



# LEXINGTON

## RFP-34-2024

### The Salvation Army Supplier Response

#### Event Information

Number: RFP-34-2024  
Title: Emergency Shelter - SUPPLEMENTAL ESR  
Type: Request For Proposal  
Issue Date: 4/30/2024  
Deadline: 5/8/2024 02:00 PM (ET)  
Notes: This is a SUPPLEMENTAL RFP. If you submitted a proposal in response to RFP 25-2024 you do not need to resubmit on this RFP

#### Contact Information

Contact: Todd Slatin  
Address: Central Purchasing  
Government Center Building  
200 East Main Street  
Lexington, KY 40507  
Phone: (859) 2583320  
Fax: (859) 2583322  
Email: [tslatin@lexingtonky.gov](mailto:tslatin@lexingtonky.gov)

## The Salvation Army Information

Address: 736 West Main Street  
Lexington, KY 40508  
Phone: (859) 252-7706  
Fax: (859) 252-6341  
Web Address: [www.salvationarmylex.org](http://www.salvationarmylex.org)

ONLY ONLINE BIDS WILL BE ACCEPTED! By submitting your response, you certify that you are authorized to represent and bind your company and that you agree to all bid terms and conditions as stated in the attached bid/RFP/RFQ/Quote/Auction documents.

Kendall Anderson

*Signature*

*Submitted at 5/6/2024 01:42:02 PM (ET)*

[Kendall.Anderson@use.salvationarmy.org](mailto:Kendall.Anderson@use.salvationarmy.org)

*Email*

## Response Attachments

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### **The Salvation Army Signed Documents.pdf**

The Salvation Army Hanger Lodge Signed Documents

### **The Salvation Army Workforce Analysis Form.pdf**

The Salvation Army Workforce Analysis Form

### **The Salvation Army AAP 08.10.2015 (Parts A and B).pdf**

The Salvation Army Affirmative Action Plan

### **The Salvation Army 4.1 Supplemental Documentation.pdf**

The Salvation Army Hanger Lodge 4.1 Supplemental Documentation

### **The Salvation Army 4.3 Supplemental Documentation.pdf**

The Salvation Army 4.3 Supplemental Documentation

### **The Salvation Army Hanger Lodge Budget FY2025.xlsx**

The Salvation Army Hanger Lodge Budget

### **FY2023 ESG CAPER - The Salvation Army Fiscal Year End Report.pdf**

FY2023 Fiscal Year End Report

### **FY2024 ESG CAPER - The Salvation Army YTD Report.pdf**

The Salvation Army YTD Report

### **The Salvation Army Hanger Lodge ESR Grant FY25.docx**

The Salvation Army Grant Application FINAL

**The Salvation Army Hanger Lodge**  
**ESR Grant Submission**



**Project Summary**

The Salvation Army Hanger Lodge, a 158-bed facility located at 736 West Main in Downtown Lexington, provides emergency shelter and resources for those experiencing homelessness in our community. Our primary clientele are women, children, and families. Residents have access to a variety of programs while staying with us including meals, educational programs, job readiness, and financial counseling. Families & children are eligible for complimentary childcare at our Early Learning Center and onsite Boys & Girls Clubs, clothing & school supplies, tutoring, and additional case management via our Family Resource Coordinator. The overall goal of our program is both to provide temporary shelter and long-term solutions for our residents to move to permanent housing.

**Kendall Anderson**  
**Community Relations & Development Coordinator**  
[Kendall.Anderson@usa.salvationarmy.org](mailto:Kendall.Anderson@usa.salvationarmy.org)  
**859.252.7706 (Office)**

#### **4.1 General Shelter Information**

The Salvation Army Hanger Lodge, located at 736 West Main in Downtown Lexington, has served the Central Kentucky community for over 35 years and has long provided shelter, food, clothing, medical care, group & individual counseling, and case management services by trained social workers to the Lexington Homeless population.

Our adjusted occupancy is currently 158 beds, and we are consistently at 100% capacity. We employ 3 full time case managers to provide intense case management services (each client is assigned a case manager) to ensure our clients' needs are met onsite, they have a plan for successfully exiting the Hanger Lodge, and to break the general cycle of poverty (many of our clients are families with children). Children and Young Adults staying with us also have access to childcare and preschool at our onsite Early Learning Center as well as quality after school and summer programs at our Boys & Girls Club. Services are offered free of charge for our Hanger Lodge families. Hours of operation for the Hanger Lodge are 24 hours a day and 365 days per year. Staff are available at all hours and our Director of Guest Services resides onsite for immediate needs.

All of our clients are at risk of homelessness for a variety of reasons, each one could be on the streets tomorrow without our services. Many are children, we saw 111 children under 5 last year; 85 children under 12; and 26 13-17 year olds. Beyond that we had 87, 18-24 year olds; 160, 25-34 year olds; 191, 35-44 year olds; 142, 45-54 year olds; 100, 55-61 year olds; 46 people over 62+.

We offer each person a way to better their circumstances. The Salvation Army Hanger Lodge continues to serve our population in the best way we can: (higher than the National rate of 17%)

Kentucky's children are at 19% (Fayette) below the poverty level, whether it is barriers to overcome poverty which can mean hunger, illness and insecurity for families. Services like on-site life skill classes, job training, and health care give women the resources they need to build a self-sufficient future.

Our agency is focused on breaking the cycle of poverty and returning our clients to permanent housing. We aim to address each and every barrier that our clients face and return them to be productive members of society through a variety of services geared at financial stability.

#### **4.2 Rapid Resolution, Housing-Oriented**

Upon entering each person will be given a case manager to assist them. This case manager will address each person's needs, tailoring to every individual exactly what they may need. It may be any of these or all of these, we will assist each client with whatever they may need. Every person is different when you are trying to address their issues, one may need a job and others may something else. We strive to create a safe place to explore each and every need they may have. We will take steps to provide assistance to each client to better address whatever they may need.

The Residents of the Lodge also have access to the following resources at no cost:

- Enrollment in our Boys & Girls Club (Kindergarten through 8th grade)
- Enrollment in our Early Learning Center (ages 6 weeks to 5 years of age)
- Access to our Monday Music & Arts Program (All Ages)
- Tutoring through UK College of Education Mondays through Thursdays (Adults & Children)

-Access to Medical Services (this is open to the homeless community as a whole as a walk-in clinic) including traditional healthcare, pediatric health care, vaccinations, tobacco cessation programs, hypertension management programs, behavioral health programs, dental programs via UK College of Medicine on a rotating schedule based on the clinic itself

-Bus Passes for Travel to Work, School, and or/ Job Interviews

We currently employ 3 Case Managers and 1 Family Resource Coordinator whose roles are to develop case management plans for the residents, if they are willing, including goals and timelines. At present we have a staff devoting 10 hours per week to the Pathway of Hope program which is specifically geared towards families actively looking to move to financial stability & permanent housing.

To assist clients in achieving these goals we will be as compassionate as we can: it may mean that we provide things to one client and something entirely different to someone else. To be clear each "unit of service" may be very different from one person to another. A weekly one hour support group for 12 weeks, could be just as useful as, 3 hours of advocacy services. We need to be flexible to understand our client's emerging needs.

#### **4.3 Low Barrier**

The Salvation Army Hanger Lodge recognizes the value of low-barrier, housing first models. Our staff team are tasked with providing those experiencing homelessness with a safe place to stay as quickly as possible. As we do accommodate children and have a licensed childcare program onsite we are unable to accommodate sex offenders and have a zero tolerance drug use policy. Please note if a guest tests positive for drug use upon entry they still may be given shelter if they enter a rehabilitation program. Rules are reviewed one-on-one with each client and

include minimal & reasonable requirements. Guests are welcome to ask questions for clarifications. Guests are required to meet with their assigned caseworker weekly. We welcome families of all types and are open to all. Our program funding is currently flexible to community needs with 45% having no designation other than supporting the Hanger Lodge overall. We are unable to accommodate pets, but welcome service animals. Each guest is provided with one locker and two dressers for their belongings. If a guest departs without notice belongings are stored on a short-term basis.

We work with Lexington’s Coordinated Entry System as well as local law enforcement, United Way 211, local hospitals & medical providers, and other shelters to both identify and assist individuals in need of shelter. Guests are welcomed at every hour, every day – staff are available 24/365. We request that guests participate in daily chores and attend life skills programs when not at work. However, failure to do so is not grounds for removal.

Guests are not charged nor are they expected to contribute in terms of volunteer/service hours during their stay.

**4.4 Actual Results**

Please see attached KYHMIS Data.

**4.5 Budget, Appropriateness, and Feasibility of Budget**

Please see attached budget.

Number of individual beds available:	158
Number of units available for families:	19
Funds Requested from LFUCG:	\$125,127
Average daily census for individuals based on KYMIS data:	117
Average daily census for families based on KYHMIS data:	49
Total annual budget for shelter (all funding):	\$959,625

% LFUCG investment (LFUCG Requests/Total Budget):	13%
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Funding for the Hanger Lodge comes from a variety of sources including unrestricted funds that come in as part of our general fundraising campaigns, direct donations specific to Hanger Lodge, grant dollars, and those provided to us by LFUCG.



**FY2025 LFUCG EXTENDED SOCIAL RESOURCE (ESR) LINE-ITEM BUDGET**

							Annual		
							A	B	C
							Total ES Budget	LFUCG Funding	Non-city Funding
<b>1. STAFF SALARIES</b>									
<b>Staff Name</b>	<b>Title</b>	<b>FTE</b>	<b>% Prog</b>	<b>Amt/mo</b>	<b># months</b>	<b>Annually</b>			
<b>Exempt Staff</b>									
Director	Director	Yes	100	4,689.59	12	56,275.13	56,275.13	56,275.13	-
Property Manager	Property Manager	Yes	20	3,835.11	12	46,021.29	46,021.29	31,312.88	14,708.41
<b>Non-Exempt Staff</b>									
101	Lead Case Manager	Yes	100	2,975.97	12	35,711.63	35,711.63		35,711.63
102	Guest Services - FT	Yes	100	2,006.72	12	24,080.69	24,080.69		24,080.69
103	Guest Services - FT	Yes	100	1,905.92	12	22,871.08	22,871.08		22,871.08
104	Guest Services - FT	Yes	100	2,074.96	12	24,899.51	24,899.51		24,899.51
105	Guest Services - FT	Yes	100	1,972.61	12	23,671.28	23,671.28		23,671.28
106	Guest Services - PT	No	100	682.35	12	8,188.18	8,188.18		8,188.18
107	Guest Services - PT	No	100	706.54	12	8,478.49	8,478.49		8,478.49
108	Guest Services - PT	No	100	1,531.63	12	18,379.54	18,379.54		18,379.54
109	Guest Services - FT	100	100	2,201.24	12	26,414.86	26,414.86		26,414.86
110	Guest Services - PT	No	100	744.38	12	8,932.56	8,932.56		8,932.56
111	Guest Services - PT	No	100	781.60	12	9,379.19	9,379.19		9,379.19
112	Guest Services - PT	No	100	864.01	12	10,368.15	10,368.15		10,368.15
113	Guest Services - PT	No	100	744.38	12	8,932.56	8,932.56		8,932.56
114	Guest Services - On-Call	No	100	293.99	12	3,527.83	3,527.83		3,527.83
115	Guest Services - On-Call	No	100	265.19	12	3,182.22	3,182.22		3,182.22
<b>PROGRAM STAFF SALARIES TOTALS</b>				<b>28,276.18</b>		<b>339,314.19</b>	<b>339,314</b>	<b>87,588</b>	<b>251,726</b>
<b>2. STAFF FRINGE BENEFITS</b>									
Health, Dental, Vision, Life, Long and Short Term Disability Insurance (19.9% of total pay)							67,523.52	18,769.00	48,754.52
FICA (7.65% of total pay)							25,957.54		25,957.54
401 match from employer (4.5% avg of total pay, immediate vesting)							15,269.14		15,269.14
Other personnel costs: includes incentives for health services and attendance (1.5% of total pay)							5,089.71		5,089.71
Workers Comp (1.2% of total pay)							4,071.77		4,071.77
SUI (.6% of total pay)							2,035.89		2,035.89
<b>TOTAL FRINGE BENEFITS (35.35% of total pay)</b>							<b>119,948</b>	<b>18,769</b>	<b>101,179</b>
<b>4. SPACE/FACILITIES</b>									
<b>TOTAL SPACE/FACILITIES</b>							<b>0</b>	<b>0</b>	<b>0</b>
<b>5. OPERATING EXPENSES</b>									
Food and Beverage							159,650.00	18,770.00	140,880.00
Kitchen Supplies							26,265.00		26,265.00
Telephone Service							12,019.00		12,019.00
Office Supplies							2,515.00		2,515.00
Program Supplies							22,145.00		22,145.00
Clinic Supplies							-		-
Copiers/Equipment Rental							2,060.00		2,060.00
Computer Repairs/Maintenance							-		-
Mileage							-		-
Vehicle Repair and Maint.							3,016.25		3,016.25
Vehicle Insurance							5,429.25		5,429.25
Gas for Vehicles							3,619.50		3,619.50
Professional Liability Insurance							-		-
<b>TOTAL OPERATING EXPENSES</b>							<b>236,719</b>	<b>18,770</b>	<b>217,949</b>
<b>7. OTHER</b>									
Professional Service Fees							90,125.00		90,125.00
Utilities							97,850.00		97,850.00
Property Upkeep/Janitorial Supplies							58,669.00		58,669.00
Furnishing and Equipment Purchase and Repairs							17,000.00		17,000.00
<b>TOTAL OTHER EXPENSES</b>							<b>263,644</b>	<b>-</b>	<b>263,644</b>
<b>PROGRAM TOTAL BUDGET</b>							<b>959,625</b>	<b>125,127</b>	<b>834,498</b>

**AFFIDAVIT**

Comes the Affiant, Kendall Anderson, and after being first duly sworn, states under penalty of perjury as follows:

1. His/her name is Kendall Anderson and he/she is the individual submitting the proposal or is the authorized representative of The Salvation Army, CKA 5, the entity submitting the proposal (hereinafter referred to as "Proposer").

2. Proposer will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the proposal is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.

3. Proposer will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.

4. Proposer has authorized the Division of Procurement to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.

5. Proposer has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Proposer will not violate any provision of the campaign finance laws of the Commonwealth.

6. Proposer has not knowingly violated any provision of Chapter 25 of the Lexington-Fayette Urban County Government Code of Ordinances, known as "Ethics Act."

**Continued on next page**

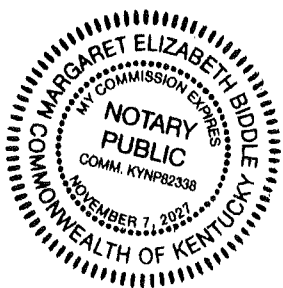
7. Proposer acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.

Further, Affiant sayeth naught.

Kendall J  
STATE OF Kentucky  
COUNTY OF Fayette

The foregoing instrument was subscribed, sworn to and acknowledged before me  
by Kendall H. Anderson on this the 25<sup>th</sup> day  
of April, 2024

My Commission expires: November 7, 2027



Margaret Elizabeth Bidde  
NOTARY PUBLIC, STATE AT LARGE

## EQUAL OPPORTUNITY AGREEMENT

### Standard Title VI Assurance

The Lexington Fayette-Urban County Government, (hereinafter referred to as the "Recipient") hereby agrees that as a condition to receiving any Federal financial assistance from the U.S. Department of Transportation, it will comply with Title VI of the Civil Rights Act of 1964, 78Stat.252, 42 U.S.C. 2000d-4 (hereinafter referred to as the "Act"), and all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, (49 CFR, Part 21) Nondiscrimination in Federally Assisted Program of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act of 1964 (hereinafter referred to as the "Regulations") and other pertinent directives, no person in the United States shall, on the grounds of race, color, national origin, sex, age (over 40), religion, sexual orientation, gender identity, veteran status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the U.S. Department of Transportation, including the Federal Highway Administration, and hereby gives assurance that will promptly take any necessary measures to effectuate this agreement. This assurance is required by subsection 21.7(a) (1) of the Regulations.

### The Law

- Title VII of the Civil Rights Act of 1964 (amended 1972) states that it is unlawful for an employer to discriminate in employment because of race, color, religion, sex, age (40-70 years) or national origin.
- Executive Order No. 11246 on Nondiscrimination under Federal contract prohibits employment discrimination by contractor and sub-contractor doing business with the Federal Government or recipients of Federal funds. This order was later amended by Executive Order No. 11375 to prohibit discrimination on the basis of sex.
- Section 503 of the Rehabilitation Act of 1973 states:

*The Contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap.*

- Section 2012 of the Vietnam Era Veterans Readjustment Act of 1973 requires Affirmative Action on behalf of disabled veterans and veterans of the Vietnam Era by contractors having Federal contracts.
- Section 206(A) of Executive Order 12086, Consolidation of Contract Compliance Functions for Equal Employment Opportunity, states:

*The Secretary of Labor may investigate the employment practices of any Government contractor or sub-contractor to determine whether or not the contractual provisions specified in Section 202 of this order have been violated.*

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The Lexington-Fayette Urban County Government practices Equal Opportunity in recruiting, hiring and promoting. It is the Government's intent to affirmatively provide employment opportunities for those individuals who have previously not been allowed to enter into the mainstream of society. Because of its importance to the local Government, this policy carries the full endorsement of the Mayor, Commissioners, Directors and all supervisory personnel. In following this commitment to Equal Employment Opportunity and because the Government is the benefactor of the Federal funds, it is both against the Urban County Government policy and illegal for the Government to let contracts to companies which knowingly or unknowingly practice discrimination in their employment practices. Violation of the above mentioned ordinances may cause a contract to be canceled and the contractors may be declared ineligible for future consideration.

Please sign this statement in the appropriate space acknowledging that you have read and understand the provisions contained herein. Return this document as part of your application packet.

Bidders

*I/We agree to comply with the Civil Rights Laws listed above that govern employment rights of minorities, women, Vietnam veterans, handicapped and aged persons.*

Kudell f  
Signature

The Salvation Army, CLAS  
Name of Business

Firm Submitting Proposal: The Salvation Army

Complete Address: 763 West Main Lexington, Ky 40508  
Street City Zip

Kendall CRD  
Contact Name: Anderson Title: Coordinator

859-  
Telephone Number: 252-7700 Fax Number: \_\_\_\_\_

Email address: Kendall.anderson@use.salvationarmy.org

## **GENERAL PROVISIONS**

1. Each Respondent shall comply with all Federal, State & Local regulations concerning this type of service or good.

The Respondent agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, *29 U.S.C. 650 et. seq.*, as amended, and KRS Chapter 338. The Respondent also agrees to notify the LFUCG in writing immediately upon detection of any unsafe and/or unhealthful working conditions at the job site. The Respondent agrees to indemnify, defend and hold the LFUCG harmless from all penalties, fines or other expenses arising out of the alleged violation of said laws.

2. Failure to submit ALL forms and information required in this RFP may be grounds for disqualification.
3. Addenda: All addenda and IonWave Q&A, if any, shall be considered in making the proposal, and such addenda shall be made a part of this RFP. Before submitting a proposal, it is incumbent upon each proposer to be informed as to whether any addenda have been issued, and the failure to cover in the bid any such addenda may result in disqualification of that proposal.
4. Proposal Reservations: LFUCG reserves the right to reject any or all proposals, to award in whole or part, and to waive minor immaterial defects in proposals. LFUCG may consider any alternative proposal that meets its basic needs.
5. Liability: LFUCG is not responsible for any cost incurred by a Respondent in the preparation of proposals.
6. Changes/Alterations: Respondent may change or withdraw a proposal at any time prior to the opening; however, no oral modifications will be allowed. Only letters, or other formal written requests for modifications or corrections of a previously submitted proposal which is addressed in the same manner as the proposal, and received by LFUCG prior to the scheduled closing time for receipt of proposals, will be accepted. The proposal, when opened, will then be corrected in accordance with such written request(s), provided that the written request is contained in a sealed envelope which is plainly marked "modifications of proposal".
7. Clarification of Submittal: LFUCG reserves the right to obtain clarification of any point in a bid or to obtain additional information from a Respondent.
8. Bribery Clause: By his/her signature on the bid, Respondent certifies that no employee of his/hers, any affiliate or Subcontractor, has bribed or attempted to bribe an officer or employee of the LFUCG.

9. Additional Information: While not necessary, the Respondent may include any product brochures, software documentation, sample reports, or other documentation that may assist LFUCG in better understanding and evaluating the Respondent's response. Additional documentation shall not serve as a substitute for other documentation which is required by this RFP to be submitted with the proposal,
10. Ambiguity, Conflict or other Errors in RFP: If a Respondent discovers any ambiguity, conflict, discrepancy, omission or other error in the RFP, it shall immediately notify LFUCG of such error in writing and request modification or clarification of the document if allowable by the LFUCG.
11. Agreement to Bid Terms: In submitting this proposal, the Respondent agrees that it has carefully examined the specifications and all provisions relating to the work to be done attached hereto and made part of this proposal. By acceptance of a Contract under this RFP, proposer states that it understands the meaning, intent and requirements of the RFP and agrees to the same. The successful Respondent shall warrant that it is familiar with and understands all provisions herein and shall warrant that it can comply with them. No additional compensation to Respondent shall be authorized for services or expenses reasonably covered under these provisions that the proposer omits from its Proposal.
12. Cancellation: If the services to be performed hereunder by the Respondent are not performed in an acceptable manner to the LFUCG, the LFUCG may cancel this contract for cause by providing written notice to the proposer, giving at least thirty (30) days notice of the proposed cancellation and the reasons for same. During that time period, the proposer may seek to bring the performance of services hereunder to a level that is acceptable to the LFUCG, and the LFUCG may rescind the cancellation if such action is in its best interest.

A. Termination for Cause

- (1) LFUCG may terminate a contract because of the contractor's failure to perform its contractual duties
- (2) If a contractor is determined to be in default, LFUCG shall notify the contractor of the determination in writing, and may include a specified date by which the contractor shall cure the identified deficiencies. LFUCG may proceed with termination if the contractor fails to cure the deficiencies within the specified time.
- (3) A default in performance by a contractor for which a contract may be terminated shall include, but shall not necessarily be limited to:
  - (a) Failure to perform the contract according to its terms, conditions and specifications;
  - (b) Failure to make delivery within the time specified or according



- to a delivery schedule fixed by the contract;
- (c) Late payment or nonpayment of bills for labor, materials, supplies, or equipment furnished in connection with a contract for construction services as evidenced by mechanics' liens filed pursuant to the provisions of KRS Chapter 376, or letters of indebtedness received from creditors by the purchasing agency;
- (d) Failure to diligently advance the work under a contract for construction services;
- (e) The filing of a bankruptcy petition by or against the contractor; or
- (f) Actions that endanger the health, safety or welfare of the LFUCG or its citizens.

#### B. At Will Termination

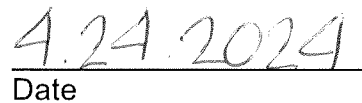
Notwithstanding the above provisions, the LFUCG may terminate this contract at will in accordance with the law upon providing thirty (30) days written notice of that intent, Payment for services or goods received prior to termination shall be made by the LFUCG provided these goods or services were provided in a manner acceptable to the LFUCG. Payment for those goods and services shall not be unreasonably withheld.

13. **Assignment of Contract:** The contractor shall not assign or subcontract any portion of the Contract without the express written consent of LFUCG. Any purported assignment or subcontract in violation hereof shall be void. It is expressly acknowledged that LFUCG shall never be required or obligated to consent to any request for assignment or subcontract; and further that such refusal to consent can be for any or no reason, fully within the sole discretion of LFUCG.
14. **No Waiver:** No failure or delay by LFUCG in exercising any right, remedy, power or privilege hereunder, nor any single or partial exercise thereof, nor the exercise of any other right, remedy, power or privilege shall operate as a waiver hereof or thereof. No failure or delay by LFUCG in exercising any right, remedy, power or privilege under or in respect of this Contract shall affect the rights, remedies, powers or privileges of LFUCG hereunder or shall operate as a waiver thereof.
15. **Authority to do Business:** The Respondent must be a duly organized and authorized to do business under the laws of Kentucky. Respondent must be in good standing and have full legal capacity to provide the services specified under this Contract. The Respondent must have all necessary right and lawful authority to enter into this Contract for the full term hereof and that proper corporate or other action has been duly taken authorizing the Respondent to enter into this Contract. The Respondent will provide LFUCG with a copy of a corporate resolution authorizing this action and a letter from an attorney confirming that the proposer is authorized to do business in the State of Kentucky if requested. All proposals must

be signed by a duly authorized officer, agent or employee of the Respondent.

16. **Governing Law:** This Contract shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Contract, the Parties agree that the venue shall be the Fayette County Circuit Court or the U.S. District Court for the Eastern District of Kentucky, Lexington Division. All parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Contract or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.
17. **Ability to Meet Obligations:** Respondent affirmatively states that there are no actions, suits or proceedings of any kind pending against Respondent or, to the knowledge of the Respondent, threatened against the Respondent before or by any court, governmental body or agency or other tribunal or authority which would, if adversely determined, have a materially adverse effect on the authority or ability of Respondent to perform its obligations under this Contract, or which question the legality, validity or enforceability hereof or thereof.
18. Contractor understands and agrees that its employees, agents, or subcontractors are not employees of LFUCG for any purpose whatsoever. Contractor is an independent contractor at all times during the performance of the services specified.
19. If any term or provision of this Contract shall be found to be illegal or unenforceable, the remainder of the contract shall remain in full force and such term or provision shall be deemed stricken.
20. Contractor [or Vendor or Vendor's Employees] will not appropriate or make use of the Lexington-Fayette Urban County Government (LFUCG) name or any of its trade or service marks or property (including but not limited to any logo or seal), in any promotion, endorsement, advertisement, testimonial or similar use without the prior written consent of the government. If such consent is granted LFUCG reserves the unilateral right, in its sole discretion, to immediately terminate and revoke such use for any reason whatsoever. Contractor agrees that it shall cease and desist from any unauthorized use immediately upon being notified by LFUCG.

  
Signature

  
Date



## **THE SALVATION ARMY HANGER LODGE/SHELTER RULES**

The Salvation Army Central KY Area Services' designated service area is Fayette, Jessamine & Scott Counties. The Hanger Lodge/Shelter serves single women with minor children and single women without children.

Welcome to The Salvation Army Shelter/Lodge. Our program is designed to help lift you to a place of self-sufficiency. We need your help to keep our facility safe and clean. Please read and strictly adhere to the following rules.

- 1) Enter the Shelter/Lodge with a **POSITIVE ATTITUDE** and **WEARING a MASK**.
- 2) **RESPECT** yourself. **RESPECT** other guests. **RESPECT** volunteers. **RESPECT** staff members.
- 3) Guest must meet with the Director of Guest Services (DGS) within 24 hours of arrival.
- 4) Guest will be assigned a Caseworker within two business days. Guest must check the board for case manager and meeting date and time. Guest must keep regular meetings with case managers. A case plan will be developed that must be followed. Honest, accurate and thorough information must be provided by each guest.
- 5) Guest are responsible for their own self-care and should be out of bed, showered, dressed and cleaning their areas by 9:00 a.m. Daily. All guest are to be fully engaged in their case plan activities Monday – Friday from 8:30 a.m. to Noon. An exception will be made for guest employed full time (note: a copy of your work schedule must be provided), guest who have an appointment in the facility or are scheduled to do laundry before 10 a.m., or guest providing direct care for their child(ren).
- 6) Guest must be able to self-rescue/self-ambulate and are required to participate in fire drills. Please use the nearest fire exit when the alarm sounds and proceed to End of the Property Line. Do not leave property during a fire alarm without checking in with a guest assistant so you can be accounted for. **Always** evacuate when the alarm sounds.
- 7) Education is an important component of the program. Guest 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 his or her caseworker.
- 8) If you need to speak with your Caseworker, Casework Supervisor or the DGS and do not have a scheduled appointment, you need to fill out a Case worker request form found at the front desk (for caseworker) and purple sheet for DGS located by DGS office
- 9) Residential business calls may be scheduled with your case worker by completing a Caseworker Request Form. Please make long distance calls during weekly case management meetings. If a guest needs to make a long-distance call prior to his or her regularly scheduled case management meeting, please submit a Caseworker Request Form.
- 10) All guest are required to sign out with destination every time they leave the Shelter and sign back in when returning. Parent/guardians must leave their room key at the front desk when leaving the property. Older children must be signed out at the front desk by their parent/guardian and then escorted off property if they choose to leave unsupervised. No other person can sign a guest out or in at the front desk.
- 11) All prescription and over the counter medications **MUST** be given to staff for storage. Exceptions must be granted in advance at the discretion of the DGS. Guest are **NOT** to share medication with another person or administer medication to another person.
- 12) We reserve the right to search any bags or belongings brought into the Shelter/Lodge. Lockers and closets are also subject to random search. Guest are required to cooperate with searches.
- 13) Guest are required to submit to random drug and alcohol testing 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 shelter. If you violate a drug policy, you may return to the facility after you have proof you have successfully completed a drug and/or alcohol rehabilitation program or one year has elapsed since the drug policy was violated.
- 14) Guest must get a ticket at the front desk for meals. Tickets will be issued at mealtime only. Sack lunches are available for employed guest 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's an automatic forfeit from the sack lunch program. Applications for sack lunch are available outside the DGS 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. Guest requiring a special diet due to medical or religious reasons need to notify the DGS.
- 15) No food or beverages may be taken out of the cafeteria. No food or beverages are allowed in dorms or family area rooms except for plain bottled water (exception is made for WIC Approved baby food only). Refrigeration is available for babies' food and milk. Parents/guardians should see the Kitchen Staff for bottle washing and sanitation times. Be sure to date and initial your items. Please be courteous and clean up any spills or messes you make.
- 16) Typically, all food and beverages are consumed in the dining room only. Food nor drinks can be taken from the dining room. Snacks will be provided in the front lobby each night between 7:30pm – 8:30pm. No snack items may be left on the patio unattended. Smoking is not permitted when children are in the snack area. **ABSOLUTELY NO FOODS CAN BE BROUGHT ON PROPERTY!!**

- 17) The Salvation Army is **not** responsible for lost or stolen items. Please keep your doors locked (family area) and your valuables out of sight. There are lockers available for singles that can be used for small valuables.
- 18) All guest will be assigned chores/duties in the facility (chores, one or more are rotated weekly). Chores are **NOT** optional. If you are unable to attend to your assigned chore due to an emergency, it is your responsibility to receive an approved excuse from DGS 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.
- 19) Single guest must be in their rooms and lights out by 11:00 p.m. Guest 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.
- 20) For the safety of children, parents/guardians must provide supervision for their child(ren) **at all times**. 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 are not to be brought inside the facility. Parents/guardians must bring their child(ren) to breakfast, lunch and supper so they do not go hungry. Children may never be alone for meals. **Under no circumstances may one guest handle or baby-sit another guest child(ren) while on Salvation Army property.**
- 21) Weekend passes must be approved by the Director After 30 days, one pass every 30 days and two extended curfews may be requested. Guest must apply for the pass by Thursday 4:00 p.m. for that weekend. Do not leave before your pass has been approved.
- 22) Guest who have two no shows for curfew throughout duration in facility without permission will forfeit their bed/room. Guest 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 DGS. Mail will be held for 30 days.**
- 23) Guest are **NOT** permitted to switch beds (single dorms) or rooms (family area) without permission from the DGS. You may not rearrange furniture, or put tape, stickers or markings on furniture. Never create a hazard by placing objects in front of the door to your room. Windows may not be opened or unlocked unless approval is given by the DGS.
- 24) Guest may request to schedule a laundry time once per week by asking at the front desk. 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. Guest must comply with the drying and bagging of clothing and cloth items for health and safety reasons. ***GUESTS ARE NOT TO DO LAUNDRY FOR OTHER GUESTS.***
- 25) Visitation for the Shelter/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.
- 26) Television in the Family Area is geared towards children. Only appropriate shows are to be watched on the Family Area TV at the discretion of the DGS. In both family and singles areas there may be no soap operas, BET, VH1, MTV, and talk shows are under DGS' discretion.
- 27) Congregating or speaking loudly in the hallways or the lobby is not permitted. Standing and socializing outside the DGS' office, the Caseworkers' offices, or the Front Receptionist desk is not permitted as it creates difficulty for others being served. Please use the lounge areas for socializing.
- 28) There is **NO SMOKING** (including electronic cigarettes, rolling tobacco, and smokeless tobacco products ex. Snuff, dip, and chewing tobacco) anywhere in the building or on Salvation Army grounds except for the far end of the playground or the patio between the Way House and Lodge. **Rolling cigarettes are not allowed on property!!**
- 29) To protect the safety and privacy of another guest, **please refrain from using your camera and no video recording.** One cell phone and charger per person.
- 30) 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 residents.
- 31) Guest with vehicles must **ALWAYS** park behind the facility. Please use the sidewalk alongside the early learning center facility (not the sidewalk beside the playground). **Please see DGS for a monthly parking pass.** Vehicles not parked in the designated area and not properly tagged is subject be towed at the owner's expense.
- 32) Guest must be fully dressed at all times; this includes being fully dressed in dorm rooms. Appropriate undergarments and clothing must be worn in common areas (**no pajamas or lounge pants – Determined by DGS**). Shoes, (not house slippers), must be worn at all the times, inside and outside the facility. No bare feet or flip-flops without socks in the dining area.
- 33) **NO** possession of any items listed on the contraband list.

- 34) Profanity, sexually related comments or whistling, and intimate touching of any kind is **not** permitted. Please be mindful this is a community living situation with children.
- 35) A lounge for single women and a lounge for families is provided for socialization. Visiting in other dorms/rooms or sitting or lying on another resident's bed is not permitted.
- 36) One guest at a time in the shower and toilet stalls is permitted. Please respect the privacy of others.
- 37) Outdoor seating areas have been designated on campus for your enjoyment. **Loitering around the property or inside parked vehicles on property is not permitted.**
- 38) All guest must use the sidewalk. For safety reasons, kindly refrain from walking through the parking lot.
- 39) **NO** roughhousing indoors or outside. No playing on the stairs.
- 40) Pets are not permitted on the property (inside or outside). **Service animals permitted with proper documentation.**
- 41) Gambling of any kind is **NOT** permitted. Card playing is allowed with the permission of the DGS.
- 42) Upon receiving income, residents must provide their caseworker with verification of their savings toward housing.
- 43) Once guest have successfully gained employment, they will begin to pay a program fee of ten dollars a week.
- 44) Warnings will be issued when guest fail to follow the rules. Guest receiving a warning must communicate with the DGS within 24 hours. Warnings will become a permanent part of your record. The DGS may ask you to leave after four (4) warnings or one (1) gross infraction. A gross infraction will cause your readmission to the Shelter to be subject to an evaluation and approval by the DGS. Gross infractions that may call for immediate suspension include:
  - A. Violent behavior or extreme verbal abuse (to anyone), strong profanity, racial slurs, and gender discrimination
  - B. Stealing from anywhere or anyone in the Shelter or property
  - C. Smoking inside the building or in an undesignated area including electronic cigarettes
  - D. Possession of alcohol, unauthorized drugs, loose tobacco (in any container), weapons, ammunition or dangerous chemical agents in the Shelter/Lodge or on the premises.
  - E. Being under the influence of alcohol or illegal drugs in the Shelter or on the property
  - F. A positive drug or alcohol test or failure to submit to testing
  - G. Intimate touching of any kind
  - H. Prostitution
  - I. Selling of controlled substances
  - J. Indecent exposure
  - K. Damage to the Shelter/Lodge or Salvation Army premises
  - L. Behavior that threatens the well being of yourself or another resident or staff
  - M. Use of cell phone devices with (cameras, video) is prohibited anywhere in the shelter/Lodge. (This measure is important in order to protect our guest which include children and domestic violence victims.)
  - N. Failure to place medications (over the counter or prescription) in medicine box immediately upon entering the shelter/Lodge unless permission has been granted by the DGS.
  - O. Providing false identification
- 45) **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 you leave, be aware there is a 60-day waiting period after the first stay before you may return to the Shelter/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 resident to return to the Shelter/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 the DGS

### **Below is some additional information we want you to know.**

Should a Guest have a grievance, the established procedure as outlined:

Guest grievances involving a guest assistant, or another guest should be shared promptly by speaking with the DGS. If the matter is not resolved to the satisfaction of the guest, the guest should complete a grievance form (forms may be obtained from the DGS and at the front desk) and call the Executive Assistant for Administration at extension 118 to make an appointment with the Associate Area Coordinator and to arrange delivery of the completed grievance form.

Guest grievances involving a caseworker should be shared promptly by speaking with the Casework Supervisor. If the matter is not resolved to the satisfaction of the guest, the guest should complete a grievance form (forms may be obtained from the Casework Supervisor and at the front desk) and call the Executive Assistant for Administration at extension 118 to make an appointment with the Associate Area Coordinator and to arrange delivery of the completed grievance form.

**Note: Guest should NOT leave Grievance Reports at the front desk. It is the responsibility of the guest to deliver the Grievance form to the Executive Assistant. All information provided must be true and accurate.**

- The Salvation Army is committed to providing you with the tools and resources necessary to rebuild your life. You will need to do your part! Please approach this experience with a positive attitude. You are the one who will benefit the most.

The Salvation Army provides shelter and other services for one reason – God Loves People. The Salvation Army provides 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 2:30 p.m. Also, you may request to speak to a Chaplin/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 DGS.

- Daily Schedule

- o 5:00 a.m. – 7:45 a.m. Continental Breakfast (**no cell phone**)
- 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 11:30 p.m. – 1:00 p.m. Lunch (**no cell phone**)
- o 4:30 p.m. – 5:30 p.m. Dinner (**no cell phone**)
- 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 Residents Meeting (1<sup>st</sup> Tuesday – Singles & 3<sup>rd</sup> Tuesday - Families)
- o 7:30 p.m. – 8:30 p.m. Snack provided – including drink - (**Time may vary without prior notice**)  
**GUESTS ARE NOT ALLOWED TO BRING SNACKS ON PROPERTY**
- 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 residents in rooms/dorms (TV's off / smoking area locked / Lights Off)

*I have read and understand the rules and guidelines for residents in the Shelter/Lodge. I agree to abide by all the rules. Furthermore, I understand the consequences of not abiding by the rules and guidelines.*

\_\_\_\_\_  
Signature of Guest

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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

*We comply with The Fair Housing Act which prohibits discrimination against individuals because of race, color, religion, sex, disability, national origin, or familial status.*



**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 (1<sup>st</sup> Tuesday – Singles & 3<sup>rd</sup> 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.

**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 pursuing 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 \_\_\_\_\_





## 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
<input type="checkbox"/> Emergency Shelter		
<input type="checkbox"/> Place not meant for habitation		
<input type="checkbox"/> Transitional housing for homeless persons		
<input type="checkbox"/> Permanent housing for formerly homeless persons		
<input type="checkbox"/> Psychiatric hospital or facility		
<input type="checkbox"/> Substance abuse treatment facility or detox center		
<input type="checkbox"/> Hospital (non-psychiatric)		
<input type="checkbox"/> Jail, prison or juvenile detention facility		





### Case Treatment Plan

<input type="checkbox"/> Room, apartment, or house that you rent		
<input type="checkbox"/> Apartment or house that you own		
<input type="checkbox"/> Staying or living in a family member's room, apartment, or house		
<input type="checkbox"/> Staying or living in a friend's room, apartment, or house		
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher		
<input type="checkbox"/> 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
<input type="checkbox"/> Earned income	\$____.00
<input type="checkbox"/> Unemployment Insurance	\$____.00
<input type="checkbox"/> Supplemental Security Income or SSI	\$____.00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$____.00
<input type="checkbox"/> Retirement Income from Social Security	\$____.00
<input type="checkbox"/> VA Service- Connected Disability Compensation	\$____.00



Case Treatment Plan

<input type="checkbox"/> VA Non-Service-Connected Disability Compensation	\$____.00
<input type="checkbox"/> Worker's Compensation	\$____.00
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$____.00
<input type="checkbox"/> General Assistance (GA)	\$____.00
<input type="checkbox"/> Private disability insurance	\$____.00
<input type="checkbox"/> Pension or retirement income from a former job	\$____.00
<input type="checkbox"/> Child Support	\$____.00
<input type="checkbox"/> Alimony or other spousal support	\$____.00
<input type="checkbox"/> Other source: _____	\$____.00
<b>Total monthly income</b>	<b>\$____.00</b>

Non-Cash Benefits

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/> Special supplemental, Nutrition Program for Women, Infants, and children (WIC)
<input type="checkbox"/> TANF Child Care Service
<input type="checkbox"/> TANF transportation services
<input type="checkbox"/> Other TANF-funded services
<input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance
<input type="checkbox"/> Temporary rental assistance
<input type="checkbox"/> None at all
<input type="checkbox"/> Other: _____



Case Treatment Plan

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			\$	
<b>Total</b>			\$	

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



Case Treatment Plan

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
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> 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:**



**Case Treatment Plan**

**Life Skill & Parenting:**

--

**Mental Health & Physical Health:**

--

**Substance Abuse:**

--



## Case Treatment Plan

**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: \_\_\_\_\_





## Case Treatment Plan

### Housing Stability Plan

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



## Case Treatment Plan

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: \_\_\_\_\_

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**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.**

**WORKFORCE ANALYSIS FORM**

Name of Organization: The Salvation Army - CKAS (Lexington)

Categories	Total	White (Not Hispanic or Latino)		Hispanic or Latino		Black or African-American (Not Hispanic or Latino)		Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)		Asian (Not Hispanic or Latino)		American Indian or Alaskan Native (not Hispanic or Latino)		Two or more races (Not Hispanic or Latino)		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Administrators			2														2
Professionals		3	16	2	2	18						1		2	5	39	
Superintendents																	
Supervisors		1	3			3										1	6
Foremen																	
Technicians																	
Protective Service																	
Para-Professionals																	
Office/Clerical			1			2											
Skilled Craft																	3
Service/Maintenance		3				1	7									4	1
<b>Total:</b>		7	22	2	3	24						1		2	10	51	

Prepared by: Michelle Baker Date: 4, 22, 24  
 (Name and Title) Revised 2015-Dec-15

# THE SALVATION ARMY

Central Kentucky Area Services

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## Responsibility of Hanger Lodge Rules

I have read and have been given a copy of the Rules. I understand that if I voluntarily move out, then I must wait for 60 days, after 1<sup>st</sup> exist; 90 days, after 2<sup>nd</sup> exist; and up to a year, after 3<sup>rd</sup> exist – before returning.

If I have done something to cause myself to be suspended, I understand that I am NOT to return until my suspension date has passed, and until I have spoken with the Director of Guest Services.

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that if my vehicle is NOT parked in the designated parking area during the designated times stated on the rules, it will be towed at my expense.

I HAVE a vehicle at The Salvation Army

Full Name Vehicle is Registered In: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

I DO NOT have a vehicle at The Salvation Army

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# THE SALVATION ARMY

Central Kentucky Area Services

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## Cell Phone Guidelines

You may have the opportunity to own and maintain a cell phone.

1. Cameras and/or video recording is prohibited at all times when on Salvation Army property. This is to protect the privacy of our guests, clients and vendors as well as employees
2. Cell phone should be silenced at all times (turn off ringers or change ringers to 'mute' or 'vibrate')
3. No cell phone usage during meal times
4. Use of cell phones after 9:00pm is texting only due to the privacy & courtesy of others
5. Refrain from language that is obscene, discriminatory, offensive, prejudicial or defamatory in any way (such as jokes, slurs and/or inappropriate remarks regarding a person's race, ethnicity, sex, sexual orientation, religion, color, age or disability)
6. Cell phones should not be used if they are disruptive to others
7. Use common courtesy when making and receiving phone calls; speak quietly and reserve personal or intimate details for private areas
8. Please unplug phone chargers after each use

A landline phone is provided for use. Calls should be limited to 5 minutes. Office phones are for staff and emergencies only.

Misuse of your cell phone will result in a write-up and possible dismissal from the shelter.

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Salvation Army and/or their employees are not responsible for lost or stolen cell phones and/or cell phone accessories.*

# THE SALVATION ARMY

Central Kentucky Area Services

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We comply with The Fair Housing Act which prohibits discrimination against individuals because of race, color, religion, sex, disability, national origin, or familial status.

You can find logos on the HUD web page listed below.





**Client Name:** \_\_\_\_\_

**National Sex Offender Results** \_\_\_\_\_ **Date Checked** \_\_\_\_\_

SSN:	Date Entered:	Caseworker Signature
Date Entered TSA		
Intake Paperwork Completed:		
KYHMIS: (                    )		
VI-SPDAT Score (                    )		
Added to Coordinated Entry      YES      NO		
CTP Completed:		
CTP Signed by Caseworker Supervisor:		
Given Letter of Residency:		
Given General list and Resource Folder:		
Verification of Income Document in file:		

**Community Partner's that need to be notified**

McKinney Vento Homeless: Email Pam White/James Hodge    Yes    No
Veteran Status- Email- Amy Crowe:    Yes    No

**Client's Basic Information**

Previous Entry Date:	
Birth date:	
Children and Birthdates:	1. 2. 3. 4. 5.
Previous Address:	
Phone Number:	
Emergency Contact & Phone No.:	

**Exit Information**

Date exited Shelter:	Client List:
AREA:	





**THE SALVATION ARMY  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_  
(Name of Client)

a participant in The Salvation Army Emergency Shelter hereby authorize:

case management staff to disclose to social service agencies and partner agencies collaborating on my behalf (example: agencies may include CHFS, mental health agencies, hospitals/physicians, DOC, social service agencies, schools, housing partners, employment programs)

my participation in The Salvation Army, information regarding my general condition, details with respect to the services needed, services given, and evaluation of my situation.

The purpose of the disclosure authorized herein is to permit collaboration of partnering agencies to enable success in obtaining income, housing, community resources, and other needs to empower client/family toward self-sufficiency.

-----  
This consent may be revoked by me at any time except to the extent that action has been taken in reliance thereon. This consent (unless expressly revoked earlier) will expire upon my formal termination from The Salvation Army Emergency Shelter.

-----  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Signature of Parent, Guardian or Legal Representative**  
(required for minor, incompetent, or deceased participant) \_\_\_\_\_

**\*\*Specify Relationship:** \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

*Approved by National Legal Counsel-August 8, 2001  
SEE: The Salvation Army Policy and Guidelines on Confidentiality and the Protection of Personal Privacy*

*We comply with The Fair Housing Act which prohibits discrimination against individuals because of race, color, religion, sex, disability, national origin, or familial status.*



# INITIAL SOCIAL WORK INTAKE

Today's Date \_\_\_/\_\_\_/\_\_\_

<b>Client Name:</b>	<b>Social Security No:</b>		
<b>Gender:</b>	<b>Date of Birth:</b>	<b>Marital Status:</b>	
<b>Previous Address (the night before coming here):</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>How long?</b>
<b>Phone Number:</b>			

## CITIZEN STATUS AND VITAL STATISTICS

<b>US CITIZEN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>STATE/FEDERAL ISSUED ID</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>BIRTH CERTIFICATE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SOCIAL SECURITY CARD</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>MILITARY SERVICE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>VETERAN STATUS</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DISABLED VET</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>COPY OF DD2-14</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>OWN VEHICLE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>TRANSPORTATION</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## EDUCATION

Highest level of education completed:

## LEGAL ISSUES

<b>Pending Charges</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:
<b>Pending Court Date</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:
<b>Parole or Probation (circle one)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Charge(s):</b>
<b>Officer:</b>	
<b>Jail/Prison History</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:
<b>Ever been convicted with a felony within the last six years</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Charge(s):</b>	
<b>Do you currently have an EPO/DVO against you/anyone else</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes explain:</b>	

## Substance Abuse History

<b>Have you or do you currently use any of these substances?</b>			
<b>Alcohol</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Marijuana</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Methamphetamine</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Cocaine</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heroin</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you ever been an I.V. drug user</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you used any of the above substances in the past 30 days?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Tobacco Use:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

We comply with The Fair Housing Act which prohibits discrimination against individuals because of race, color, religion, sex, disability, national origin, or familial status.



## History of Abuse

Have you ever experienced any of the following:

**Domestic Violence** Yes No If yes, when did this occur?

**By who?**

**Physical Abuse** Yes No If yes, when did this occur?

**By who?**

**Sexual Abuse** Yes No If yes, when did this occur?

**By who?**

**Rape** Yes No If yes, when did this occur?

**By who?**

**Emotional Abuse** Yes No If yes, when did this occur?

**By who?**

**Are you currently in any danger** Yes No

## **Physical & Mental Health**

Are you under a physician's care for any chronic (mental/ physical) illness? Yes No

Physician's Name \_\_\_\_\_ Last Appointment \_\_\_/\_\_\_/\_\_\_ Next Appointment \_\_\_/\_\_\_/\_\_\_  
Therapist's Name \_\_\_\_\_ Agency? \_\_\_\_\_

**Are you currently pregnant?** Yes No How far along?

**Are you disabled?** Yes No

**Do you have any allergies?** Yes No If yes, please explain:

Please list any chronic (mental and physical) illnesses you have been diagnosed with: \_\_\_\_\_

### Current Medications:

Medication

Dosage

Prescribing Physician

**Have you been hospitalized for suicidal attempts or self-harm of any kind?** Yes No

If yes, please explain:

Facility names \_\_\_\_\_ Approximate Dates: \_\_\_\_\_

\_\_\_\_\_ Approximate Dates: \_\_\_\_\_

\_\_\_\_\_ Approximate Dates: \_\_\_\_\_

## Spirituality

What role does spirituality play in your life? \_\_\_\_\_

What does forgiveness mean to you? \_\_\_\_\_

Do you currently associate yourself with a particular religion? \_\_\_\_\_

*We comply with The Fair Housing Act which prohibits discrimination against individuals because of race, color, religion, sex, disability, national origin, or familial status.*





The Salvation Army  
Central Kentucky Area Services  
736 West Main Street  
Lexington, KY 40508-2096  
Phone: (859) 252-7706 Fax: (859) 252-6341

This hereby acknowledges that I, \_\_\_\_\_, have received a list of resources in the surrounding area.

Resident Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Check if Resident refused to sign.**

*We comply with The Fair Housing Act which prohibits discrimination against individuals because of race, color, religion, sex, disability, national origin, or familial status.*



## 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 Caseworker 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.
- It is expected that you will spend all or most of the day time hours pursuing housing options.

We comply with The Fair Housing Act which prohibits discrimination against individuals because of race, color, religion, sex, disability, national origin, or familial status.



- 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. If I fail to do this, I may be asked to leave.
- 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 \_\_\_\_\_

*We comply with The Fair Housing Act which prohibits discrimination against individuals because of race, color, religion, sex, disability, national origin, or familial status.*



# EMPLOYMENT & INCOME STATEMENT

NAME \_\_\_\_\_

No income \_\_\_\_\_

MY INCOME IS FROM:

<b>Place of Employment</b> >>>>>> _____ <b>Date of Hire</b> >>>>>>>> _____ <b>Wages</b> >>>>>>>> <b>Hourly</b> _____ <b>Monthly</b> (last 30 days) _____ <b>Pay Date</b> (circle one) <b>Weekly/Bi- Weekly/Monthly</b> <b>Other</b> _____ <b>Verification</b>
(circle one) <b>Social Security/ SSDI/ SSI</b> <b>Total Amount</b> _____ <b>Verification</b>

<b>K-Tap</b> _____ <b>Amount</b> _____ <b>SNAP</b> _____ <b>Amount</b> _____ <b>WIC</b> Y or N <b>Verification</b>
---

<b>Name of School</b> _____ <b>Grant/ Residual</b> _____ <b>Amount</b> _____ <b>Verification</b>
---

<b>Other</b> _____ <b>Amount</b> _____ <b>Verification</b>
<b>Other</b> _____ <b>Amount</b> _____ <b>Verification</b>

X \_\_\_\_\_  
**Client Signature**

X \_\_\_\_\_  
**DATE**

*We comply with The Fair Housing Act which prohibits discrimination against individuals because of race, color, religion, sex, disability, national origin, or familial status.*



► Report Run History

Report ID	Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
209874	04/12/2024 02:49:14 PM (0.20 mins)	EsgCaper		Jamie Collier	Salvation Army-Lexington-ESG/ESR-ES-LEX	Jamie Collier	Completed
209206	04/03/2024 08:56:56 AM (0.44 mins)	EsgCaper		Jamie Collier	Salvation Army-Lexington-ESG/ESR-ES-LEX	Jamie Collier	Completed
209067	04/01/2024 04:23:43 PM (0.19 mins)	EsgCaper		Jamie Collier	Salvation Army-Lexington-ESG/ESR-ES-LEX	Jamie Collier	Completed
208961	04/01/2024 08:59:30 AM (0.25 mins)	EsgCaper		Jamie Collier	Salvation Army-Lexington-ESG/ESR-ES-LEX	Jamie Collier	Completed

Showing 1-4 of 4

Report Options

Name	
Description	
Provider Type	<input checked="" type="radio"/> <u>Provider</u> <input type="radio"/> <u>Reporting Group</u>
Provider *	Salvation Army-Lexington-ESG/ESR-ES-LEX (2164) <input type="radio"/> <u>This provider AND its subordinates</u> <input checked="" type="radio"/> <u>This provider ONLY</u>
Program Date Range *	07/01/2023 to 03/31/2024
Entry/Exit Types *	<input type="checkbox"/> <u>Basic</u> <input type="checkbox"/> <u>Basic Center</u> <input checked="" type="checkbox"/> <u>HUD</u> <input type="checkbox"/> <u>PATH</u> <input type="checkbox"/> <u>Quick Call</u> <input type="checkbox"/> <u>RHY</u> <input type="checkbox"/> <u>Standard</u> <input type="checkbox"/> <u>Transitional Living Program Entry/Exit</u> <input type="checkbox"/> <u>VA</u> <input type="checkbox"/> <u>HPRP (Retired)</u>

ESG CAPER Report Results - Date Ran: 04/12/2024 02:49:14 PM - Report ID: 209874

4a - Project Identifiers in HMIS

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
Organization Name	Org. ID	Project Name	Project ID	HMIS Project Type	RRH Subtype	Coordinated Entry Access Point	Affiliated with a residential project	Project IDs of Affiliation	CoC Number	Geocode	Victim Service Provider	HMIS Software Name and	Report Start Date	Report End Date	Total Active Clients	Total Active Households											



												Version Number					
Salvation Army-Lexington	557	Salvation Army-Lexington-ESG/ESR-ES-LEX	2164	Emergency Shelter - Entry Exit (HUD)		No				KY-502	211314	False	WellSky Community Services	2023-07-01	2024-03-31	772	553
<b>Showing 1-1 of 1</b>																	

**5a - Report Validation Table**

Report Validation Table														Count of Clients for DQ	Count of Clients
1. Total Number of Persons Served														772	772
2. Number of Adults (age 18 or over)														579	579
3. Number of Children (under age 18)														193	193
4. Number of Persons with Unknown Age														0	0
5. Number of Leavers														623	623
6. Number of Adult Leavers														472	472
7. Number of Adult and Head of Household Leavers														472	472
8. Number of Stayers														149	149
9. Number of Adult Stayers														107	107
10. Number of Veterans														12	12
11. Number of Chronically Homeless Persons														30	30
12. Number of Youth Under Age 25														43	43
13. Number of Parenting Youth Under Age 25 with Children														11	11
14. Number of Adult Heads of Household														553	553

15. Number of Child And Unknown-Age Heads of Household	0	0
16. Heads of Households and Adult Stayers in the Project 365 Days or More	0	0

#### 6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Name (3.01)	0	0	0	0	0%
Social Security Number (3.02)	140	148	1	150	19%
Date of Birth (3.03)	0	0	0	0	0%
Race and Ethnicity (3.04)	1	0		1	0%
Gender (3.06)	0	0		0	0%
<b>Overall Score</b>				<b>151</b>	<b>20%</b>

#### 6b - Data Quality: Universal Data Elements

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Veteran Status (3.7)	0	0	0	0	0%
Project Start Date (3.10)			0	0	0%
Relationship to Head of Household (3.15)		0	0	0	0%
Enrollment CoC (3.16)		0	0	0	0%
Disabling Condition (3.8)	1	0	3	4	1%

#### 6c - Data Quality: Income and Housing Data Quality

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
--------------	---	---------------------	-------------	-------	-----------------

	Not to Answer				
Destination (3.12)	75	262		337	54%
Income and Sources (4.2) at Start	0	0	16	16	3%
Income and Sources (4.2) at Annual Assessment	0	0	0	0	0%
Income and Sources (4.2) at Exit	1	1	4	5	1%

#### 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 this episode started (3.917.3) Missing	Number of times (3.917.4) DK/PNTA/missing	Number of months (3.917.5) DK/PNTA/missing	% of records unable to calculate
ES-EE, ES-NbN, SH, Street Outreach	579			0	15	16	3%
TH	0	0	0	0	0	0	0%
PH(all)	0	0	0	0	0	0	0%
CE	0	0	0	0	0	0	0%
SSO, Day Shelter, HP	0	0	0	0	0	0	0%
<b>Total</b>	<b>579</b>						<b>3%</b>

#### 6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
< 0 days	0	1
0 days	37	54
1 - 3 days	509	101
4 - 6 days	64	72

7 - 10 days	23	86
11+ days	26	309

**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	579	469	110		0
Children	193		193	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>772</b>	<b>469</b>	<b>303</b>	<b>0</b>	<b>0</b>
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0

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

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	143	72	71	0	0
April	0	0	0	0	0
July	137	72	65	0	0

October	141	62	79	0	0
<b>8a - Number of Households Served</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
Total Households	553	464	89	0	0
For PSH and RRH - the total households served who moved into housing	0	0	0	0	0
<b>8b - Point-in-Time Count of Households on the Last Wednesday</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
January	89	70	19		
April					
July	88	68	20		
October	78	57	21		
<b>9a - Number of Persons Contacted</b>					
		<b>All Persons Contacted</b>	<b>First Contact - NOT staying on the Streets, ES, or SH</b>	<b>First contact - WAS staying on Streets, ES, or SH</b>	<b>First contact - Worker unable to determine</b>
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
<b>Total Persons Contacted</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 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
<b>Total Persons Engaged</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Rate of Engagement</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

### 10a - Gender

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Woman	648	462	186	0	0
Man	119	3	116	0	0
Culturally Specific Identity	0	0	0	0	0
Transgender	2	2	0	0	0
Non-Binary	1	1	0	0	0
Questioning	0	0	0	0	0
Different Identity	0	0	0	0	0
Woman/Man	0	0	0	0	0
Woman/Culturally Specific Identity	0	0	0	0	0

Woman/Transgender	2	1	1	0	0
Woman/Non-Binary	0	0	0	0	0
Woman/Questioning	0	0	0	0	0
Woman/Different Identity	0	0	0	0	0
Man/Culturally Specific Identity	0	0	0	0	0
Man/Transgender	0	0	0	0	0
Man/Non-Binary	0	0	0	0	0
Man/Questioning	0	0	0	0	0
Man/Different Identity	0	0	0	0	0
Culturally Specific Identity/Transgender	0	0	0	0	0
Culturally Specific Identity/Non-Binary	0	0	0	0	0
Culturally Specific Identity/Questioning	0	0	0	0	0
Culturally Specific Identity/Different Identity	0	0	0	0	0
Transgender/Non-Binary	0	0	0	0	0
Transgender/Questioning	0	0	0	0	0
Transgender/Different Identity	0	0	0	0	0
Non-Binary/Questioning	0	0	0	0	0
Non-Binary/Different Identity	0	0	0	0	0
Questioning/Different Identity	0	0	0	0	0
More than 2 Gender Identities Selected	0	0	0	0	0

Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>772</b>	<b>469</b>	<b>303</b>	<b>0</b>	<b>0</b>

#### 10d - Gender by Age Ranges

	Total	Under Age 18	Age 18-24	Age 25-64	Age 65+	Client Doesn't Know/Prefers Not to Answer	Data Not Collected
Woman	648	100	43	481	24	0	0
Man	119	92	4	22	1	0	0
Culturally Specific Identity	0	0	0	0	0	0	0
Transgender	2	0	0	2	0	0	0
Non-Binary	1	0	1	0	0	0	0
Questioning	0	0	0	0	0	0	0
Different Identity	0	0	0	0	0	0	0
Woman/Man	0	0	0	0	0	0	0
Woman/Culturally Specific Identity	0	0	0	0	0	0	0
Woman/Transgender	2	1	0	1	0	0	0
Woman/Non-Binary	0	0	0	0	0	0	0
Woman/Questioning	0	0	0	0	0	0	0
Woman/Different Identity	0	0	0	0	0	0	0
Man/Culturally Specific Identity	0	0	0	0	0	0	0
Man/Transgender	0	0	0	0	0	0	0



Man/Non-Binary	0	0	0	0	0	0	0
Man/Questioning	0	0	0	0	0	0	0
Man/Different Identity	0	0	0	0	0	0	0
Culturally Specific Identity/Transgender	0	0	0	0	0	0	0
Culturally Specific Identity/Non-Binary	0	0	0	0	0	0	0
Culturally Specific Identity/Questioning	0	0	0	0	0	0	0
Culturally Specific Identity/Different Identity	0	0	0	0	0	0	0
Transgender/Non-Binary	0	0	0	0	0	0	0
Transgender/Questioning	0	0	0	0	0	0	0
Transgender/Different Identity	0	0	0	0	0	0	0
Non-Binary/Questioning	0	0	0	0	0	0	0
Non-Binary/Different Identity	0	0	0	0	0	0	0
Questioning/Different Identity	0	0	0	0	0	0	0
More than 2 Gender Identities Selected	0	0	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0	0
<b>Total</b>	<b>772</b>	<b>193</b>	<b>48</b>	<b>506</b>	<b>25</b>	<b>0</b>	<b>0</b>

**11 - Age**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	72		72	0	0

5 - 12	99		99	0	0
13 - 17	22		22	0	0
18 - 24	48	32	16		0
25 - 34	131	85	46		0
35 - 44	168	132	36		0
45 - 54	128	120	8		0
55 - 64	79	75	4		0
65 +	25	25	0		0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>772</b>	<b>469</b>	<b>303</b>	<b>0</b>	<b>0</b>

## 12 - Race and Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
American Indian, Alaska Native, or Indigenous	8	5	3	0	0
Asian or Asian American	2	0	2	0	0
Black, African American, or African	287	116	171	0	0
Hispanic/Latina/e/o	17	7	10	0	0
Middle Eastern or North African	0	0	0	0	0
Native Hawaiian or Pacific Islander	1	1	0	0	0
White	403	310	93	0	0

Asian or Asian American & American Indian, Alaska Native, or Indigenous	1	1	0	0	0
Black, African American, or African & American Indian, Alaska Native, or Indigenous	5	4	1	0	0
Hispanic/Latina/e/o & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Middle Eastern or North African & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Native Hawaiian or Pacific Islander & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
White & American Indian, Alaska Native, or Indigenous	7	7	0	0	0
Black, African American, or African & Asian or Asian American	0	0	0	0	0
Hispanic/Latina/e/o & Asian or Asian American	0	0	0	0	0
Middle Eastern or North African & Asian or Asian American	0	0	0	0	0
Native Hawaiian or Pacific Islander & Asian or Asian American	0	0	0	0	0
White & Asian or Asian American	1	1	0	0	0
Hispanic/Latina/e/o & Black, African American, or African	5	2	3	0	0
Middle Eastern or North African & Black, African American, or African	0	0	0	0	0
Native Hawaiian or Pacific Islander & Black, African American, or African	0	0	0	0	0
White & Black, African American, or African	25	8	17	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	1	1	0	0	0
White & Hispanic/Latina/e/o	3	3	0	0	0
Native Hawaiian or Pacific Islander & Middle Eastern or North African	0	0	0	0	0
White & Middle Eastern or North African	0	0	0	0	0

White & Native Hawaiian or Pacific Islander	0	0	0	0	0
Multiracial - more than 2 races/ethnicity, with one being Hispanic/Latina/e/o	0	0	0	0	0
Multiracial - more than 2 races, where no option is Hispanic/Latina/e/o	2	2	0	0	0
Client Doesn't Know/Prefers Not to Answer	1	1	0	0	0
Data Not Collected	3	0	3	0	0
<b>Total</b>	<b>772</b>	<b>469</b>	<b>303</b>	<b>0</b>	<b>0</b>

### 13a1 - Physical and Mental Health Conditions at Start

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	236	215	21	0	0	0
Alcohol Use Disorder	13	13	0	0	0	0
Drug Use Disorder	44	41	3	0	0	0
Both Alcohol and Drug Use Disorders	31	31	0	0	0	0
Chronic Health Condition	117	108	9	0	0	0
HIV/AIDS	4	4	0	0	0	0
Development Disability	45	42	0	3	0	0
Physical Disability	139	130	9	0	0	0

### 13b1 - Physical and Mental Health Conditions of Leavers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	192	173	19	0	0	0

Alcohol Use Disorder	8	7	1	0	0	0
Drug Use Disorder	30	27	3	0	0	0
Both Alcohol and Drug Use Disorders	26	26	0	0	0	0
Chronic Health Condition	77	69	8	0	0	0
HIV/AIDS	4	4	0	0	0	0
Development Disability	36	33	0	3	0	0
Physical Disability	100	93	7	0	0	0

### 13c1 - Physical and Mental Health Conditions of Stayers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	30	28	2	0	0	0
Alcohol Use Disorder	3	3	0	0	0	0
Drug Use Disorder	5	5	0	0	0	0
Both Alcohol and Drug Use Disorders	1	1	0	0	0	0
Chronic Health Condition	19	18	1	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	5	5	0	0	0	0
Physical Disability	23	22	1	0	0	0

### 14a - History of Domestic Violence, Sexual Assault, Dating Violence, Stalking, or Human Trafficking

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

Yes	330	282	48	0	0
No	241	182	59	0	0
Client Doesn't Know/Client Prefers Not to Answer	3	2	1	0	0
Data Not Collected	5	3	2	0	0
<b>Total</b>	<b>579</b>	<b>469</b>	<b>110</b>	<b>0</b>	<b>0</b>

#### 14b - Most recent experience of domestic violence, sexual assault, dating violence, stalking, or human trafficking

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Within the past three months	102	88	14	0	0
Three to six months ago	25	20	5	0	0
Six months to one year	50	43	7	0	0
One year ago, or more	147	125	22	0	0
Client Doesn't Know/Prefers Not to Answer	3	3	0	0	0
Data Not Collected	3	3	0	0	0
<b>Total</b>	<b>330</b>	<b>282</b>	<b>48</b>	<b>0</b>	<b>0</b>

#### 15 - Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Place not meant for habitation	127	113	14	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	60	46	14	0	0
Safe Haven	36	28	8	0	0

<b>Subtotal</b>	<b>223</b>	<b>187</b>	<b>36</b>	<b>0</b>	<b>0</b>
<b>Institutional Situations</b>					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	24	24	0	0	0
Jail, prison, or juvenile detention facility	18	17	1	0	0
Long-term care facility or nursing home	1	1	0	0	0
Psychiatric hospital or other psychiatric facility	30	30	0	0	0
Substance abuse treatment facility or detox center	19	19	0	0	0
<b>Subtotal</b>	<b>92</b>	<b>91</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Temporary Situations</b>					
Transitional housing for homeless persons (including homeless youth)	1	0	1	0	0
Residential project or halfway house with no homeless criteria	1	1	0	0	0
Hotel or motel paid for without emergency shelter voucher	56	38	18	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living in a friend's room, apartment, or house	82	63	19	0	0
Staying or living in a family member's room, apartment, or house	69	47	22	0	0
<b>Subtotal</b>	<b>209</b>	<b>149</b>	<b>60</b>	<b>0</b>	<b>0</b>
<b>Permanent Situations</b>					
Rental by client, no ongoing housing subsidy	23	16	7	0	0
Rental by client, with ongoing housing subsidy	7	4	3	0	0
Owned by client, with ongoing housing subsidy	1	0	1	0	0
Owned by client, no ongoing housing subsidy	2	1	1	0	0

<b>Subtotal</b>	<b>33</b>	<b>21</b>	<b>12</b>	<b>0</b>	<b>0</b>
Client Doesn't Know/Prefers Not to Answer	13	13	0	0	0
<b>Data Not Collected</b>	<b>9</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Subtotal</b>	<b>22</b>	<b>21</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>579</b>	<b>469</b>	<b>110</b>	<b>0</b>	<b>0</b>

### 16 - Cash Income - Ranges

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	353	0	286
\$1 - 150	4	0	4
\$151 - \$250	4	0	5
\$251 - \$500	12	0	11
\$501 - \$1000	82	0	80
\$1001 - \$1500	41	0	32
\$1501 - \$2000	27	0	15
\$2001 +	30	0	19
Client Doesn't Know/Prefers Not to Answer	0	0	1
Data Not Collected	26	0	19
Number of adult stayers not yet required to have an annual assessment		107	
Number of adult stayers without required annual assessment		0	
<b>Total Adults</b>	<b>579</b>	<b>107</b>	<b>472</b>

### 17 - Cash Income - Sources



	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	70	0	53
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	72	0	56
Social Security Disability Insurance (SSDI)	63	0	54
VA Service - Connected Disability Compensation	3	0	3
VA Non-Service Connected Disability Pension	1	0	1
Private Disability Insurance	1	0	1
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	5	0	5
General Assistance (GA)	0	0	0
Retirement Income from Social Security	13	0	10
Pension or retirement income from a former job	1	0	1
Child Support	11	0	7
Alimony and other spousal support	0	0	0
Other Source	13	0	10
Adults with Income Information at Start and Annual Assessment/Exit		0	0

**19b - Disabling Conditions and Income for Adults at Exit**

	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: percent with Disabling Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling Condition by Source
Earned Income	12	30	42	29%	3	13	16	19%	0	0	0	0%
Unemployment Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	36	10	46	78%	4	5	9	44%	0	0	0	0%
Social Security Disability Insurance (SSDI)	39	6	45	87%	4	1	5	80%	0	0	0	0%
VA Service - Connected Disability Compensation	1	0	1	100%	1	0	1	100%	0	0	0	0%
VA Non-Service-Connected Disability Pension	1	0	1	100%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	0	0	0	0%	3	3	6	50%	0	0	0	0%
General Assistance (GA)	0	0	0	0%	0	0	0	0%	0	0	0	0%
Retirement Income from Social Security	5	3	8	63%	1	1	2	50%	0	0	0	0%
Pension or retirement income from a former job	1	0	1	100%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	1	5	6	17%	0	0	0	0%
Alimony and other spousal support	0	0	0	0%	0	0	0	0%	0	0	0	0%
Other Source	2	2	4	50%	0	0	0	0%	0	0	0	0%
No Sources	123	88	211	58%	8	37	45	18%	0	0	0	0%
Unduplicated Total Adults	204	136	340		19	61	80		0	0	0	

**20a - Type of Non-Cash Benefit Source**

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	147	0	121
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	13	0	9
TANF Child Care Services	11	0	8
TANF Transportation Services	6	0	4
Other TANF-Funded Services	2	0	1
Other Source	2	0	0

## 21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	542	0	438
MEDICARE	83	0	68
State Children's Health Insurance Program	5	0	4
Veteran's Health Administration (VHA)	7	0	6
Employer-Provided Health Insurance	8	0	4
Health Insurance obtained through COBRA	2	0	2
Private Pay Health Insurance	3	0	1
State Health Insurance for Adults	10	0	7
Indian Health Services Program	1	0	1
Other	14	0	11

No Health Insurance	166	0	130
Client Doesn't Know/Client Prefers Not to Answer	6	0	5
Data Not Collected	2	0	1
Number of stayers not yet required to have an annual assessment		149	
1 Source of Health Insurance	537	0	446
More than 1 Source of Health Insurance	68	0	47

**22a2 - Length of Participation - ESG Projects**

	Total	Leavers	Stayers
0-7 days	197	184	13
8 to 14 days	94	79	15
15 to 21 days	52	37	15
22 to 30 days	58	45	13
31 to 60 days	112	85	27
61 to 90 days	77	52	25
91 to 180 days	117	83	34
181 to 365 days	48	41	7
366 to 730 Days (1-2 Yrs)	16	16	0
731 to 1,095 Days (2-3 Yrs)	1	1	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
<b>Total</b>	<b>772</b>	<b>623</b>	<b>149</b>

**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 90 days	0	0	0	0	0
91 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
<b>Total (persons moved into housing)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Average length of time to housing</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Persons who were exited without move-in</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**22d - Length of Participation by Household Type**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	197	153	44	0	0
8 to 14 days	94	70	24	0	0

15 to 21 days	52	31	21	0	0
22 to 30 days	58	28	30	0	0
31 to 60 days	112	67	45	0	0
61 to 90 days	77	35	42	0	0
91 to 180 days	117	54	63	0	0
181 to 365 days	48	25	23	0	0
366 to 730 Days (1-2 Yrs)	16	5	11	0	0
731 days or more	1	1	0	0	0
<b>Total</b>	<b>772</b>	<b>469</b>	<b>303</b>	<b>0</b>	<b>0</b>

**22e - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started**

	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
7 days or less	759	458	301	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	1	1	0	0	0
22 to 30 days	1	1	0	0	0
31 to 60 days	1	1	0	0	0
61 to 90 days	0	0	0	0	0
91 to 180 days	5	3	2	0	0
181 to 365 days	2	2	0	0	0
366 to 730 Days (1-2 Yrs)	1	1	0	0	0



Into Housing										
Average time to Move-In	0	0	0	0	0	0	122	0	0	0
Median time to Move-In	0	0	0	0	0	0	80	0	0	0

### 23c - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	44	44	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	22	11	11	0	0
Safe Haven	40	16	24	0	0
<b>Subtotal</b>	<b>106</b>	<b>71</b>	<b>35</b>	<b>0</b>	<b>0</b>
<b>Institutional Situations</b>					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	6	6	0	0	0
Jail, prison, or juvenile detention facility	2	1	1	0	0
Long-term care facility or nursing home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	3	3	0	0	0
Substance abuse treatment facility or detox center	10	10	0	0	0
<b>Subtotal</b>	<b>21</b>	<b>20</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Temporary Situations</b>					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0



Residential project or halfway house with no homeless criteria	1	1	0	0	0
Hotel or motel paid for without emergency shelter voucher	7	5	2	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment, or house)	9	6	3	0	0
Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	8	4	4	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
<b>Subtotal</b>	<b>25</b>	<b>16</b>	<b>9</b>	<b>0</b>	<b>0</b>
<b>Permanent Situations</b>					
Staying or living with family, permanent tenure	14	11	3	0	0
Staying or living with friends, permanent tenure	4	2	2	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Rental by client, no ongoing housing subsidy	42	17	25	0	0
Rental by client, with ongoing housing subsidy	73	13	60	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>133</b>	<b>43</b>	<b>90</b>	<b>0</b>	<b>0</b>
<b>Other Situations</b>					
No Exit Interview completed	262	169	93	0	0
Other	0	0	0	0	0
Deceased	1	1	0	0	0
Client Doesn't Know/Prefers Not to Answer	75	67	8	0	0

<b>Data Not Collected</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Subtotal</b>	<b>338</b>	<b>237</b>	<b>101</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>623</b>	<b>387</b>	<b>236</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	133	43	90	0	0
Total persons exiting to destinations that excluded them from the calculation	7	7	0	0	0
Percentage of persons exiting to positive housing destinations	22%	11%	38%	0%	0%

**23d - Exit Destination - Subsidy Type of Persons Exiting to Rental by Client With An Ongoing Subsidy**

	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
GPD TIP housing subsidy	0	0	0	0	0
VASH housing subsidy	5	0	5	0	0
RRH or equivalent subsidy	0	0	0	0	0
HCV voucher (tenant or project based) (not dedicated)	0	0	0	0	0
Public housing unit	1	1	0	0	0
Rental by client, with other ongoing housing subsidy	28	7	21	0	0
Housing Stability Voucher	38	4	34	0	0
Family Unification Program Voucher (FUP)	0	0	0	0	0
Foster Youth to Independence Initiative (FYI)	0	0	0	0	0
Permanent Supportive Housing	0	0	0	0	0
Other permanent housing dedicated for formerly homeless persons	1	1	0	0	0
<b>Total</b>	<b>73</b>	<b>13</b>	<b>60</b>	<b>0</b>	<b>0</b>

**23e - Exit Destination Type by Race and Ethnicity**

	Total	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/e/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/e/o	Multi-racial (does not include Hispanic/Latina/e/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Homeless Situations	106	0	0	36	3	0	0	60	1	6	0
Institutional Situations	21	1	0	2	0	0	0	17	0	1	0
Temporary Situations	25	0	2	9	0	0	0	14	0	0	0
Permanent Situations	133	1	0	62	5	0	0	55	3	6	1
Other Situations	338	5	0	125	4	0	1	176	4	22	1
<b>Total</b>	<b>623</b>	<b>7</b>	<b>2</b>	<b>234</b>	<b>12</b>	<b>0</b>	<b>1</b>	<b>322</b>	<b>8</b>	<b>35</b>	<b>2</b>

#### 24a - 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
Jail/prison	0	0	0	0	0
Deceased	0	0	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 24d - Language of Persons Requiring Translation Assistance

Language Response (Top 20 Languages Selected)	Total Persons Requiring Translation Assistance
Different Preferred Language	0
<b>Total</b>	<b>0</b>

#### 25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	1	1	0	0
Non-Chronically Homeless Veteran	11	10	1	0
Not a veteran	567	458	109	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0
Data Not Collected	0	0	0	0
<b>Total</b>	<b>579</b>	<b>469</b>	<b>110</b>	<b>0</b>

#### 26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	30	28	2	0	0
Not Chronically Homeless	727	429	298	0	0
Client Doesn't Know/Client Prefers Not to Answer	15	12	3	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>772</b>	<b>469</b>	<b>303</b>	<b>0</b>	<b>0</b>

► **Report Run History**

Report ID	Date Ran (Run-time)	Report Type Name	User Creating	Running Provider	Running User	Report Status
193558	07/21/2023 11:45:58 AM (0.26 mins)	EsgCaper	Jamie Collier	Salvation Army-Lexington	Jamie Collier	Completed
193536	07/21/2023 09:23:48 AM (0.35 mins)	EsgCaper	Jamie Collier	Salvation Army-Lexington-ESG/ESR-ES-LEX	Jamie Collier	Completed

Showing 1-2 of 2

**Report Options**

Name  
Description  
Provider Type  [Provider](#)  [Reporting Group](#)

**Provider \*** Salvation Army-Lexington-ESG/ESR-ES-LEX (2164)  
 [This provider AND its subordinates](#)  [This provider ONLY](#)

**Program Date Range \*** 07/01/2022 to 06/30/2023

**Entry/Exit Types \***  [Basic](#)  [Basic Center Program Entry/Exit](#)  [HUD](#)  [PATH](#)  [Quick Call](#)  [RHY](#)  [Standard](#)  [Transitional Living Program Entry/Exit](#)  [VA](#)  [HPRP \(Retired\)](#)

**ESG CAPER Report Results - Date Ran: 07/21/2023 11:45:58 AM - Report ID: 193558**

**4a - Project Identifiers in HMIS**

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Organization Name	Org. ID	Project Name	Project ID	HMIS Project Type	Method for Tracking ES	Affiliated with a residential project? (SSO)	Project IDs of Affiliation	CoC Codes	Geocodes	Victim Service Provider	HMIS Software Name	Report Start Date	Report End Date	Total Active Clients	Total Active Households											
Salvation Army-Lexington	557	Salvation Army-Lexington-ESG/ESR-ES-LEX	2164	Emergency Shelter (HUD)	Entry/Exit Date			KY-502	211314	False	WellSky Community Services	2022-07-01	2023-06-30	1144	849											

Showing 1-1 of 1

**5a - Report Validation Table**

Report Validation Table	Count of Clients for DQ	Count of Correct
1. Total Number of Persons Served	1144	1144
2. Number of Adults (age 18 or over)	884	884
3. Number of Children (under age 18)	258	258
4. Number of Persons with Unknown Age	2	2
5. Number of Leavers	1003	1003
6. Number of Adult Leavers	789	789
7. Number of Adult and Head of Household Leavers	791	791
8. Number of Stayers	141	141
9. Number of Adult Stayers	95	95
10. Number of Veterans	20	20
11. Number of Chronically Homeless Persons	89	89
12. Number of Youth Under Age 25	90	90
13. Number of Parenting Youth Under Age 25 with Children	24	24
14. Number of Adult Heads of Household	847	847
15. Number of Child And Unknown-Age Heads of Household	2	2
16. Heads of Households and Adult Stayers in the Project 365 Days or More	11	11

**6a - Data Quality: Personally Identifiable Information**

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	Total	% of Error
Name (3.1)	0	1	0	1	0%
SSN (3.2)	206	0	29	235	21%
Date of Birth (3.3)	2	0	0	2	0%
Race (3.4)	11	0		11	1%
Ethnicity (3.5)	0	0		0	0%
Gender (3.6)	0	0		0	0%
<b>Overall Score</b>				<b>241</b>	<b>21%</b>

**6b - Data Quality: Universal Data Elements**

Data Element	Error Count	% of Error
Veteran Status (3.7)	0	0%

Project Start Date (3.10)		0	0%				
Relationship to Head of Household (3.15)		3	0%				
Client Location (3.16)		0	0%				
Disabling Condition (3.8)		46	4%				
<b>6c - Data Quality: Income and Housing Data Quality</b>							
<b>Data Element</b>		<b>Error Count</b>	<b>% of Error</b>				
Destination (3.12)		731	73%				
Income and Sources (4.2) at Start		66	7%				
Income and Sources (4.2) at Annual Assessment		11	100%				
Income and Sources (4.2) at Exit		26	3%				
<b>6d - Data Quality: Chronic Homelessness</b>							
<b>Entering into project type</b>	<b>Count of total records</b>	<b>Missing time in institution (3.917.2)</b>	<b>Missing time in housing (3.917.2)</b>	<b>Approximate Date started (3.917.3) DK/R/missing</b>	<b>Number of times (3.917.4) DK/R/missing</b>	<b>Number of months (3.917.5) DK/R/missing</b>	<b>% of rec unble calcula</b>
ES, SH, Street Outreach	886			5	69	82	11%
TH	0	0	0	0	0	0	0%
PH (all)	0	0	0	0	0	0	0%
<b>Total</b>	<b>886</b>						<b>11%</b>
<b>6e - Data Quality: Timeliness</b>							
<b>Time For Record Entry</b>					<b>Number of Project Start Records</b>	<b>Number Project Record</b>	
0 days					53	78	
1 - 3 days					760	238	
4 - 6 days					142	155	
7 - 10 days					38	140	
11+ days					50	392	
<b>6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter</b>							
					<b># of Records</b>	<b># of Inactive Records</b>	<b>% of Inactive Records</b>
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%
<b>7a - Number of Persons Served</b>							
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknow Household</b>		
Adults	884	725	159		0		
Children	258		257	0	1		
Client Doesn't Know/Client Refused	2	0	0	0	2		
Data not collected	0	0	0	0	0		
<b>Total</b>	<b>1144</b>	<b>725</b>	<b>416</b>	<b>0</b>	<b>3</b>		
<b>For PSH and RRH - the total persons served who moved into housing</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>7b - Point-in-Time Count of Households on the Last Wednesday</b>							
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknow Household</b>		
January	141	81	60	0	0		
April	161	88	73	0	0		
July	141	64	77	0	0		
October	174	91	83	0	0		
<b>8a - Number of Households Served</b>							
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknow Household</b>		
Total Households	849	719	128	0	2		
<b>For PSH and RRH - the total persons served who moved into housing</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>8b - Point-in-Time Count of Households on the Last Wednesday</b>							
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknow Household</b>		
January	96	76	20	0	0		
April	105	84	21	0	0		
July	87	63	24	0	0		
October	108	83	25	0	0		
<b>9a - Number of Persons Contacted</b>							
		<b>All Persons Contacted</b>	<b>First Contact - NOT staying on the Streets, ES, or SH</b>	<b>First contact - WAS staying on Streets, ES, or SH</b>	<b>First cont Worker undeterm</b>		
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			
<b>Total Persons Contacted</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>9b - Number of Persons Engaged</b>							
	<b>All Persons Contacted</b>	<b>First Contact - NOT staying on the Streets, ES, or SH</b>	<b>First contact - WAS staying on Streets, ES, or SH</b>	<b>First cont Worker undeterm</b>			
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			
<b>Total Persons Engaged</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Rate of Engagement</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>			
<b>10a - Gender of Adults</b>							
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>Unknow Household</b>			
Male	35	5	30	0			
Female	837	708	129	0			
No Single Gender	4	4	0	0			
Questioning	0	0	0	0			
Transgender	8	8	0	0			
Client Doesn't Know/Client Refused	0	0	0	0			
Data not collected	0	0	0	0			
<b>Subtotal</b>	<b>884</b>	<b>725</b>	<b>159</b>	<b>0</b>			
<b>10b - Gender of Children</b>							
	<b>Total</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknow Household</b>			
Male	118	117	0	1			
Female	140	140	0	0			
No Single Gender	0	0	0	0			
Questioning	0	0	0	0			
Transgender	0	0	0	0			
Client Doesn't Know/Client Refused	0	0	0	0			
Data not collected	0	0	0	0			
<b>Subtotal</b>	<b>258</b>	<b>257</b>	<b>0</b>	<b>1</b>			
<b>10c - Gender of Persons Missing Age Information</b>							
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknow Household</b>		
Male	0	0	0	0	0		
Female	2	0	0	0	2		
No Single Gender	0	0	0	0	0		
Questioning	0	0	0	0	0		
Transgender	0	0	0	0	0		
Client Doesn't Know/Client Refused	0	0	0	0	0		
Data not collected	0	0	0	0	0		
<b>Subtotal</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>		
<b>10d - Gender by Age Ranges</b>							
	<b>Total</b>	<b>Under Age 18</b>	<b>Age 18-24</b>	<b>Age 25-61</b>	<b>Age 62 and over</b>	<b>Client Doesn't Know/Client Refused</b>	<b>Data n collect</b>
Male	153	118	7	27	1	0	0
Female	979	140	86	695	56	2	0
No Single Gender	4	0	2	2	0	0	0
Questioning	0	0	0	0	0	0	0
Transgender	8	0	3	5	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0	0
Data not collected	0	0	0	0	0	0	0
<b>Subtotal</b>	<b>1144</b>	<b>258</b>	<b>98</b>	<b>729</b>	<b>57</b>	<b>2</b>	<b>0</b>
<b>11 - Age</b>							
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknow Household</b>		
Under 5	128		127	0	1		
5 - 12	103		103	0	0		
13 - 17	27		27	0	0		
18 - 24	98	68	30		0		
25 - 34	198	130	68		0		
35 - 44	242	206	36		0		
45 - 54	172	156	16		0		
55 - 61	117	111	6		0		



62 +	57	54	3		0
Client Doesn't Know/Client Refused	2	0	0	0	2
Data not collected	0	0	0	0	0
<b>Total</b>	<b>1144</b>	<b>725</b>	<b>416</b>	<b>0</b>	<b>3</b>

### 12a - Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household
White	719	529	189	0	1
Black, African American, or African	342	152	190	0	0
Asian or Asian American	3	2	1	0	0
American Indian, Alaska Native, or Indigenous	11	6	5	0	0
Native Hawaiian or Pacific Islander	3	3	0	0	0
Multiple Races	55	30	25	0	0
Client Doesn't Know/Client Refused	11	3	6	0	2
Data not collected	0	0	0	0	0
<b>Total</b>	<b>1144</b>	<b>725</b>	<b>416</b>	<b>0</b>	<b>3</b>

### 12b - Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household
Non-Hispanic/Non-Latin(a)(o)(x)	1077	698	378	0	1
Hispanic/Latin(a)(o)(x)	67	27	38	0	2
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>1144</b>	<b>725</b>	<b>416</b>	<b>0</b>	<b>3</b>

### 13a1 - Physical and Mental Health Conditions at Start

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household
Mental Health Disorder	454	414	37	1	0	2
Alcohol Use Disorder	20	20	0	0	0	0
Drug Use Disorder	87	77	10	0	0	0
Both Alcohol and Drug Use Disorders	83	81	1	0	0	1
Chronic Health Condition	198	184	14	0	0	0
HIV/AIDS	19	19	0	0	0	0
Development Disability	76	72	3	1	0	0
Physical Disability	295	269	25	0	0	1

### 13b1 - Physical and Mental Health Conditions of Leavers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household
Mental Health Disorder	380	351	26	1	0	2
Alcohol Use Disorder	15	15	0	0	0	0
Drug Use Disorder	60	53	7	0	0	0
Both Alcohol and Drug Use Disorders	68	66	1	0	0	1
Chronic Health Condition	162	151	11	0	0	0
HIV/AIDS	18	18	0	0	0	0
Development Disability	65	62	2	1	0	0
Physical Disability	241	220	20	0	0	1

### 13c1 - Physical and Mental Health Conditions of Stayers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household
Mental Health Disorder	39	33	6	0	0	0
Alcohol Use Disorder	0	0	0	0	0	0
Drug Use Disorder	9	9	0	0	0	0
Both Alcohol and Drug Use Disorders	3	3	0	0	0	0
Chronic Health Condition	23	21	2	0	0	0
HIV/AIDS	1	1	0	0	0	0
Development Disability	7	7	0	0	0	0
Physical Disability	35	32	3	0	0	0

### 14a - Domestic Violence History

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household
Yes	506	444	60	0	2
No	361	263	98	0	0
Client Doesn't Know/Client Refused	13	13	0	0	0
Data not collected	6	5	1	0	0
<b>Total</b>	<b>886</b>	<b>725</b>	<b>159</b>	<b>0</b>	<b>2</b>

### 14b - Persons Fleeing Domestic Violence

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household
Yes	157	132	24	0	1
No	332	298	33	0	1
Client Doesn't Know/Client Refused	7	6	1	0	0
Data not collected	10	8	2	0	0
<b>Total</b>	<b>506</b>	<b>444</b>	<b>60</b>	<b>0</b>	<b>2</b>

### 15 - Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	68	52	16	0	0
Transitional housing for homeless persons (including homeless youth)	16	13	3	0	0
Place not meant for habitation	191	171	19	0	1
Safe Haven	43	40	3	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>318</b>	<b>276</b>	<b>41</b>	<b>0</b>	<b>1</b>
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	39	39	0	0	0
Substance abuse treatment facility or detox center	53	51	2	0	0
Hospital or other residential non-psychiatric medical facility	34	32	2	0	0
Jail, prison, or juvenile detention facility	16	16	0	0	0
Foster care home or foster care group home	3	3	0	0	0
Long-term care facility or nursing home	3	3	0	0	0
Residential project or halfway house with no homeless criteria	3	3	0	0	0
<b>Subtotal</b>	<b>151</b>	<b>147</b>	<b>4</b>	<b>0</b>	<b>0</b>
<b>Other Locations</b>					
Permanent Housing (other than RRH) for formerly homeless persons	2	2	0	0	0
Owned by client, no ongoing housing subsidy	2	2	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	2	2	0	0	0
Rental by client, no ongoing housing subsidy	34	27	7	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)	13	7	6	0	0
Hotel or motel paid for without emergency shelter voucher	81	51	30	0	0
Staying or living in a friend's room, apartment or house	105	82	22	0	1
Staying or living in a family member's room, apartment or house	106	67	39	0	0
Client Doesn't Know/Client Refused	47	40	7	0	0
Data Not Collected	25	22	3	0	0
<b>Subtotal</b>	<b>417</b>	<b>302</b>	<b>114</b>	<b>0</b>	<b>1</b>
<b>Total</b>	<b>886</b>	<b>725</b>	<b>159</b>	<b>0</b>	<b>2</b>

### 16 - Cash Income - Ranges

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Latest Annual Assessment for Leavers
No Income	520	0	467
\$1 - 150	9	0	10
\$151 - \$250	9	0	10
\$251 - \$500	20	0	21
\$501 - \$1000	139	0	155
\$1001 - \$1500	56	0	45
\$1501 - \$2000	49	0	21
\$2001 +	40	0	17
Client Doesn't Know/Client Refused	7	0	7
Data Not Collected	35	0	36
Number of adult stayers not yet required to have an annual assessment		84	
Number of adult stayers without required annual assessment		11	
<b>Total Adults</b>	<b>884</b>	<b>95</b>	<b>789</b>

### 17 - Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Latest Annual Assessment for Leavers
Earned Income	89	0	67
Unemployment Insurance	1	0	1

Supplemental Security Income (SSI)	135	0	107
Social Security Disability Insurance (SSDI)	121	0	107
VA Service - Connected Disability Compensation	9	0	8
VA Non-Service Connected Disability Pension	3	0	3
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	9	0	7
General Assistance (GA)	1	0	1
Retirement Income from Social Security	9	0	3
Pension or retirement income from a former job	3	0	2
Child Support	8	0	8
Alimony and other spousal support	7	0	5
Other Source	14	0	8
Adults with Income Information at Start and Annual Assessment/Exit		0	0

#### 19b - Disabling Conditions and Income for Adults at Exit

	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: percent with Disabling Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling Condition by Source
Earned Income	29	31	60	48%	5	19	24	21%	0	0	0	0%
Supplemental Security Income (SSI)	70	23	93	75%	6	5	11	55%	0	0	0	0%
Social Security Disability Insurance (SSDI)	78	20	98	80%	5	2	7	71%	0	0	0	0%
VA Service - Connected Disability Compensation	8	0	8	100%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	3	0	3	100%	2	1	3	67%	0	0	0	0%
Retirement Income from Social Security	3	1	4	75%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	2	0	2	100%	0	0	0	0%	0	0	0	0%
Child Support	1	3	4	25%	1	3	4	25%	0	0	0	0%
Other Source	12	5	17	71%	0	2	2	0%	0	0	0	0%
No Sources	218	158	376	58%	15	68	83	18%	0	0	0	0%
Unduplicated Total Adults	394	227	621		32	96	128		0	0	0	

#### 20a - Type of Non-Cash Benefit Source

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	231	0	195
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	27	0	20
TANF Child Care Services	10	0	7
TANF Transportation Services	3	0	2
Other TANF-Funded Services	0	0	0
Other Source	4	0	4

#### 21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit
MEDICAID	796	0	685
MEDICARE	175	0	150
State Children's Health Insurance Program	8	0	7
Veteran's Administration (VA) Medical Services	10	0	8
Employer-Provided Health Insurance	12	0	9
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	8	0	7

State Health Insurance for Adults	17	0	11
Indian Health Services Program	1	0	0
Other	58	0	52
No Health Insurance	213	0	184
Client doesn't know/Client refused	6	0	5
Data not collected	6	15	6
Number of stayers not yet required to have an annual assessment		126	
1 Source of Health Insurance	766	0	697
More than 1 Source of Health Insurance	156	0	113

#### 22a2 - Length of Participation - ESG Projects

	Total	Leavers	Stayers
0-7 days	442	426	16
8 to 14 days	120	116	4
15 to 21 days	95	82	13
22 to 30 days	69	69	0
31 to 60 days	118	109	9
61 to 90 days	84	61	23
91 to 180 days	140	105	35
181 to 365 days	57	31	26
366 to 730 Days (1-2 Yrs)	19	4	15
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
<b>Total</b>	<b>1144</b>	<b>1003</b>	<b>141</b>

#### 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
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
<b>Total (persons moved into housing)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Average length of time to housing</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Persons who were exited without move-in</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 22d - Length of Participation by Household Type

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household
7 days or less	442	331	108	0	3
8 to 14 days	120	92	28	0	0
15 to 21 days	95	46	49	0	0
22 to 30 days	69	35	34	0	0
31 to 60 days	118	70	48	0	0
61 to 90 days	84	51	33	0	0
91 to 180 days	140	62	78	0	0
181 to 365 days	57	25	32	0	0
366 to 730 Days (1-2 Yrs)	19	13	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
<b>Total</b>	<b>1144</b>	<b>725</b>	<b>416</b>	<b>0</b>	<b>3</b>

#### 22e - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household
7 days or less	1093	691	399	0	3
8 to 14 days	1	1	0	0	0
15 to 21 days	4	1	3	0	0
22 to 30 days	3	0	3	0	0
31 to 60 days	2	2	0	0	0

61 to 180 days	11	11	0	0	0
181 to 365 days	11	9	2	0	0
366 to 730 Days (1-2 Yrs)	2	2	0	0	0
731 days or more	8	4	4	0	0
<b>Total (persons moved into housing)</b>	<b>1135</b>	<b>721</b>	<b>411</b>	<b>0</b>	<b>3</b>
Not yet moved into housing	0	0	0	0	0
Data Not Collected	9	4	5	0	0
<b>Total Persons</b>	<b>1144</b>	<b>725</b>	<b>416</b>	<b>0</b>	<b>3</b>

### 23c - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	1	1	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	38	17	21	0	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	56	21	35	0	0
Permanent Housing (other than RRH) for formerly homeless persons	1	1	0	0	0
Staying or living with family, permanent tenure	23	13	10	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	2	0	2	0	0
Rental by client, with HCV voucher (tenant or project based)	1	1	0	0	0
Rental by client in a public housing unit	6	6	0	0	0
<b>Subtotal</b>	<b>132</b>	<b>60</b>	<b>72</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	5	4	1	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)	30	22	8	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	10	9	1	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	8	7	1	0	0
Safe Haven	8	5	3	0	0
Hotel or motel paid for without emergency shelter voucher	9	5	4	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>70</b>	<b>52</b>	<b>18</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	1	1	0	0	0
Substance abuse treatment facility or detox center	34	34	0	0	0
Hospital or other residential non-psychiatric medical facility	16	13	3	0	0
Jail, prison, or juvenile detention facility	6	6	0	0	0
Long-term care facility or nursing home	1	1	0	0	0
<b>Subtotal</b>	<b>58</b>	<b>55</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	1	1	0	0	0
Deceased	1	1	0	0	0
Other	10	10	0	0	0
Client Doesn't Know/Client Refused	109	77	32	0	0
Data Not Collected (no exit interview completed)	622	401	218	0	3
<b>Subtotal</b>	<b>743</b>	<b>490</b>	<b>250</b>	<b>0</b>	<b>3</b>
<b>Total</b>	<b>1003</b>	<b>657</b>	<b>343</b>	<b>0</b>	<b>3</b>
Total persons exiting to positive housing destinations	132	60	72	0	0
Total persons whose destinations excluded them from the calculation	18	15	3	0	0
Percentage	13%	9%	21%	0%	0%

### 24 - Homeless Prevention Housing Assessment at Exit

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household
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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household
Chronically Homeless Veteran	3	2	1	0
Non-Chronically Homeless Veteran	17	14	3	0
Not a veteran	864	709	155	0
Client doesn't know/Client refused	0	0	0	0
Data not collected	0	0	0	0
<b>Total</b>	<b>884</b>	<b>725</b>	<b>159</b>	<b>0</b>

#### 26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household
Chronically Homeless	89	83	6	0	0
Not Chronically Homeless	952	561	389	0	2
Client Doesn't Know/Client Refused	62	53	9	0	0
Data not collected	41	28	12	0	1
<b>Total</b>	<b>1144</b>	<b>725</b>	<b>416</b>	<b>0</b>	<b>3</b>