master's Degree and 20 years social service experience; Hailie Hawk, MSW; and Victoria Horseman, MSW (in progress) – Caseworkers. Susan, Hailie, and Victoria serve as coaches and advocates for guests, meeting with them weekly to develop and implement a plan to become permanently housed.

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.

We are the largest shelter in Lexington serving women and single parent families. We partner with area shelters serving different populations and specializing in sub-populations of the groups we serve (such as Greenhouse 17, Arbor Youth, and the Hope Center's Recovery Programs) through referrals and citywide initiatives like Coordinated Entry and the OHPI Advocacy, Issues, & Programs Committee. In addition, we work with more than 40 other community agencies seeking to stabilize and empower low income families. Our shelter serves as a hub of service with partners like Mountain Comprehensive Care (mental health), Jubilee Jobs (job training), University of Kentucky (medical clinic), REACH (money management) and many others providing services directly on-site.

Our 37-member advisory board is comprised of local community leaders who advise and assist with strategic planning, fundraising, and advocacy. Local colleges provide volunteer interns to assist with intake and paperwork processing. Community members volunteer to teach life skills classes, serve meals, and sort in-kind donations (such as clothing). We have strong support from our community with more than 40% of this program's funding coming directly from individuals. In addition, during this current fiscal year we will receive $85,000 from the United Way of the Bluegrass, $20,000 from an Emergency Solutions Grant, and over $60,000 from private foundations in designated support for this program. Last fiscal year we also received $13,000 from FEMA, $123,820 from the Kentucky Department of Corrections, and $10,000 from other private foundations and expect similar funding levels this year.

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?

We strive to meet the needs of all homeless women and single parent families, regardless of physical or language barriers. Due to staffing limitations, guests must be able to provide their own self-care (eating, showering, using the restroom, etc.) and self-rescue. We recently converted our Way House building to expand our number of handicap accessible beds to 34. In addition, we renovated the bathroom in this building to make it handicap accessible. All areas where group services are provided - such as meals, life skills classes, and our medical clinic - are handicap accessible. We are seeking to expand our language accessibility and are requesting funds to support the use of a local interpretation service (phone or in person) that would allow for communication between program staff and guests through an interpreter.

We frequently house individuals impacted by mental illness and partner with Mountain Comprehensive Care to provide assessments and treatment on-site. We work directly with partners like Eastern State Hospital to provide shelter for individuals leaving inpatient mental health treatment. By definition, our shelter seeks to serve the persons most impacted by poverty – those who can no longer meet their most basic of needs for shelter.

All Salvation Army programs adhere to our non-discrimination policy. Need knows no race, ethnicity, age, religion, sexual orientation, or language and thus our services are available to all who need them. Our shelter serves women and single parent families and we welcome women who are transgender and identify as female.

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)**

Report Options

Provider Type	Provider Reporting Group
Provider*	Salvation Army-Lexington-ESR-ES-LEX (2164) 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 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	**Salvation Army-Lexington**
Organization ID	**557**
Project Name	**Salvation Army-Lexington-ESR-ES-LEX**
Project ID	**2164**
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	**1502**
2. Number of Adults (age 18 or over)	**1216**
3. Number of Children (under age 18)	**268**
4. Number of Persons with Unknown Age	**18**
5. Number of Leavers	**1354**
6. Number of Adult Leavers	**1107**
7. Number of Adult and Head of Household Leavers	**1113**
8. Number of Stayers	**148**
9. Number of Adult Stayers	**109**
10. Number of Veterans	**19**
11. Number of Chronically Homeless Persons	**106**
12. Number of Youth Under Age 25	**134**
13. Number of Parenting Youth Under Age 25 with Children	**11**
14. Number of Adult Heads of Household	**1212**
15. Number of Child and Unknown-Age Heads of Household	**6**
16. Heads of Households and Adult Stayers in the Project 365 Days or More	**1**

6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	1	0	7	1%
SSN (3.2)	123	45	595	51%
Date of Birth (3.3)	16	3	2	1%
Race (3.4)	21	4		2%
Ethnicity (3.5)	29	4		2%
Gender (3.6)	4	1		0%
Overall Score				**52%**

6b - Data Quality: Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	3	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)	29	2%

6c - Data Quality: Income and Housing Data Quality

Data Element	Error Count	% of Error Rate
Destination (3.12)	678	50%
Income and Sources (4.2) at Start	36	3%
Income and Sources (4.2) at Annual Assessment	1	100%
Income and Sources (4.2) at Exit	35	3%

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	1220			134	156	177	17%
TH	0	0	0	0	0	0	0%
PH(all)	0	0	0	0	0	0	0%
Total	1220						**17%**

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	56	129
1 - 3 days	631	583
4 - 6 days	329	160
7 - 10 days	148	133
11+ days	223	349

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	1216	1088	119		9
Children	268		264	2	2
Client Doesn't Know/Client Refused	16	0	0	0	16
Data not collected	2	0	0	0	2
Total	1502	1088	383	2	29

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	160	92	68	0	0
April	140	94	46	0	0
July	135	89	45	1	0
October	158	100	58	0	0

8a - Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	1218	1086	117	2	13

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	112	92	20	0	0
April	107	93	14	0	0
July	103	88	14	1	0
October	118	100	18	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	6	2	4	0
Female	1207	1083	115	9
Trans Female (MTF or Male to Female)	3	3	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	1216	1088	119	9

10b - Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	140	138	1	1
Female	124	122	1	1
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	4	4	0	0
Data not collected	0	0	0	0
Subtotal	268	264	2	2

10c - Gender of Persons Missing Age Information

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	7	0	0	0	7
Female	10	0	0	0	10
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	1	0	0	0	1
Subtotal	18	0	0	0	18

11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	83		82	1	0
5 - 12	141		138	1	2
13 - 17	44		44	0	0
18 - 24	135	123	11		1
25 - 34	338	276	58		4
35 - 44	360	318	41		1
45 - 54	216	206	9		1
55 - 61	120	119	0		1
62 +	47	46	0		1
Client Doesn't Know/Client Refused	16	0	0	0	16

Data not collected	2	0	0	0	2
Total	1502	1088	383	2	29

12a - Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	953	821	123	2	7
Black or African American	401	185	205	0	11
Asian	6	3	3	0	0
American Indian or Alaska Native	31	20	11	0	0
Native Hawaiian or Other Pacific Islander	7	6	0	0	1
Multiple races	78	44	32	0	2
Client Doesn't Know/Client Refused	22	9	7	0	6
Data not collected	4	0	2	0	2
Total	1502	1088	383	2	29

12b - Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latino	1416	1044	350	2	20
Hispanic/Latino	53	26	27	0	0
Client Doesn't Know/Client Refused	29	18	4	0	7
Data not collected	4	0	2	0	2
Total	1502	1088	383	2	29

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	389	359	27	0	3
Alcohol Abuse	17	17	0	0	0
Drug Abuse	53	52	1	0	0
Both Alcohol and Drug Abuse	56	54	1	0	1
Chronic Health Condition	119	112	7	0	0
HIV/AIDS	8	8	0	0	0
Development Disability	36	31	4	0	1
Physical Disability	210	201	8	0	1

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	365	333	30	0	2
Alcohol Abuse	15	15	0	0	0
Drug Abuse	49	47	2	0	0
Both Alcohol and Drug Abuse	55	53	1	0	1
Chronic Health Condition	110	104	6	0	0
HIV/AIDS	8	8	0	0	0
Development Disability	35	30	4	0	1
Physical Disability	192	184	7	0	1

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	30	27	2	0	1
Alcohol Abuse	2	2	0	0	0
Drug Abuse	5	5	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	10	9	1	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	2	1	1	0	0
Physical Disability	20	17	3	0	0

13a2 - Number of Conditions at Start

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	930	566	341	1	22
1 Condition	253	222	28	0	3
2 Conditions	160	154	6	0	0
3+ Conditions	113	109	3	0	1
Condition Unknown	32	29	3	0	0
Client Doesn't Know/Client Refused	12	8	1	0	3
Data not collected	2	0	1	1	0
Total	1502	1088	383	2	29

13b2 - Number of Conditions at Exit

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	823	520	286	1	16
1 Condition	230	198	30	0	2
2 Conditions	148	142	6	0	0
3+ Conditions	109	105	3	0	1
Condition Unknown	30	27	3	0	0
Client Doesn't Know/Client Refused	12	8	1	0	3
Data not collected	2	0	1	1	0
Total	1354	1000	330	2	22

13c2 - Number of Conditions for Stayers

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	97	43	48	0	6
1 Condition	29	25	3	0	1
2 Conditions	14	12	2	0	0
3+ Conditions	4	4	0	0	0
Condition Unknown	4	4	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	148	88	53	0	7

14a - Domestic Violence History

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

Yes	640	574	58	1	7
No	555	492	58	1	4
Client Doesn't Know/Client Refused	27	22	3	0	2
Data not collected	0	0	0	0	0
Total	1222	1088	119	2	13

14b - Persons Fleeing Domestic Violence

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	166	144	20	0	2
No	440	398	37	1	4
Client Doesn't Know/Client Refused	11	10	0	0	1
Data not collected	23	22	1	0	0
Total	640	574	58	1	7

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	120	109	11	0	0
Transitional housing for homeless persons (including homeless youth)	13	12	1	0	0
Place not meant for habitation	236	219	14	0	3
Safe Haven	43	38	5	0	0
Interim Housing	13	13	0	0	0
Subtotal	425	391	31	0	3
Institutional Settings					
Psychiatric hospital or other psychiatric facility	33	32	0	0	1
Substance abuse treatment facility or detox center	28	27	1	0	0
Hospital or other residential non-psychiatric medical facility	35	35	0	0	0
Jail, prison, or juvenile detention facility	188	188	0	0	0
Foster care home or foster care group home	3	2	0	0	1
Long-term care facility or nursing home	3	3	0	0	0
Residential project or halfway house with no homeless criteria	4	4	0	0	0
Subtotal	294	291	1	0	2
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	1	0	1	0	0
Owned by client, no ongoing housing subsidy	4	2	2	0	0
Owned by client, with ongoing housing subsidy	2	2	0	0	0
Rental by client, no ongoing housing subsidy	61	47	12	0	2
Rental by client, with VASH housing subsidy	4	3	0	0	1
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	9	4	5	0	0
Hotel or motel paid for without emergency shelter voucher	49	42	7	0	0
Staying or living in a friend's room, apartment or house	129	112	15	2	0
Staying or living in a family member's room, apartment or house	119	93	26	0	0
Client Doesn't Know/Client Refused	115	95	16	0	4
Data not collected	10	6	3	0	1

Subtotal	503	406	87	2	8
Total	1222	1088	119	2	13

16 - Cash Income - Ranges

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	759	0	666
$1 - 150	18	0	18
$151 - $250	16	0	16
$251 - $500	29	0	26
$501 - $1000	238	0	234
$1001 - $1500	57	0	55
$1501 - $2000	28	0	31
$2001 +	19	0	17
Client Doesn't Know/Client Refused	13	0	13
Data not collected	39	0	31
Number of adult stayers not yet required to have an annual assessment		108	
Number of adult stayers without required annual assessment		1	
Total Adults	1216	109	1107

17 - Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	125	0	142
Unemployment Insurance	2	0	2
Supplemental Security Income (SSI)	148	0	139
Social Security Disability Insurance (SSDI)	122	0	107
VA Service - Connected Disability Compensation	3	0	3
VA Non-Service Connected Disability Pension	4	0	4
Private Disability Insurance	0	0	0
Worker's Compensation	1	0	1
Temporary Assistance for Needy Families (TANF)	5	0	5
General Assistance (GA)	1	0	1
Retirement Income from Social Security	15	0	15
Pension or retirement income from a former job	3	0	2
Child Support	23	0	20
Alimony and other spousal support	2	0	2
Other Source	23	0	18
Adults with Income Information at Start and Annual Assessment/Exit		0	359

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)	110	0	127
Adults with Only Other Income	283	0	258
Adults with Both Earned and Other Income	12	0	12
Adults with No Income	797	0	697

Adults with Client Doesn't Know/Client Refused Income Information	9	0	9
Adults with Missing Income Information	1	0	0
Number of adult stayers not yet required to have an annual assessment		108	
Number of adult stayers without required annual assessment		1	
Total Adults	1216	109	1107
1 or More Source of Income	419	0	412
Adults with Income Information at Start and Annual Assessment/Exit		0	359

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)	0	0	0	0	0	0	0	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	0	0	0	0	0	0	0%
Average Change in Other Income	0	0		0	0			0	
Number of Adults with Any Income (i.e., Total Income)	0	0	0	0	0	0	0	0	0%
Average Change in Overall Income	0	0		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)	4	0	103	1	34	945	1093	35	3%
Average Change in Earned Income	-940.5	0		1,060	959.74			962.6	
Number of Adults with Other Income	3	0	265	0	4	814	1093	4	0%
Average Change in Other Income	-443	0		0	746.25			746.25	
Number of Adults with Any Income (i.e., Total Income)	5	2	354	3	36	680	1093	39	4%
Average Change in Overall Income	-738.2	-700		1,225.67	916.64			940.41	

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

Income Change by Income Category (Universe: Adult	Had Income Category at Start and Did Not Have It	Retained Income Category But Had Less $ at Annual	Retained Income Category and Same $ at Annual	Retained Income Category and Increased $ at	Did Not Have the Income Category at Start and Gained	Did Not Have the Income Category at Start or at Annual	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or	Performance measure: Percent of Persons who

Stayers/Leavers with Income Information at Start and Annual Assessment/Exit)	at Annual Assessment/Exit	Assessment/Exit Than at Start	Assessment/Exit as at Start	Annual Assessment/Exit	the Income Category at Annual Assessment/Exit	Assessment/Exit		Increased Income from Start to Annual Assessment/Exit, Average Gain	Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	4	0	103	1	34	945	1093	35	3%
Average Change in Earned Income	-940.5	0		1,060	959.74			962.6	
Number of Adults with Other Income	3	0	265	0	4	814	1093	4	0%
Average Change in Other Income	-443	0		0	746.25			746.25	
Number of Adults with Any Income (i.e., Total Income)	5	2	354	3	36	680	1093	39	4%
Average Change in Overall Income	-738.2	-700		1,225.67	916.64			940.41	

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)	203	0	190
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	8	0	6
TANF Child Care Services	5	0	5
TANF Transportation Services	3	0	3
Other TANF-Funded Services	2	0	2
Other Source	7	0	7

20b - Number of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	959	0	868
1 + Source(s)	210	0	196
Client Doesn't Know/Client Refused	26	0	24
Data not collected	21	109	19
Total	1216	109	1107

21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	957	0	884
MEDICARE	172	0	157
State Children's Health Insurance Program	12	0	9
Veteran's Administration (VA) Medical Services	9	0	9
Employer-Provided Health Insurance	17	0	16
Health Insurance obtained through COBRA	3	0	3
Private Pay Health Insurance	14	0	13
State Health Insurance for Adults	17	0	15
Indian Health Services Program	5	0	5

Other	27	0	24
No Health Insurance	387	0	328
Client Doesn't Know/Client Refused	15	0	10
Data not collected	6	1	6
Number of stayers not yet required to have an annual assessment		147	
1 Source of Health Insurance	1001	0	927
More than 1 Source of Health Insurance	101	0	89

22a1 - Length of Participation - CoC Projects

	Total	Leavers	Stayers
30 days or less	1036	983	53
31 to 60 days	175	146	29
61 to 90 days	80	71	9
91 to 180 days	142	100	42
181 to 365 days	56	42	14
366 to 730 Days (1-2 Yrs)	13	12	1
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	1502	1354	148

22b - Average and Median Length of Participation in Days

	Leavers	Stayers
Average Length	35	75
Median Length	8	54

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	48	29	19	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	13	5	8	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	6	6	0	0	0
Staying or living with friends, permanent tenure	2	2	0	0	0
Rental by client, with RRH or equivalent subsidy	12	3	9	0	0
Subtotal	81	45	36	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	4	4	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)	8	2	6	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	12	4	8	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	7	0	7	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	2	2	0	0	0
Subtotal	33	12	21	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	1	1	0	0	0
Hospital or other residential non-psychiatric medical facility	1	1	0	0	0
Jail, prison, or juvenile detention facility	3	3	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	5	5	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	1	1	0	0	0
Other	8	2	6	0	0
Client Doesn't Know/Client Refused	1	1	0	0	0
Data Not Collected (no exit interview completed)	25	25	0	0	0
Subtotal	35	29	6	0	0
Total	154	91	63	0	0
Total persons exiting to positive housing destinations	81	45	36	0	0
Total persons whose destinations excluded them from the calculation	2	2	0	0	0
Percentage	53%	51%	57%	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	6	4	2	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	64	33	30	1	0
Rental by client, with VASH housing subsidy	4	0	4	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	35	6	25	0	4
Permanent Housing (other than RRH) for formerly homeless persons	3	3	0	0	0
Staying or living with family, permanent tenure	98	75	23	0	0
Staying or living with friends, permanent tenure	26	15	11	0	0
Rental by client, with RRH or equivalent subsidy	3	0	3	0	0
Subtotal	239	136	98	1	4
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	34	29	5	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	5	3	2	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	70	45	25	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	58	44	12	0	2
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	3	3	0	0	0
Hotel or motel paid for without emergency shelter voucher	3	3	0	0	0
Subtotal	173	127	44	0	2
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	7	7	0	0	0
Substance abuse treatment facility or detox center	13	13	0	0	0
Hospital or other residential non psychiatric medical facility	11	11	0	0	0
Jail, prison, or juvenile detention facility	16	13	0	0	3
Long-term care facility or nursing home	1	1	0	0	0
Subtotal	48	45	0	0	3
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	88	71	14	1	2
Client Doesn't Know/Client Refused	14	9	5	0	0
Data Not Collected (no exit interview completed)	638	521	106	0	11
Subtotal	740	601	125	1	13
Total	1200	909	267	2	22
Total persons exiting to positive housing destinations	239	136	98	1	4
Total persons whose destinations excluded them from the calculation	12	12	0	0	0
Percentage	20%	15%	37%	50%	18%

25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type

Chronically Homeless Veteran	3	3	0	0
Non-Chronically Homeless Veteran	16	13	3	0
Not a veteran	1194	1069	116	9
Client Doesn't Know/Client Refused	2	2	0	0
Data not collected	1	1	0	0
Total	**1216**	**1088**	**119**	**9**

25b - Number of Veteran Households

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	3	3	0	0
Non-Chronically Homeless Veteran	16	13	3	0
Not a veteran	1190	1067	114	9
Client Doesn't Know/Client Refused	2	2	0	0
Data not collected	1	1	0	0
Total	**1212**	**1086**	**117**	**9**

25c - Gender - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	0	0	0	0
Female	19	16	3	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	**19**	**16**	**3**	**0**

25d - Age - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
18 - 24	1	1	0	0
25 - 34	6	6	0	0
35 - 44	4	2	2	0
45 - 54	4	3	1	0
55 - 61	4	4	0	0
62 +	0	0	0	0
Client Doesn't Know/Client Refused				
Data not collected				
Total	**19**	**16**	**3**	**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	8	0	8
Alcohol Abuse	0	0	0
Drug Abuse	0	0	0

Both Alcohol and Drug Abuse	2	0	2
Chronic Health Condition	5	0	5
HIV/AIDS	0	0	0
Development Disability	1	0	1
Physical Disability	6	0	6

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)	0	0	0
Veterans with Only Other Income	9	0	9
Veterans with Both Earned and Other Income	1	0	1
Veterans with No Income	9	0	8
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		1	
Number of veterans without required annual assessment		0	
Total Veterans	19	1	18

25g - Type of Cash Income Sources - Veterans

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	1	0	1
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	5	0	5
Social Security Disability Insurance (SSDI)	3	0	3
VA Service - Connected Disability Compensation	3	0	3
VA Non-Service Connected Disability Pension	1	0	1
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	2	0	2
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	2	0	2
Alimony and other spousal support	0	0	0
Other Source	1	0	1
Veterans with Income Information at Start and Annual Assessment/Exit		0	10

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)	3	0	3
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	2	1	1	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	1	1	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	3	2	1	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	1	1	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)	1	1	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	2	2	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	1	1	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	1	1	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	1	1	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	11	10	1	0	0
Subtotal	12	11	1	0	0
Total	18	16	2	0	0
Total persons exiting to positive housing destinations	3	2	1	0	0

Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	17%	13%	50%	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	103	100	2	0	1
Not Chronically Homeless	905	801	101	1	2
Client Doesn't Know/Client Refused	64	57	7	0	0
Data not collected	146	128	7	1	10
Total	**1218**	**1086**	**117**	**2**	**13**

26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	106	100	5	0	1
Not Chronically Homeless	1175	803	362	1	9
Client Doesn't Know/Client Refused	64	57	7	0	0
Data not collected	157	128	9	1	19
Total	1502	1088	383	2	29

26c - Gender of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	2	0	2	0	0
Female	103	99	3	0	1
Trans Female (MTF or Male to Female)	1	1	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	106	100	5	0	1

26d - Age of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	3		3	0	0
18 - 24	10	10	0		0
25 - 34	22	21	1		0
35 - 44	28	27	1		0
45 - 54	24	24	0		0
55 - 61	16	16	0		0
62 +	2	2	0		0
Client Doesn't Know/Client Refused	1	0	0		1
Data not collected	0	0	0		0
Total	106	100	5	0	1

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	76	9	66
Alcohol Abuse	7	2	5
Drug Abuse	12	1	11
Both Alcohol and Drug Abuse	11	0	10
Chronic Health Condition	21	2	19
HIV/AIDS	0	0	0
Development Disability	5	0	5
Physical Disability	42	5	36

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)	3	0	2
Chronically Homeless Persons with Only Other Income	33	0	32
Chronically Homeless Persons with Both Earned and Other Income	1	0	0
Chronically Homeless Persons with No Income	65	0	54
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		14	
Number of Chronically Homeless Persons without required annual assessment		0	
Total Chronically Homeless Persons	102	14	88

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	4	0	3
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	20	0	19
Social Security Disability Insurance (SSDI)	18	0	17
VA Service - Connected Disability Compensation	2	0	2
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	1	0	1
Pension or retirement income from a former job	0	0	0
Child Support	2	0	2
Alimony and other spousal support	0	0	0
Other Source	1	0	1
Chronically Homeless Persons with Income Information at Start and Annual Assessment/Exit		0	34

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)	25	0	23
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

27a - Age of Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	1		1	0	0
18 - 24	133	121	11		1
Client Doesn't Know/Client Refused					
Data not collected					
Total	134	121	12	0	1

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	11	23	34	11

27c - Gender - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	1	0	1	0	0
Female	132	120	11	0	1
Trans Female (MTF or Male to Female)	1	1	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	134	121	12	0	1

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	10	10	0	0	0
Transitional housing for homeless persons (including homeless youth)	1	1	0	0	0
Place not meant for habitation	27	26	1	0	0
Safe Haven	4	4	0	0	0
Interim Housing	4	4	0	0	0
Subtotal	46	45	1	0	0
Institutional Settings					
Psychiatric hospital or other psychiatric facility	3	3	0	0	0
Substance abuse treatment facility or detox center	2	2	0	0	0
Hospital or other residential non-psychiatric medical facility	1	1	0	0	0
Jail, prison, or juvenile detention facility	18	18	0	0	0
Foster care home or foster care group home	3	2	0	0	1

Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	1	1	0	0	0
Subtotal	28	27	0	0	1
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	4	4	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)	1	0	1	0	0
Hotel or motel paid for without emergency shelter voucher	4	3	1	0	0
Staying or living in a friend's room, apartment or house	10	8	2	0	0
Staying or living in a family member's room, apartment or house	25	19	6	0	0
Client Doesn't Know/Client Refused	14	13	1	0	0
Data not collected	2	2	0	0	0
Subtotal	60	49	11	0	0
Total	134	121	12	0	1

27e - Length of Participation - Youth

	Total	Leavers	Stayers
30 days or less	116	111	5
31 to 60 days	7	7	0
61 to 90 days	2	2	0
91 to 180 days	7	6	1
181 to 365 days	2	1	1
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	134	127	7

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	1	1	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	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	10	7	3	0	0

Staying or living with friends, permanent tenure	1	1	0	0	0
Rental by client, with RRH or equivalent subsidy	1	1	0	0	0
Subtotal	15	12	3	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	2	2	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)	1	1	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	11	8	3	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	12	10	1	0	1
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	1	1	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Subtotal	27	22	4	0	1
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	2	2	0	0	0
Substance abuse treatment facility or detox center	2	2	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	2	2	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	6	6	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	9	8	1	0	0
Client Doesn't Know/Client Refused	2	2	0	0	0
Data Not Collected (no exit interview completed)	68	64	4	0	0
Subtotal	79	74	5	0	0
Total	127	114	12	0	1
Total persons exiting to positive housing destinations	15	12	3	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	12%	11%	25%	0%	0%

Report Options

Provider Type: Provider Reporting Group

Provider *: Salvation Army-Lexington-ESR-ES-LEX (2164)
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; HUD; PATH; Quick Call; RHY; Standard; Transitional Living Program Entry/Exit; VA; HPRP (Retired)

ESG Report Results

4a - Project Identifiers in HMIS

Organization Name	**Salvation Army-Lexington**
Organization ID	**557**
Project Name	**Salvation Army-Lexington-ESR-ES-LEX**
Project ID	**2164**
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	**1502**
2. Number of Adults (age 18 or over)	**1216**
3. Number of Children (under age 18)	**268**
4. Number of Persons with Unknown Age	**18**
5. Number of Leavers	**1354**
6. Number of Adult Leavers	**1107**
7. Number of Adult and Head of Household Leavers	**1113**
8. Number of Stayers	**148**
9. Number of Adult Stayers	**109**
10. Number of Veterans	**19**
11. Number of Chronically Homeless Persons	**106**
12. Number of Youth Under Age 25	**134**
13. Number of Parenting Youth Under Age 25 with Children	**11**
14. Number of Adult Heads of Household	**1212**
15. Number of Child And Unknown-Age Heads of Household	**6**
16. Heads of Households and Adult Stayers in the Project 365 Days or More	**1**

6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	1	0	7	1%
SSN (3.2)	123	45	595	51%
Date of Birth (3.3)	16	3	2	1%
Race (3.4)	21	4		2%
Ethnicity (3.5)	29	4		2%
Gender (3.6)	4	1		0%
Overall Score				**52%**

6b - Data Quality: Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	3	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)	29	2%

6c - Data Quality: Income and Housing Data Quality

Data Element	Error Count	% of Error Rate
Destination (3.12)	678	50%
Income and Sources (4.2) at Start	36	3%
Income and Sources (4.2) at Annual Assessment	1	100%
Income and Sources (4.2) at Exit	35	3%

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	1220			134	156	177	17%
TH	0	0	0	0	0	0	0%
PH (all)	0	0	0	0	0	0	0%
Total	1220						**17%**

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	56	129
1 - 3 days	631	583
4 - 6 days	329	160
7 - 10 days	148	133
11+ days	223	349

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	1216	1088	119		9
Children	268		264	2	2
Client Doesn't Know/Client Refused	16	0	0	0	16
Data not collected	2	0	0	0	2
Total	1502	1088	383	2	29

8a - Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	1218	1086	117	2	13

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	112	92	20	0	0
April	107	93	14	0	0
July	103	88	14	1	0
October	118	100	18	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	6	2	4	0
Female	1207	1083	115	9
Trans Female (MTF or Male to Female)	3	3	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	1216	1088	119	9

10b - Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	140	138	1	1
Female	124	122	1	1
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	4	4	0	0
Data not collected	0	0	0	0
Subtotal	268	264	2	2

10c - Gender of Persons Missing Age Information

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	7	0	0	0	7
Female	10	0	0	0	10
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	1	0	0	0	1
Subtotal	18	0	0	0	18

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	153	140	1	5	0	6	1
Female	1341	124	133	1027	47	10	0
Trans Female (MTF or Male to Female)	3	0	1	2	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	4	4	0	0	0	0	0
Data not collected	1	0	0	0	0	0	1
Subtotal	1502	268	135	1034	47	16	2

11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	83		82	1	0
5 - 12	141		138	1	2
13 - 17	44		44	0	0
18 - 24	135	123	11		1
25 - 34	338	276	58		4
35 - 44	360	318	41		1

45 - 54	216	206	9		1
55 - 61	120	119	0		1
62 +	47	46	0		1
Client Doesn't Know/Client Refused	16	0	0	0	16
Data not collected	2	0	0	0	2
Total	1502	1088	383	2	29

12a - Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	953	821	123	2	7
Black or African American	401	185	205	0	11
Asian	6	3	3	0	0
American Indian or Alaska Native	31	20	11	0	0
Native Hawaiian or Other Pacific Islander	7	6	0	0	1
Multiple races	78	44	32	0	2
Client Doesn't Know/Client Refused	22	9	7	0	6
Data not collected	4	0	2	0	2
Total	1502	1088	383	2	29

12b - Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latino	1416	1044	350	2	20
Hispanic/Latino	53	26	27	0	0
Client Doesn't Know/Client Refused	29	18	4	0	7
Data not collected	4	0	2	0	2
Total	1502	1088	383	2	29

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	389	359	27	0	3
Alcohol Abuse	17	17	0	0	0
Drug Abuse	53	52	1	0	0
Both Alcohol and Drug Abuse	56	54	1	0	1
Chronic Health Condition	119	112	7	0	0
HIV/AIDS	8	8	0	0	0
Development Disability	36	31	4	0	1
Physical Disability	210	201	8	0	1

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	365	333	30	0	2
Alcohol Abuse	15	15	0	0	0
Drug Abuse	49	47	2	0	0
Both Alcohol and Drug Abuse	55	53	1	0	1
Chronic Health Condition	110	104	6	0	0
HIV/AIDS	8	8	0	0	0

Development Disability	35	30	4	0	1
Physical Disability	192	184	7	0	1

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	30	27	2	0	1
Alcohol Abuse	2	2	0	0	0
Drug Abuse	5	5	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	10	9	1	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	2	1	1	0	0
Physical Disability	20	17	3	0	0

14a - Domestic Violence History

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	640	574	58	1	7
No	555	492	58	1	4
Client Doesn't Know/Client Refused	27	22	3	0	2
Data not collected	0	0	0	0	0
Total	1222	1088	119	2	13

14b - Persons Fleeing Domestic Violence

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	166	144	20	0	2
No	440	398	37	1	4
Client Doesn't Know/Client Refused	11	10	0	0	1
Data not collected	23	22	1	0	0
Total	640	574	58	1	7

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	120	109	11	0	0
Transitional housing for homeless persons (including homeless youth)	13	12	1	0	0
Place not meant for habitation	236	219	14	0	3
Safe Haven	43	38	5	0	0
Interim Housing	13	13	0	0	0
Subtotal	425	391	31	0	3
Institutional Settings					
Psychiatric hospital or other psychiatric facility	33	32	0	0	1
Substance abuse treatment facility or detox center	28	27	1	0	0
Hospital or other residential non-psychiatric medical facility	35	35	0	0	0
Jail, prison, or juvenile detention facility	188	188	0	0	0
Foster care home or foster care group home	3	2	0	0	1
Long-term care facility or nursing home	3	3	0	0	0

Residential project or halfway house with no homeless criteria	4	4	0	0	0
Subtotal	294	291	1	0	2
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	1	0	1	0	0
Owned by client, no ongoing housing subsidy	4	2	2	0	0
Owned by client, with ongoing housing subsidy	2	2	0	0	0
Rental by client, no ongoing housing subsidy	61	47	12	0	2
Rental by client, with VASH subsidy	4	3	0	0	1
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	9	4	5	0	0
Hotel or motel paid for without emergency shelter voucher	49	42	7	0	0
Staying or living in a friend's room, apartment or house	129	112	15	2	0
Staying or living in a family member's room, apartment or house	119	93	26	0	0
Client Doesn't Know/Client Refused	115	95	16	0	4
Data not collected	10	6	3	0	1
Subtotal	503	406	87	2	8
Total	1222	1088	119	2	13

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)	203	0	190
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	8	0	6
TANF Child Care Services	5	0	5
TANF Transportation Services	3	0	3
Other TANF-Funded Services	2	0	2
Other Source	7	0	7

21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	957	0	884
MEDICARE	172	0	157
State Children's Health Insurance Program	12	0	9
Veteran's Administration (VA) Medical Services	9	0	9
Employer-Provided Health Insurance	17	0	16
Health Insurance obtained through COBRA	3	0	3
Private Pay Health Insurance	14	0	13
State Health Insurance for Adults	17	0	15
Indian Health Services Program	5	0	5
Other	27	0	24
No Health Insurance	387	0	328
Client doesn't know/Client refused	15	0	10
Data not collected	6	1	6
Number of stayers not yet required to have an annual assessment		147	
1 Source of Health Insurance	1001	0	927

More than 1 Source of Health Insurance	101	0	89

22a2 - Length of Participation - ESG Projects

	Total	Leavers	Stayers
0-7 days	656	634	22
8 to 14 days	186	174	12
15 to 21 days	91	89	2
22 to 30 days	103	86	17
31 to 60 days	175	146	29
61 to 90 days	80	71	9
91 to 180 days	142	100	42
181 to 365 days	56	42	14
366 to 730 Days (1-2 Yrs)	13	12	1
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	1502	1354	148

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	656	550	85	1	20
8 to 14 days	186	131	50	0	5
15 to 21 days	91	73	18	0	0
22 to 30 days	103	67	36	0	0
31 to 60 days	175	101	72	0	2
61 to 90 days	80	40	37	1	2
91 to 180 days	142	81	61	0	0
181 to 365 days	56	38	18	0	0
366 to 730 Days (1-2 Yrs)	13	7	6	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	**1502**	**1088**	**383**	**2**	**29**

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	6	4	2	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	112	62	49	1	0
Rental by client, with VASH subsidy	4	0	4	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	48	11	33	0	4
Permanent Housing (other than RRH) for formerly homeless persons	3	3	0	0	0
Staying or living with family, permanent tenure	104	81	23	0	0
Staying or living with friends, permanent tenure	28	17	11	0	0
Rental by client, with RRH or equivalent subsidy	15	3	12	0	0
Subtotal	320	181	134	1	4
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	38	33	5	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	13	5	8	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	82	49	33	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	65	44	19	0	2
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	3	3	0	0	0
Hotel or motel paid for without emergency shelter voucher	5	5	0	0	0
Subtotal	206	139	65	0	2
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	7	7	0	0	0
Substance abuse treatment facility or detox center	14	14	0	0	0
Hospital or other residential non-psychiatric medical facility	12	12	0	0	0
Jail, prison, or juvenile detention facility	19	16	0	0	3
Long-term care facility or nursing home	1	1	0	0	0
Subtotal	53	50	0	0	3
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	1	1	0	0	0

Other	96	73	20	1	2
Client Doesn't Know/Client Refused	15	10	5	0	0
Data Not Collected (no exit interview completed)	663	546	106	0	11
Subtotal	775	630	131	1	13
Total	1354	1000	330	2	22
Total persons exiting to positive housing destinations	320	181	134	1	4
Total persons whose destinations excluded them from the calculation	14	14	0	0	0
Percentage	24%	18%	41%	50%	18%

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 project entry	0	0	0	0	0
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	3	3	0	0
Non-Chronically Homeless Veteran	16	13	3	0
Not a veteran	1194	1069	116	9
Client doesn't know/Client refused	2	2	0	0
Data not collected	1	1	0	0
Total	1216	1088	119	9

26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	106	100	5	0	1
Not Chronically Homeless	1175	803	362	1	9
Client Doesn't Know/Client Refused	64	57	7	0	0
Data not collected	157	128	9	1	19
Total	1502	1088	383	2	29

Note to LFUCG Grant Reviewers: Failure to meet the expectations listed in this document will **NOT** cause an individual to be removed or barred from our shelter. Only the violations listed in our "Hanger Lodge Rules" document will cause an individual to be removed or barred from our shelter.

Information & Procedures - Navigating Your Stay

1) Guests must be out of bed, showered, dressed and cleaning their areas by 8:00 a.m. Monday-Friday and 9:00 a.m. on Saturday and Sunday.

2) Guests must be able to care for themselves and are required to participate in all emergency drills. Always follow staff instructions to go to the proper locations during drills.

3) All guests must sign themselves in and out every time they leave the property.

4) All prescription and over the counter drugs **MUST** be kept in assigned medical box/bag behind the reception desk in the front lobby. Guests can only access medicine in the lobby.

5) Food and/or drinks cannot be taken out of the cafeteria. No food and/or drinks are allowed in dorms or family area rooms except for plain bottled water.

6) For the safety of children, parents/guardians must supervise their child(ren) on property at all times

7) Guests **CANNOT** switch beds (single dorms) or rooms (family area) without permission from the Director of Guest Services.

8) Smoking (including electronic cigarettes) is **NOT** permitted in the buildings or on Salvation Army grounds except for the far end of the playground or the patio between the Way House and Lodge.

9) Profanity, gambling, sexually related comments or whistling and intimate touching of any kind is **NOT** permitted.

DAILY LIVING

- Guests should check daily for mail, with the front desk staff.

- Guest will be assigned Caseworker, please check the white board for time and date of your schedule intake.

- Pets are not permitted on the property (inside or outside) unless the animal is a service animal.

- Guests are required to attend life skills education classes and other mandatory classes as listed on the monthly calendar; unless employed during class hours. Important: A guest may only be excused from attending a particular class by their caseworker.

- If you need to speak with your Caseworker, Social Service Coordinator or the Director of Guest Services and do not have a scheduled appointment, fill out a **Caseworker Request Form**. These can be found at the front desk.

- A phone for guest business use is located in the front hallway of the Lodge. This phone is for local calls only.

- We reserve the right to search any bags or belongings brought into the Lodge**.** Lockers and closets are also subject to random search. Guests are required to cooperate with searches.

- We reserve the right to randomly drug and alcohol test, with the understanding a staff member must be present at the time the specimen is collected. This is a zero tolerance facility; therefore, testing positive or failure to comply can result in suspension from the lodge.

- Guests are to be fully dressed at all times. Appropriate undergarments and clothing (no pajamas or lounge pants) must be worn in common areas. Shoes, (not house slippers), must be worn at all the times, inside and outside the facility.

- Visitation for the Lodge is Sundays from 2:00 p.m.-4:00 p.m. in the reception/lobby area. All visitors are required to sign in and out.

- Clothing items are restricted to what fits into each guest's assigned clothing unit/locker. Guests being housed in overflow spaces may keep one bag of personal items in the lobby restroom. Linens and up to one additional bag of personal items will be stored in the Lodge shed which will be opened once in the morning and once in the evening by Lodge staff.

DAILY SCHEDULE

o 5:00 a.m. – 7:45 a.m.	Continental Breakfast
o 8:00 a.m.	Room inspections
o 10:00 a.m.	Sunday School (optional, Sunday)
o 11:00 a.m.	Worship (optional, Sunday)
o 11:00 a.m.	Safe Haven group meeting (Wednesdays)
o 12:00 p.m. – 1:00 p.m.	Lunch
o 5:00 p.m. – 6:00 p.m.	Dinner
o 5:30 p.m. – 8:00 p.m.	Clinic (Tuesday and Thursday) - sign-up is 4:30 p.m.
o 8:00 p.m.	Mandatory Guests Meeting (1st Tuesday – Singles & 3rd Tuesday – Families)
o 8:00 p.m. – 8:30 p.m.	Snack (optional) – Milk & Ice @ 8:30 p.m.
o 9:00 p.m.	All children must be in bed on school nights (Note: 10 p.m. on non-school nights)
o 11:00 p.m. – 5:00 a.m.	All guests in rooms/dorms (*TV's off / smoking area locked / Lights Off)*

DORM/ WAYHOUSE/ FAMILY LIVING

- Single guests must be in their rooms and lights out by **11:00 p.m.**

- Guests with children must be in their rooms with children in bed by **9:00 p.m. on school nights and 10:00 p.m. on non-school nights.**

- Do not rearrange furniture, or put tape, stickers or markings on furniture. Windows are not to be opened or unlocked unless approval is given by the Director of Guest Services.

- Small radios may be used in family rooms as long as it does not disturb your neighbors. Small radios without electric cords or camera devices may be used in dorms with headphones so you do not disturb other guests.

- Guests are not permitted to watch soap operas, BET, VH1, MTV, on the TVs in the singles area, the Way House or in the Family area. Talk shows are under Director of Guest Services' discretion. TV operation hours are 6:00 am to 9:00 am and 6:00pm to 11:00pm.

- Television in the Family Area is only to be geared towards children. NO, MTV, BET, soap operas. TV operation hours are 6:00 am to 9:00 am and 6:00pm to 11:00pm.

- Parents/guardians must ensure that their children are using the appropriate playground equipment and toys suitable for their child's age. Big wheels, toy weapons, roller blades, skates or other playground items cannot to be brought inside the facility.

- Under **NO** circumstances may one guest handle or baby-sit another guest's child(ren) while on Salvation Army property.

MEALS/SACK LUNCHES/SNACKS

- Guests must get a ticket at the front desk for all meals. Staff will announce when tickets are available.

- No bare feet or flip-flops without socks in the dining area. Guests are to be appropriately dressed.

- Sack lunches are available for employed guests or guests with scheduled appointments who will not be here at mealtime. A copy of your work schedule will be required. If sack lunches are not picked up two days in a row it is an automatic forfeit from the sack lunch program.

- Applications for sack lunch are available outside the Director of Guest Services' office and must be applied for by 4 p.m. Saturday for the following week. You must reapply with your schedule each week by Saturday. Guests requiring a special diet due to medical or religious reasons need to notify the Director of Guest Services.

- Refrigeration is available for babies' food and milk. Parents/guardians should see the Director of Guest Services for bottle washing and sanitation times. Be sure to date and initial your items.

- Snacks (not meals) may be brought in the front door and taken directly through the lobby and eaten at the picnic tables **during designated time periods.**
  Families may have snack from 7 p.m.-8 p.m.
  Singles may have snack from 8:30 p.m.-9:30 p.m.

NO SHOWS/WEEKEND PASSES

- Weekend passes must be approved by the Director of Guest Services. After 30 days, one pass per month and two extended curfews may be requested. Guests must apply for the pass by Thursday 4:00 p.m. for that weekend. Do not leave before your pass has been approved.

- Guests will forfeit their bed/room after **two no shows**.

- Guests who check out of the lodge must take their belongings and medication with them. Belongings, including medication, will be held for 48 hours unless previous arrangements have been made with the Director of Guest Services. Mail will be held for 30 days.

- **IMPORTANT**: The Salvation Army operates a program, not a hotel where people check in and out repeatedly, and bed space is extremely limited. Therefore, once a guest leaves, there is a **60-day** waiting period after the first stay before a guest may return to the Lodge; a **90-day** waiting period after the second stay; and a year thereafter. We recognize there may be

special circumstances when it is appropriate for a guest to return to the Lodge prior to the end of the waiting period; therefore, "Admission Exemption" application forms are available at the front desk and once completed will be evaluated by both the Director of Guest Services and Social Service Coordinator.

CHORES

All Guests will be assigned chores/duties in the facility (chores, one or more are rotated weekly). Chores are NOT optional. If an emergency situation arises, it is your responsibility to receive an approved excuse from Director of Guest Services and find another guest who can complete that chore for you. In the case of physical limitation, a physician's note listing suitable chore options will be required.

LAUNDRY

- There is a laundry facility for guests to use downstairs in the lodge. Guests may request to schedule a laundry time once per week by asking at the front desk.

- **Families –** When scheduling laundry, keep in mind adolescent boys are not permitted in the downstairs area **before 10:00 a.m.** or **after 5:00 p.m**.

- When bringing clothing in, guests must comply with the drying and bagging of clothing and cloth items for health and safety reasons.

VEHICLES

Guests with vehicles must park behind the facility during the hours of 8:00 a.m.-8:30 p.m., Sunday-Saturday. Guests' vehicles may be parked in the front parking lot 8:30 p.m.-8:00 a.m. only.

WORSHIP

The Salvation Army is privileged to serve you in the name of our Lord and Savior, Jesus Christ. Our hope is that you will feel loved and supported through this special ministry at The Salvation Army. We want you to feel whole physically and spiritually. Please know we provide spiritual counseling, Bible studies and worship services designed to bring hope and meet spiritual needs. You are welcome, but not required, to attend Sunday school at 10:00 a.m.; Sunday Worship at 11:00 a.m.; and Bible Study on Thursdays at 1:00 p.m. Also, you may request to speak to a Chaplain/Pastor. You may request a room to meet with a clergy member of your choice. Such requests for spiritual counseling should be made with the Director of Guest Services.

FILING A GRIEVANCE

Grievance forms are available from the Lodge Front Desk, the Director of Guest Services, the Social Services Coordinator, Caseworkers and the Administration Front Desk.

Grievance Forms should be completed if:

1. A guest has a concern regarding a Guest Service Assistant or another guest that is not resolved after speaking to the Director of Guest Services -OR-
2. A guest has a concern regarding a caseworker that is not resolved after speaking to the Social Services Coordinator -OR-
3. A guest has a concern regarding the Director of Guest Services and/or the Social Services Coordinator that is not resolved after speaking with them.

- Grievance Forms must be filled out COMPLETELY.
- Grievance Forms must be turned into the Administrative Coordinator between 8 a.m. and 5 p.m., Monday-Friday.
    - If the Administrative Coordinator is not available:
        - The Administration Receptionist will provide an envelope to the guest for their form.
        - The guest should place the form in the envelope and seal it. They should give it to the receptionist to put in the Administrative Coordinator's mailbox.
- The Administrative Coordinator will acknowledge the grievance upon receipt with a letter placed in guest mail.

Expectations during your stay

Enter the Lodge with a **POSITIVE ATTITUDE**.

RESPECT yourself, other guests, volunteers and staff members.

Please be courteous and clean up any spills or messes you make.

Please respect the privacy of others.

Outdoor seating areas have been designated on campus for your enjoyment. Loitering around the property or inside parked vehicles on property is not permitted.

All residents must use the sidewalk. For safety reasons, kindly refrain from walking through the parking lot.

NO roughhousing indoors or outside. No playing on the stairs.

THE SALVATION ARMY HANGER LODGE RULES

In order to ensure the safety of our staff and other guests, including children, the following behaviors will not be tolerated from guests of the Hanger Lodge. The Director of Guest Services or your Caseworker may ask you to leave immediately if you engage in one of these behaviors. In addition, your readmission to the Lodge will be subject to an evaluation and approval by both the Director of Guest Services and the Social Service Coordinator.

- Violent behavior or extreme verbal abuse (to anyone)
- Stealing from anywhere or anyone in the Lodge or TSA property
- Smoking (including electronic cigarettes) inside the building or in an undesignated area
- Possession of alcohol, unauthorized drugs, loose tobacco (in any container), weapons, ammunition or dangerous chemical agents in the Lodge or on TSA property
- Being under the influence of alcohol or illegal drugs in the Lodge or on TSA property
- A positive drug or alcohol test or failure to submit to testing
- Intimate touching of any kind
- Prostitution
- Selling of controlled substances
- Indecent exposure
- Damage to the Lodge or Salvation Army premises
- Behavior that threatens the well-being of yourself or another guest or staff
- Failure to place medications (over-the-counter or prescription) in assigned medicine box
- Providing false identification

I have read and understand the rules for guests in the Lodge. I agree to abide by all the rules. Furthermore, I understand the consequences of not abiding by the rules.

_____ _____

Signature of Guest Date

_____ _____

Witness Date

NOTE: These rules are posted in various locations throughout the facility for reference by guests. Any guest may request a personal copy of his/her signed rules from the Director of Guest Services.

JOB DESCRIPTION

Revised: March 2018

EMPLOYEE: Mary Okpebholo

TITLE: Director of Guest Services

DEPARTMENT: Human Services

REPORTS TO: **Area & Associate Coordinators**

SUPERVISES: Resident Monitors
Food Service Staff
Food Pantry Worker
Warehouse Staff
Human Services Program Assistant

STATUS: Exempt

SCHEDULE: Full-Time; 40 hrs/wk
Monday - Friday
8:00am to 5:00pm
(On-Call 24 hours a day / 7 days a week)

Note to LFUCG Reviewers: Portions of this job description relating to treating guests with dignity and respect are highlighted for easy reviewing.

FUNCTION:

This position is responsible for the operation and management needs of the Hanger Emergency Lodge and Way House and all program components therein; including, but not limited to, UK Clinic, Women's Substance Abuse, Female Parolee, and food services. The operation of this facility 24 hours per day and 7 days a week requires this position to be in a constant state of On-Call status.

JOB LOCATIONS:

Fayette County	Corps: 736 W. Main Street Lexington, KY 40508

HANGER LODGE DUTIES

1	On call 24 hours a day / 7 days a week
2	Follow and Enforce rules, regulations, and policies as outlined in the Hanger Lodge Handbook. Hold regular staff and resident meetings
3	Responsible for the scheduling and supervision of Hanger Lodge Resident Monitors and Cooks
4	Monitor and submit time sheets
5	Responsible for the financial and daily management of the Hanger Lodge housing areas of operations. Assist the Fiscal Manager with the budget preparation
6	Maintain daily service statistics
7	Oversee volunteers and court ordered clients
8	Properly maintain the cleanliness of the building
9	Circulate chore assignments for all residents
10	Submit work orders to Property Manager for property repairs and janitorial supplies
11	Provide timely input to Casework Supervisor on activities and/or concerns related to Lodge residents
12	Attend community and coordinating agency meetings as requested
13	Provide activities for residents such as birthday parties, movie night, safe haven support group, etc
14	Serve as liaison with the Department of Corrections. Ensure lodge operations are in compliance with DOC contract
15	Serve as Associate PREA Coordinator to ensure that compliance is met and upheld to all PREA standards.

FOOD SERVICE DUTIES	
1	Plan menus and snacks for the lodge residents, Early Learning Center, Boys and Girls Club, Asbury Students and Special Events
2	Purchase and order food supplies
3	Attend Food Shows
4	Purchase and/or order supplies related to food service
5	Set up for Corps Dinners, Special Events, Advisory Board Meetings, and Advisory Council Meetings
6	Keep the staff lounge and conference room properly stocked
AUXILIARY BUILDING DUTIES	
1	Supervise staff and volunteers
2	Monitor supply inventory, in kind donations and statistics
3	Work with caseworkers to obtain needed items for clients
4	Distribute supplies from various vendors to proper departments
CHRISTMAS DUTIES	
1	Participate in Christmas Planning Meetings
2	Purchase/order toys
3	Set up the Distribution Center
4	Oversee the Angel Tree and Adopt a Family sorting and distribution process
5	Train and monitor Volunteers
WAYHOUSE DUTIES	
1	Responsible for the cleanliness of the building and security
BOOTH UNIT DUTIES	
1	Responsible for the cleanliness of the building and security
OTHER DUTIES	
1	Give tours
2	Responsible to set the security alarm. First responder if the alarm goes off
3	Perform all duties in a manner that reflects the core value of The Salvation Army in treating all people with dignity and respect.
4	Provide other services as required for the efficient functioning of The Salvation Army

The Salvation Army reserves the right to add to, delete or modify this job description.

MINIMUM QUALIFICATIONS	
1	Education: High School Diploma or GED
2	Minimum of 3 years' experience working in a shelter
3	3 years' experience in a supervisory position
4	Certification in First Aid & CPR
5	Sterling interpersonal skills; applies tact and diplomacy in dealing with internal and external constituents
6	Exceptional written and verbal communication skills
7	Understanding of Health Food Service Codes
8	Experience in Microsoft Office Applications (Microsoft Word, Excel, PowerPoint & Mail Merge)
9	Creative, enthusiastic, highly organized and able to meet deadlines in a timely manner
10	Must possess a thorough understanding and appreciation for The Salvation Army's mission and work
11	Ability to maintain strict confidentiality
12	Flexibility & Strong Work Ethic
13	A positive, contagious 'can-do' attitude
14	Must be sensitive to the issues of families, children, cultural diversity, and homelessness – must be able to assist people and provide assistance in a calm, courteous and polite manner.

15	Must maintain a valid driver's license
16	Must pass extensive background check
17	A passion for The Salvation Army's mission

COMMUNICATES WITH		
	INTERNAL	**EXTERNAL**
1	Area Coordinator	Department of Corrections (DOC)
2	Assistant Area Coordinator	UK College of Medicine *(Clinic)*
3	CKAS Employees	Assigned Volunteers
4	Management Team	Angel Tree In-Kind Donors
5	Fiscal Manager	US Marine Corps Toys for Tots
6	Executive Assistant for Administration	Feed the Hungry
7	Executive Assistant for Program & Human Resources	Vendors
8	Early Learning Center Director *(Menu & Food Request)*	First Response
9	SABGC Director *(Menu & Food Request)*	
10	Development Coordinator *(Menu & Food Request)*	
11	Grant Writer *(Statistics)*	
12	Associate Development Coordinator *(Volunteers)*	
13	Resident Monitors	
14	Warehouse Workers	
15	Residents	
16	Social Service Coordinator	
17	Caseworkers *(Group Staff Meetings & when casework advice is requested)*	

WORKING CONDITIONS			
During an average workday, the jobholder will sit 20% and stand/walk 80%			
LEGEND:			
N	Not at All (Zero Hours)	**F**	Frequently (Three (3) to Four (4) hours)
V	Very Little (Zero to One (1) hours)	**R**	Repetitively (Five (5) to Six (6) hours)
O	Occasionally (One (1) to Two (2) hours)	**C**	Continuously (Seven (7) or more hours)

Body Movement		**Weight Lifted**		**Weight Carried**	
F	Bend/Stoop	**R**	Up to 10 lbs	**F**	Up to 10 lbs
O	Squat	**O**	11 to 35 lbs	**O**	11 to 35 lbs
V	Climb	**V**	36 to 75 lbs	**V**	35 to 75 lbs
O	Reach	**V**	76 or more lbs	**V**	76 or more lbs
O	Crouch				
O	Kneel				
V	Balance				
F	Push/Pull				

Hand Movement		Environmental		Exposure	
R	Light grasping	V	Working on Heights	R	Physical (noise, temperature, dust, etc)
O	Firm grasping	V	Work on Uneven Ground	F	Chemical (cleaning solvents, fresh paint, etc)
V	Pinching	V	Work Near Moving Equipment	V	Radiation (microwave in lunchroom, etc)
V	Vibration			O	Extreme Heat & Cold
V	Torque			R	Biological (body fluids)
V	Extended Weight				

AREA OF SPECIAL CONCERNS

This position may require long work hours in an extremely active environment.

GENERAL STATEMENT

The above is general in nature and is not intended to be exhaustive. I acknowledge that many positions for The Salvation Army are grant funded. I understand that my continued employment with The Salvation Army is/may be based on the renewal and approval of funding.

MISSION STATEMENT

The Salvation Army, an international movement, is an evangelical part of the universal Christian church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

ACKNOWLEDGEMENT OF RELIGIOUS PURPOSE OF THE SALVATION ARMY

The employee acknowledges that he/she has been informed and understands The Salvation Army's religious purpose and status as a church. The employee agrees that he/she shall do nothing in his/her relationship with The Salvation Army as an employee to undermine its religious mission. The employee agrees and understands that his/her work-related conduct must not conflict with, interfere with, or undermine such religious programs of The Salvation Army's religious purposes.

This job description is subject to change as programs evolve.

ACKNOWLEDGEMENT: I have read, understand and have received a copy of this job description.

EMPLOYEE SIGNATURE:_____ **DATE:**_____

SUPERVISOR SIGNATURE:_____ **DATE:**_____

Note to LFUCG Grant Reviewers: Failure to meet the expectations listed in this document will **NOT** cause an individual to be removed or barred from our shelter. Only the violations listed in our "Hanger Lodge Rules" document will cause an individual to be removed or barred from our shelter.

Program Agreement

My entry into The Salvation Army Shelter/Program indicates my understanding and willingness to adhere to the following:

Case Management Support to Help Me Reach My Goal of Self Sufficiency:

The Casework Staff will assist me:

- In setting realistic and applicable short goals to obtain housing.
- In obtaining aid from other agencies and professionals in addition to making referrals when necessary.
- In representing my concerns to the Social Service Coordinator, Director of Residential Services

Weekly meetings will be scheduled with a caseworker to discuss my progress and set goals. Information that I share during these meetings may be discussed confidentially with other professionals as necessary to secure assistance for me to meet my goals. This is not an appropriate place to wait for the housing subsidy you may want, or to wait for disability hearing. Shelter is short term; working on housing options is an expectation of being granted shelter. Shelter access does not imply or guarantee access to income based housing.

When I need assistance and it is outside of my weekly meeting:

- I understand that I must fill out a **Casework Request Form** located at the front desk stating my specific need. It may take up to 24 hours for my request to be answered.
- I understand that I may not interrupt a caseworker in the hall or knock on her door when it is not my meeting time.
- I understand that if I have an emergency and I feel that I may hurt myself or someone else, I will tell the first staff person I see so that I may receive the help I need.
- I understand that if I have an *emergency* casework request, I may ask to speak to the Casework Supervisor if my caseworker is not available.

My Responsibilities:

- It is my responsibility to meet each week for a weekly meeting with my caseworker to discuss my progress and to schedule appointments with other social service agencies and professionals that are assisting me as necessary.
- Staff is present to assist you but, staff is not responsible for finding you housing. Staff provides tips and access to a phone or computer or apartment listings and other resources.
- Shelter is short term; working on housing options is an expectation of being granted shelter. Shelter access does not imply or guarantee access to income based housing.
- It is expected that you will spend all or most of the day time hours pursing housing options.
- I agree to provide information to my caseworker regarding any assistance/case management/services I am receiving from other agencies within the community.
- It is my responsibility to complete any written verification related to my Case Treatment Plan that may be suggested by my caseworker and submit it to my caseworker on time.
- If applicable it is my responsibility to attend all life skills classes and meetings that are required during my stay at The Salvation Army.
- I agree to submit my work schedule and paystub (or proof of income) to my caseworker upon employment and when/if I change employment or add employment.
- If applicable I agree that after I have resided here for 30 days and have obtained income I will pay $10 per week to continue my stay here. I will pay this money to the Casework Supervisor on Fridays or Mondays (per hours and method posted on her door), the week after I have stayed.
- I agree that I must show proof of my ***savings*** after employment to my caseworker each week by a mutually agreed upon method of savings.
- I agree to abide by the policies of The Salvation Army.

Please initial_____ Date _____

The Salvation Army Emergency Homeless Shelter

Question 5.1.5 -- Funding Sources Other Than LFUCG

Contributions by Individuals: $362,110 *(anticipated)*

Private Foundations: $73,667 *(Total, broken down by individual foundations below)*

- The Hoskins Family Foundation: $25,000 *(confirmed)*
- William R. Kenan, Jr. Charitable Trust: $16,667 *(confirmed)*
- The Orphan Society: $12,000 *(confirmed)*
- Anonymous Foundation (donor requests anonymity): $10,000 *(confirmed)*
- Bryant Family Fund at The Blue Grass Community Foundation: $6,000 *(anticipated)*
- The Kyle Family Foundation: $4,000 *(anticipated)*

Special Fundraising Events: $61,798.00 *(anticipated)*

United Way of the Bluegrass: $85,000 *(confirmed)*

Kentucky Department of Corrections: $125,000 *(anticipated)*

HUD Emergency Solutions Grant: $20,000 *(confirmed)*

FEMA: $13,000 *(anticipated)*

Case Treatment Plan

RE: _____ SSN _____XXX-XX-_____
Applicant's Name (print) (last four digits)

Current housing situation: **The Salvation Army**
_____

Number in household:
_____

Identify needs & barriers; establish goals, document referrals/supportive services

Housing Objective: establish or better maintain a stable living environment; help keep the focus on immediate needs, while assisting in the development of long term housing plan; reduce risk of homelessness

Housing Barriers

Barriers to Housing (Review the list of barriers with the client and use this information to guide the rest of the discussion.)

- ☐ No rental history
- ☐ Poor rental history
- ☐ Eviction(s) _____
- ☐ No or poor rental references
- ☐ Large family (3+ children)
- ☐ Single parent household
- ☐ Head of household under 18
- ☐ Sporadic employment history
- ☐ No high school diploma/GED
- ☐ Insufficient/no income
- ☐ Insufficient savings
- ☐ Money management
- ☐ No or poor credit history
- ☐ Debts
- ☐ Repeated or chronic homelessness

- ☐ Recent history of substance abuse or actively using drugs or alcohol
- ☐ Recent criminal history
- ☐ Felony charge(s)
- ☐ Adult or child with mild to severe behavioral problems
- ☐ History of domestic violence, but abuser not in the unit
- ☐ Recent or current domestic violence (fleeing abuser)
- ☐ EPO/DVO Violations
- ☐ Other, specify _____

Housing History

What types of housing has client previously lived in? Check all that apply, and include dates of residence and reason for leaving:

Type of Residence	Dates of Residence	Reason for Leaving
☐ Emergency Shelter		
☐ Place not meant for habitation		
☐ Transitional housing for homeless persons		
☐ Permanent housing for formerly homeless persons		
☐ Psychiatric hospital or facility		
☐ Substance abuse treatment facility or detox center		
☐ Hospital (non-psychiatric)		
☐ Jail, prison or juvenile detention facility		

☐ Room, apartment, or house that you rent		
☐ Apartment or house that you own		
☐ Staying or living in a family member's room, apartment, or house		
☐ Staying or living in a friend's room, apartment, or house		
☐ Hotel or motel paid for without emergency shelter voucher		
☐ Foster care home or foster care group home		

Financial Stability

Have you and/or the children who are coming into this program with you received money from any of the following sources in the last month? And if so, what amount did you receive from each source? (Read each income source and check all that apply.)

Source of Income	Amount from Source
☐ Earned income	$_____.00
☐ Unemployment Insurance	$_____.00
☐ Supplemental Security Income or SSI	$_____.00
☐ Social Security Disability Income (SSDI)	$_____.00
☐ Retirement Income from Social Security	$_____.00
☐ VA Service- Connected Disability Compensation	$_____.00

☐	VA Non-Service-Connected Disability Compensation	$_____.00
☐	Worker's Compensation	$_____.00
☐	Temporary Assistance for Needy Families (TANF)	$_____.00
☐	General Assistance (GA)	$_____.00
☐	Private disability insurance	$_____.00
☐	Pension or retirement income from a former job	$_____.00
☐	Child Support	$_____.00
☐	Alimony or other spousal support	$_____.00
☐	Other source:_____	$_____.00
Total monthly income		**$_____.00**

Non-Cash Benefits	
☐	Supplemental Nutrition Assistance Program (SNAP)
☐	Special supplemental, Nutrition Program for Women, Infants, and children (WIC)
☐	TANF Child Care Service
☐	TANF transportation services
☐	Other TANF-funded services
☐	Section 8, public housing, or other ongoing rental assistance
☐	Temporary rental assistance
☐	None at all
☐	Other: _____

Debt				
Origin of Debt	YES	NO	Amount	Contact Info
Landlord			$	
Gas Company			$	
Electric			$	
Telephone			$	
Child Support			$	
IRS			$	
Car (Loan/Tickets)			$	
Student Loans			$	
Credit Cards			$	
Storage			$	
Other			$	
Total			$	

What type of credit history do you have?
☐ Good ☐ Bad ☐ No Credit History ☐ Don't Know

Assets:
☐ Checking $ _____ ☐ Savings $ _____ ☐ Other $_____

Do you have any assets (car, property, CD, IRA)? ☐ No ☐ Yes
Details: _____

Employment

Are you currently employed? ☐No ☐Yes
(if yes, ask the following questions):

How many hours did you work last week? _____hours

Was this permanent, part-time, temporary, or seasonal work?
☐ Permanent ☐ Part-time ☐ Temporary ☐ Seasonal

Current Employer Name: _____ Position: _____

Address: _____
_____

Previous employment (type and duration):
1._____
2._____
3._____

(if client reports that he/she is not working, as the following)

Are you currently looking for work? ☐No ☐Yes
Are you currently unable to work? ☐No ☐Yes
Have you applied for Social Security Benefits? ☐No ☐Yes, _____Date of application

Identification/Documentation

Currently possesses:

HH Member Name	Social Security Card	Birth Certificate	Driver's License/ID	Green Card/Work Permit	Copy of EPO/DVO	One Month's Paystubs	One Month's Paystubs	Award Letter	Proof of Veteran Status	Proof of Child Custody
	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
HH Member Name	Social Security Card	Birth Certificate	Driver's License/ID	Green Card/Work Permit	Copy of EPO/DVO	One Month's Paystubs	One Month's Paystubs	Award Letter	Proof of Veteran Status	Proof of Child Custody
	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes

Housing Stability Goals

Housing Goal(s): 1-3 Permanent Housing Options Identified by the Family (Should describe type of housing, location, unit size, etc.; and should include thoughts about existing support systems, transportation, affordability, etc.)
Long-Term Goals *These are the steps that lead to attainment of the Housing Goal(s) listed above.* **Employment:** **Financial:**

Life Skill & Parenting:

Mental Health & Physical Health:
Substance Abuse:

Any Other

The above goals were developed in partnership with my case manager. I understand that each goal listed above will support my efforts in securing permanent housing. I agree to work on these goals in partnership with my case manager. I will update my case manager as I complete the above goals. I will communicate any challenges I experience and understand my case manager can offer me support as needed. I further understand the continuance of services is contingent upon my compliance.

Signature of Client: _____

Signature of CM: _____ Date: _____

Housing Stability Plan

Action Items:	Who	Timeline	Complete (Y/N)
Housing: _____			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
Employment: _____			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
Financial: _____			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Other: _____

1. _____ _____ _____ _____
2. _____ _____ _____ _____
3. _____ _____ _____ _____
4. _____ _____ _____ _____

Any Updates/Changes/Comments

The above Case Treatment Plan was developed in Partnership with my case manager. I understand that each action item listed above will support my efforts in securing permanent housing. I agree to work on this plan in partnership with my case manager. I will update my case manager as I complete the above goals. I will also communicate any challenges I experience and understand my case manager can offer me support as needed. I further understand the continuance of services is contingent upon my compliance.

Signature of Client: _____

Signature of CM: _____ Date: _____

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.