

<b>Agency Name:</b>	Community Action Council
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<b>Agency Representative:</b>	Sharon Price, Executive Director
<b>Agency Representative Contact Information:</b>	859-233-4600, sharon.price@commaction.org
<b>Program Contact Person:</b>	Marty Jones, Director, Housing and Homeless Services
<b>Program Contact Information:</b>	859-233-4600, marty.jones@commaction.org
<b>Person Completing Application:</b>	Jason Russo, Community Development Specialist
<b>Program Title:</b>	Emergency Family Housing
<b>Total Funding Request:</b>	\$153,000
<b>Project Summary:</b>	<p>Since 2015, Community Action Council (the Council), through funding from the Office of Homelessness Prevention and Intervention (OHPI) and, more recently, LFUCG's Extended Social Resource (ESR) program, has operated the Emergency Family Housing (EFH) program. EFH is the only emergency shelter program among Lexington's shelter network that allows two-parent and group families to remain together while facing the stresses and pressures associated with episodes of homelessness. EFH uses a distinctive shelter model that combines scattered-site units and short-term hotel accommodations to provide emergency shelter annually for as many as 27 families. All participants receive intensive <b>case management</b> services to assist them as they seek permanent housing.</p>

**4.1 General Shelter Information:** The Council has many years of experience in housing-related matters, including the provision of assistance to people experiencing homelessness. It currently operates no less than 11 programs in the areas of permanent supportive housing, rapid rehousing, rental assistance, **domestic violence**, and assertive street outreach. The Council has recently partnered with OHPI to provide emergency, non-congregate winter shelter at local hotels for households experiencing homelessness. CAC coordinated safe meal delivery for residents and provided a small stipend for necessary personal care items and other household supplies not provided at the hotel. Since the program began, the Council’s non-congregate shelter programs have provided short-term emergency shelter for more than 95 households, including 346 program participants and 158 children.

Emergency Family Housing (EFH) utilizes a non-traditional shelter model to annually meet the emergency shelter needs of up to 81 persons—or 27 **two-parent and group families** meeting the definition of “family” under HUD’s Equal Access Rule—originating in Lexington-Fayette County through short-term hotel stays or up to 90 days in a master-leased apartment, or some combination, without requiring family separation. Extensions beyond 90 days are made on a case-by-case basis. Depending on a family’s circumstances and strengths, some may “transition-in-place,” an approach allowing families to “take over” a lease, thus remaining in a unit independently. This approach promotes stability in housing.

The Council employs a scatter-site model in its approach to emergency housing. This non-traditional, scatter-site model has been shown to be significantly more cost-effective than housing families in traditional shelter facilities. A 2009 Policy Brief from the Institute for Research, Training and Technical Assistance at Beyond Shelter suggests that the monthly cost of housing families in traditional shelters could be as much as two to three times as expensive as the

Fair Market Rent (FMR) identified by the Department of Housing and Urban Development (HUD). Secondly, the use of scatter-site apartments has been shown to provide a stabilizing influence on families in crisis. Families can enjoy a sense of privacy and normality not available in shared and common spaces found in traditional shelters. Finally, scatter-site units can also reduce or eliminate the stigmatization that many families may feel as a result of staying in a shelter environment. In these respects, scatter-site units can help provide families with internal motivation and a sense that they are making active progress toward achieving self-sufficiency. Finally, the model provides additional protections as a non-congregate shelter option during public health emergencies, like the COVID-19 pandemic.

The Council's **person-centered, strengths-based approach** helps meet families where they are to address their **immediate and ongoing needs**, such as obtaining **personal care items and accessing local resources**, such as food or clothing banks, as it assists them in rapidly obtaining permanent housing. **Referrals are accepted M-F, 8:30am-5:00pm, via phone, email or in-person. Referrals after 5:00 are accepted on a case-by-case basis.** As the operator of OneDoor (Lexington's Coordinated System of Entry) and the grantee for the Assertive Street Outreach program, the Council is well-positioned to quickly establish contact with families experiencing homelessness and is committed to ensuring quick and equitable access based on acuity.

**Policies and Procedures:** During the intake process, EFH staff explain the program and ask families to complete the initial paperwork. Participants are given a tenant briefing packet which includes information regarding fair housing requirements, **general expectations and responsibilities of tenancy**. The tenant briefing packet includes the Participant Program Agreement, Program Goals, Values and Outcomes, and Participant and Community Complaints

procedures, which outline the Council's efforts to **convey clear expectations and its commitment to treating participants with dignity and respect**. These policies (see attachments) also provide information on how the Council **involves participants in the governance** of its Housing programs, including EFH.

An emphasis on **inclusion and outreach** is embedded in the Council's culture and its policies and procedures. Its tripartite board is comprised of one-third of representatives from communities with low income, the public sector, and the private sector. Staff are highly diverse and representative of a cross-section of the communities it serves. In terms of accessibility for persons with disabilities, EFH arranges, as needed, short-term hotel accommodations that are accessible for persons with disabilities. The Council also works with local landlords and others to identify and obtain ADA-compliant units. For those with limited English proficiency, the Council employs a number of bilingual staff to reduce language barriers across all its programs and services. In instances in which a bilingual staff member is unavailable or the language spoken is not represented by staff members, the Council contracts with Accipio Language Services to ensure access and reduce language barriers.

**Staffing:** Mr. Marty Jones, Director of Housing and Homelessness Services (DHHS), is primarily responsible for programmatic oversight, quarterly reporting and ensuring that the program continues to meet outcomes. He has a Master of Public Administration degree from the University of Kentucky. Mr. Jones joined the Council in July 2010 and has come to play an integral leadership role in the Council's housing programs throughout the Council's four-county service area and the Region 6 Balance of State.

Francia A. Gonzalez, Housing Case Management Specialist, is also a HUD-certified housing counselor with Community Ventures Kentucky, a 501(c)3 nonprofit organization with a

community and civic development focus. She has three years of housing-related experience, including counseling individuals and families in such areas as budgeting, saving, credit building, obtaining and keeping employment, childcare, and home maintenance and upkeep. In coordination with DHHS, Ms. Gonzalez works with local shelters and other partners to rapidly move families toward permanent housing solutions. Council partners she has worked with have included The Nest, God's Pantry, and New Vista.

**4.2 Rapid Resolution, Housing-Oriented:** Staff begin discussing diversion at first contact with the completion of a pre-screener to **identify potential alternatives** (including financial assistance and mediation) and determine EFH eligibility. **An example of this diversion strategy is the Council's Housing Stabilization program.** This program, operating in partnership with LFUCG, provides financial assistance for households impacted by the COVID-19 pandemic with past due or future rent or utility costs.

When diversion is not an option, staff complete a thorough intake process at program entry, explaining the EFH program and assisting the family in completing initial paperwork. As a component of its **comprehensive case management strategy** and incorporating best practices (including **trauma-informed care**), staff **immediately begin working with families to reduce barriers**, such as utility/rental arrears, unemployment and soft skills development, and the high cost of childcare in order to link participants with available housing resources as quickly as possible. Staff assist families in **accessing mainstream resources and other public benefits** to increase access to available income support. Staff also assist participants in obtaining **vital records and other eligibility documentation** and enrolling in job training/job search assistance or educational programs. Transportation assistance may also be provided, as necessary.

Staff and families **meet at least weekly, or more frequently if needed, to discuss housing**

**options and assess progress toward goals.** For guests that remain for more than 14 days, staff complete the Vulnerability Index–Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT) and enter them into OneDoor Lexington Coordinated Entry. The VI-SPDAT assists staff in developing individualized goals and housing plans, including developing safety plans for those fleeing **domestic violence**.

The Council utilizes its emergency shelter data in coordination with data available through the LexEndHomelessness data portal **to identify trends in service needs, monitor the availability of housing resources, and assess performance measures, including program exits, successful housing placements and system reentries.** The Council’s staff host weekly Housing Team meetings to discuss issues or concerns within the Council’s multiple supportive housing and homelessness programs, identify frequent system users and develop strategies to address the needs of program participants. The DHHS participates in LFUCG’s Office of Homelessness Prevention and Intervention (OHPI) Board and committee meetings and coordinates with program and agency partners for system-level planning.

The Council’s EFH program **EFH partners with many service providers, including New Vista, Greenhouse17, Jubilee Jobs,** and others, to assist families in transitioning to permanent, stable housing as rapidly as possible. As the Council’s EFH program is targeted to provide emergency shelter services for two-parent and group families rather than single parents with children or individuals, it generally has not received many requests for services from persons fleeing domestic violence. However, when working with persons fleeing domestic violence, the Council’s EFH program will work closely with local providers, such as Greenhouse17, that specialize in services for individuals impacted by interpersonal violence. The Council partners with Greenhouse17 on the Domestic Violence Bonus Initiative program through Lexington’s

Continuum of Care and recently applied for funding to support an expansion of its Housing Navigation and Intensive Case Management program to provide targeted, street-based outreach for individuals and families impacted by interpersonal violence. The Council will utilize its relationship with Greenhouse17 and these programs to ensure **persons fleeing domestic violence** receive the most appropriate and safe services as quickly as possible.

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

The Council's EFH program sets **minimal and reasonable requirements** for guests. The tenant briefing packet outlines the Council's **expectations** for program participants and, by signing the Participant Program Agreement (PPA), families agree to: comply with housing requirements, maintain the shelter unit in a clean and safe condition, and acknowledge that vacating a housing unit for more than five days without notifying EFH staff may result in program exit. Participants may also be expelled for gross misconduct, such as engaging in behaviors that place the health and safety of fellow tenants, service providers, or property at significant risk. Final decisions regarding termination will be addressed between EFH staff and supervisors and, as necessary, property owners/managers. Participants will have the right to appeal against the decision, the

process for which is provided to each family during intake.

During fiscal year (FY) 2020-21, 14 households (47 clients, 22 of whom are children) accessed emergency shelter services. This is a reduction in services from previous years. Anecdotally, the Council has seen an impact post-COVID in the ability to access affordable rental units to support this program. This is likely due to the increased demand in the housing market overall, including increased income eligibility requirements and fewer affordable rental properties available. Additionally, the Council had several households that had required longer than is normal to place due to family size or other barriers. Due to property damages and delays in completing the necessary repairs taking longer than usual, property turnover between households also took longer than expected.

Since the program's inception in 2015, 96 households (346 clients, 158 of whom are children) have received emergency shelter services through EFH. Over the same period, 88 percent have exited to permanent housing, and 33 percent have increased household income. In the past twelve months, **two families left** the EFH program due to changes in their family composition which rendered them ineligible to continue as program participants.

#### 4.4 Actual Results

Please see the attached CoC APR and CoC CAPER reports for the Council's program from January 1, 2021, to December 31, 2021.

#### 4.5 Budget, Appropriateness and Budget Feasibility

	<b>TOTAL</b>
***Number of individual beds available:	38
***Number of units available for families, if applicable:	8
Funds requested from LFUCG:	\$153,000



Average nightly census for individuals based on KYHMIS data:	4.5
Average nightly census for families based on KYHMIS data:	15
Total annual budget for shelter (all funding sources):	\$178,861
% LFUCG investment (LFUCG Request/Total Budget * 100):	85.5%

**Funding Sources:** The Council is fully cognizant of the costs associated with operating housing and homelessness programs and will continue to aggressively seek additional funding, including ESG, CDBG, CSBG and others, to sustain and grow the program. The Council’s grant writing team within the Office of Sustainability coordinates regularly with the DHHS to identify potential grants and other funding opportunities. EFH partners with Microtel Inn and Suites, Stonebridge Apartments, Lexington Housing Authority, local landlords, Hope Center, Salvation Army, Arbor Youth Services, Kentucky Counseling Center, New Vista, Lexington Humane Society, and others to help make this approach possible. **The Council leverages its supportive/permanent housing programs and other services (Head Start, LIHEAP, and CSBG),** as appropriate. Leveraging available funding ensures that EFH guests can access all available resources and provides crucial support as the family exits to permanent housing and towards self-sufficiency.

In terms of future funding to support the EFH program, the Council was awarded funding through the Day 1 Families Fund in late 2020 to address family homelessness in Central Kentucky. The Council is currently investigating options to invest a portion of this funding in developing a multi-family affordable housing complex. At least two or more units in this project will be reserved to expand the EFH program. Recently, the Council’s Leadership Team has held preliminary meetings with the Commissioner, Housing, Advocacy & Community Development and the Manager of Affordable Housing Trust Fund and other key stakeholders to discuss this

project and to gain feedback. To date, the Council has selected a property, conducted a feasibility study, and has met with a developer to discuss the process and terms of a potential partnership.

## **Budget Narrative**

The Council is requesting funding in the amount of \$153,000 to provide emergency non-congregate overnight shelter for two-parent and group families experiencing homelessness. Costs are itemized below.

**TOTAL FUNDING REQUEST:** \$153,000

**Salaries**—\$48,252- to support the following positions:

*Housing Case Management Specialist – .10 FTE*

*Intensive Case Management Team Coordinator- 1.02 FTE*

**Fringe Benefits**—\$7,287 for the following benefits:

*FICA* – \$3,691 paid at the cost of 7.65 percent of gross wages for employees' Social Security (FICA).

*Workers Compensation* – \$347 paid at state rates for varying classes. Workers' Compensation is budgeted at a percentage of gross wages based upon the classification of the employees operating within the program and according to the Council's average historical cost.

*Disability Insurance* – \$183 paid at 0.39 percent of gross wages according to the Council's average historical costs.

*Accrued Leave* – \$2,059 paid to employees for annual and sick leave time accrued in accordance with the leave accrual schedule.

*Pension*- \$1,000 paid at approximately 8.0 percent of employees' salaries toward employees' retirement

*Life Insurance*- \$7 paid at 0.096 percent of gross wages

**Travel**—\$650 to support in area travel expenses at a cost of \$0.585 per mile and use of shared fleet vehicles for food delivery and participant transportation.

**Contracts** - Budget \$1,600 to support cleaning services between transitions of beneficiaries in units rented by The Council.

**Client Benefits** - \$67,243 to support the following expenses:

*Short-term Hotel* - \$5,000 for emergency short-term hotel accommodations at an average cost of \$65 per night for as many as 77 nights.

*Rent* - \$45,000 to provide five scatter-site, master-leased apartment units to operate emergency shelter service for two-parent and group families. Calculated at an average cost is \$750 per month for 12 months per unit for five units.

*Client Benefits* - \$15,242 to provide funding to support client benefits such as transportation expenses, rental arrears, vital records, security deposits and/or utility deposits for residents transitioning to permanent housing.

*Utility Expense*- \$2,000 to pay for utilities for non-congregate rental units master-leased by the Council for use in this program.

**Other: Operating Expenses**—\$5,902 to support the following expenses:

*Household Supplies Expense*— \$2,400 to provide basic household supplies, such as cleaning items, basic kitchenware, and other items upon program entry.

*Office Supplies* – \$667 to provide basic office supplies

*Training Expense*- \$2,835 to provide staff training to support program operations.

**Other: Miscellaneous** – Budget \$5,673 to provide for other expenses, including insurance and bonding, software license, building repair and maintenance, postage and freight, meeting, information technology services, communications, and facilities.

**Indirect Cost** – Budget \$16,393. To provide for the portion of costs related to administrative functions such as Accounting, Human Resources, and the Office of the Executive Director (as approved by the HHS Indirect Cost Rate Agreement). This expense is calculated at the rate of 12 percent of direct expenses based on actual current operations.

**TOTAL**—\$153,000

**Leverage: Personnel** – Budget \$4,021 to provide a portion of salary necessary for .01 FTE for the Director of the Office of Housing and Homeless Services and 0.1 FTE for the Administrative Assistant to provide program oversight and administration. Salaries will be leveraged through the Council’s existing supportive housing and homeless services programs, including those funded through Lexington’s Continuum of Care.

**Leverage: Client Benefits** – Rent – Budget \$21,840 calculated at the fair market rental value of \$910 per month for 12 months for two 2-bedroom housing units through a partnership with the Lexington Housing Authority for the Emergency Family Housing program.

**TOTAL - \$25,861**

**TOTAL PROGRAM BUDGET - \$178,861**

**AFFIDAVIT**

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

1. His/her name is \_\_\_\_\_ and he/she is the individual submitting the proposal or is the authorized representative of \_\_\_\_\_, 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 Central Purchasing 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.

  
\_\_\_\_\_

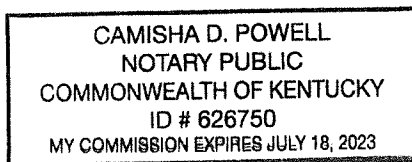
STATE OF Kentucky

COUNTY OF Fayette

The foregoing instrument was subscribed, sworn to and acknowledged before me by Sharon Price on this the 2<sup>nd</sup> day of March, 2022.

My Commission expires: July 18, 2023

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE AT LARGE



## 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, 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 RFP 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/Grant 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.

  
\_\_\_\_\_  
Signature

03.02.22  
\_\_\_\_\_  
Date

# 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.*

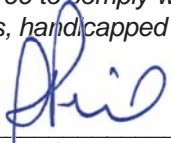
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The Lexington-Fayette Urban County Government practices Equal Opportunity in recruiting, hiring and promoting. It is the Government's intent to affirmatively provide employment opportunities for those individuals who have previously not been allowed 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.*



\_\_\_\_\_  
*Signature*

Community Access Council

\_\_\_\_\_  
*Name of Business*

**WORKFORCE ANALYSIS FORM**

Name of Organization: \_\_\_\_\_

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
<b>Administrators</b>																	
<b>Professionals</b>																	
<b>Superintendents</b>																	
<b>Supervisors</b>																	
<b>Foremen</b>																	
<b>Technicians</b>																	
<b>Protective</b>																	
<b>Para-</b>																	
<b>Office/Clerical</b>																	
<b>Skilled Craft</b>																	
<b>Service/Maintena</b>																	
<b>Total:</b>																	

Prepared by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Name and Title)*

*Revised 2015-Dec-15*

**DIRECTOR, DIVISION OF CENTRAL PURCHASING  
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT  
200 EAST MAIN STREET  
LEXINGTON, KENTUCKY 40507**

**NOTICE OF REQUIREMENT FOR AFFIRMATIVE ACTION TO ENSURE EQUAL EMPLOYMENT OPPORTUNITIES AND DBE CONTRACT PARTICIPATION**

Notice of requirement for Affirmative Action to ensure Equal Employment Opportunities and Disadvantaged Business Enterprises (DBE) Contract participation. Disadvantaged Business Enterprises (DBE) consists of Minority-Owned Business Enterprises (MBE) and Woman-Owned Business Enterprises (WBE).

The Lexington-Fayette Urban County Government has set a goal that not less than ten percent (10%) of the total value of this Contract be subcontracted to Disadvantaged Business Enterprises, which is made up of MBEs and WBEs. The Lexington Fayette Urban County Government also has set a goal that not less than three percent (3%) of the total value of this Contract be subcontracted to Veteran-owned Small Businesses. The goal for the utilization of Disadvantaged Business Enterprises as well Veteran –owned Small Businesses as subcontractors is a recommended goal. Contractor(s) who fail to meet such goal will be expected to provide written explanations to the Director of the Division of Purchasing of efforts they have made to accomplish the recommended goal, and the extent to which they are successful in accomplishing the recommended goal will be a consideration in the procurement process. Depending on the funding source, other DBE goals may apply.

For assistance in locating Disadvantaged Business Enterprises Subcontractors contact:

Sherita Miller, MPA, Division of Central Purchasing  
Lexington-Fayette Urban County Government  
200 East Main Street, 3rd Floor, Room 338  
Lexington, Kentucky 40507  
[smiller@lexingtonky.gov](mailto:smiller@lexingtonky.gov)

Firm Submitting Proposal: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
Street City Zip

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_



Bid/RFP/Quote Reference # 7-2022

The MWDBE and/or veteran subcontractors listed have agreed to participate on this Bid/RFP/Quote. If any substitution is made or the total value of the work is changed prior to or after the job is in progress, it is understood that those substitutions must be submitted to Central Purchasing for approval immediately. **Failure to submit a completed form may cause rejection of the bid.**

MWDBE Company, Name, Address, Phone, Email	MBE WBE or DBE	Work to be Performed	Total Dollar Value of the Work	% Value of Total Contract
1. Not Applicable				
2. Not Applicable				
3. Not Applicable				
4. Not Applicable				

The undersigned company representative submits the above list of MWDBE firms to be used in accomplishing the work contained in this Bid/RFP/Quote. Any misrepresentation may result in the termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

Community Action Council

Company

3/7/2022

Date

Company Representative

Executive Director

Title





**Bid/RFP/Quote Reference # 7-2022**

The substituted MWDBE and/or veteran subcontractors listed below have agreed to participate on this Bid/RFP/Quote. These substitutions were made prior to or after the job was in progress. These substitutions were made for reasons stated below and are now being submitted to Central Purchasing for approval. By the authorized signature of a representative of our company, we understand that this information will be entered into our file for this project.

SUBSTITUTED MWDBE Company Name, Address, Phone, Email	MWDBE Formally Contracted/ Name, Address, Phone, Email	Work to Be Performed	Reason for the Substitution	Total Dollar Value of the Work	% Value of Total Contract
1.					
2.					
3.					
4.					

The undersigned acknowledges that any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

**Community Action Council**

Company

**3/7/2022**

Date

Company Representative

**Executive Director**

Title



Bid/RFP/Quote Reference # 7-2022

The undersigned acknowledges that the minority and/or veteran subcontractors listed on this form did submit a quote to participate on this project. Failure to submit this form may cause rejection of the bid.

Company Name	Contact Person
Address/Phone/Email	Bid Package / Bid Date

MWDBE Company Address	Contact Person	Contact Information (work phone, Email, cell)	Date Contacted	Services to be performed	Method of Communication (email, phone meeting, ad, event etc)	Total dollars \$\$ Do Not Leave Blank (Attach Documentation)	MBE * AA HA AS NA Female	Veteran

(MBE designation / AA=African American / HA= Hispanic American/AS = Asian American/Pacific Islander/ NA= Native American)

The undersigned acknowledges that all information is accurate. Any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

**Community Action Council**

Company

3/7/2022

Date

Company Representative

**Executive Director**

Title



The LFUCG has a 10% goal plan adopted by city council to increase the participation of minority and women owned businesses in the procurement process. The LFUCG also has a 3% goal plan adopted by cited council to increase the participation of veteran owned businesses in the procurement process. In order to measure that goal LFUCG will track spending with MWDBE and Veteran contractors on a monthly basis. By the signature below of an authorized company representative, you certify that the information is correct, and that each of the representations set forth below is true. Any misrepresentation may result in termination of the contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims. Please submit this form monthly to the Division of Central Purchasing/ 200 East Main Street / Room 338 / Lexington, KY 40507.

**Bid/RFP/Quote #** 7/2022

**Total Contract Amount Awarded to Prime Contractor for this Project** \_\_\_\_\_

<b>Project Name/ Contract #</b>	<b>Work Period/ From:</b>	<b>To:</b>
<b>Company Name:</b>	<b>Address:</b>	
<b>Federal Tax ID:</b>	<b>Contact Person:</b>	

Subcontractor Vendor ID (name, address, phone, email)	Description of Work	Total Subcontract Amount	% of Total Contract Awarded to Prime for this Project	Total Amount Paid for this Period	Purchase Order number for subcontractor work (please attach PO)	Scheduled Project Start Date	Scheduled Project End Date

By the signature below of an authorized company representative, you certify that the information is correct, and that each of the representations set forth below is true. Any misrepresentations may result in the termination of the contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims.

**Community Action Council**

Company

3/7/2022

Date

Company Representative

**Executive Director**

Title

## LFUCG STATEMENT OF GOOD FAITH EFFORTS

Bid/RFP/Quote # 7-2022

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By the signature below of an authorized company representative, we certify that we have utilized the following Good Faith Efforts to obtain the maximum participation by MWDBE and Veteran-Owned business enterprises on the project and can supply the appropriate documentation.

\_\_\_\_\_ Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow MWDBE firms and Veteran-Owned businesses to participate.

\_\_\_\_\_ Included documentation of advertising in the above publications with the bidders good faith efforts package

\_\_\_\_\_ Attended LFUCG Central Purchasing Economic Inclusion Outreach event

\_\_\_\_\_ Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned Businesses of subcontracting opportunities

\_\_\_\_\_ Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses

\_\_\_\_\_ Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).

\_\_\_\_\_ Contacted organizations that work with MWDBE companies for assistance in finding certified MWDBE firms and Veteran-Owned businesses to work on this project. Those contacted and their responses should be a part of the bidder's good faith efforts documentation.

\_\_\_\_\_ Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively.

\_\_\_\_\_ Followed up initial solicitations by contacting MWDBEs and Veteran-Owned businesses to determine their level of interest.

\_\_\_\_\_ Provided the interested MWDBE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.

\_\_\_\_\_ Selected portions of the work to be performed by MWDBE firms and/or Veteran-Owned businesses in order to increase the likelihood of meeting the contract goals. This includes, where appropriate, breaking out contract work items

into economically feasible units to facilitate MWDBE and Veteran participation, even when the prime contractor may otherwise perform these work items with its own workforce

\_\_\_\_\_ Negotiated in good faith with interested MWDBE firms and Veteran-Owned businesses not rejecting them as unqualified without sound reasons based on a thorough investigation of their capabilities. Any rejection should be so noted in writing with a description as to why an agreement could not be reached.

\_\_\_\_\_ Included documentation of quotations received from interested MWDBE firms and Veteran-Owned businesses which were not used due to uncompetitive pricing or were rejected as unacceptable and/or copies of responses from firms indicating that they would not be submitting a bid.

\_\_\_\_\_ Bidder has to submit sound reasons why the quotations were considered unacceptable. The fact that the bidder has the ability and/or desire to perform the contract work with its own forces will not be considered a sound reason for rejecting a MWDBE and/or Veteran-Owned business's quote. Nothing in this provision shall be construed to require the bidder to accept unreasonable quotes in order to satisfy MWDBE and Veteran goals.

\_\_\_\_\_ Made an effort to offer assistance to or refer interested MWDBE firms and Veteran-Owned businesses to obtain the necessary equipment, supplies, materials, insurance and/or bonding to satisfy the work requirements of the bid proposal

\_\_\_\_\_ Made efforts to expand the search for MWBE firms and Veteran-Owned businesses beyond the usual geographic boundaries.

Other--any other evidence that the bidder submits which may show that the bidder has made reasonable good faith efforts to include MWDBE and Veteran participation.

**NOTE: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to approval by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.**

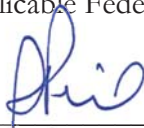
The undersigned acknowledges that all information is accurate. Any misrepresentations may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

Community Action Council

Company

3/7/2022

Date



Company Representative

Executive Director

Title

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

**Subject:** Affirmative Action Plan

**Number:** A-1990-G  
**Change No:** 2  
**Replaces:** Affirmative Action Policy A-1990-G

**Effective Date:** Immediately

**Reference:** N/A

**Expiration Date:** None

**Approval:** Board of Directors

**Type:** Policy

**Date:** January 24, 2018

**DISTRIBUTION:**

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- Operations Manual Distribution List A
- Members, Personnel Committee, Board of Directors
- Steve Amato, General Counsel
- All employees (via payroll 2/7/18)

**FILING INSTRUCTIONS (Persons with Operations Manual):**

- 1) Pen and Ink Change to the Manual Index:  
On page 2 of the Index (A-1986-F, Change 3) under the heading, Administration, locate the entry "Affirmative Action Plan A-1990-G, and add a "1" in the Changes column.
- 2) Locate Operations Memorandum A-1990-G in your manual. (It should be filed in Volume A by year and issue sequence.)
  - a. Remove and destroy A-1990-G, Change 1
  - b. Replace with this change.

**BACKGROUND**

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

**RESPONSIBILITIES**

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

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

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

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

**AFFIRMATIVE ACTION PLAN**

I. INTRODUCTION

A. PURPOSE AND SCOPE OF PLAN

This Affirmative Action Plan is designed to:

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

Community Action Council is an Equal Opportunity employer. There shall be no discrimination in hiring and employment because of race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation, political belief or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state, or local laws in any of its activities or operations.

B. POPULATION OF COUNTIES – SEE ATTACHMENT

C. STATEMENT OF COMPLIANCE

Community Action Council is responsible for compliance with all applicable Equal Opportunity policies as established by the Board of Directors, and laws, as set forth by the Civil Rights Act, to insure non-discrimination based on race, religion, gender, age, disability, marital status, political beliefs or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state, or local laws in any of its activities or operations.

1. Civil Rights Act of 1964 as amended. Title VII of the Civil Rights Act of 1964 prohibits discrimination in employment by most employers of 15 or more persons on the grounds of race, religion, sex, age, color, national origin or handicap. This Title is administered by the U.S. Equal Employment Opportunity Commission).
2. Executive Order 11246 – Part II prohibits employment discrimination by certain government contractors and requires them to take Affirmative Action to remedy the effects of past discrimination. (This Order is administered by the Office of Federal Contract Compliance, U.S. Department of Labor). It has designated government contractors.
3. Section 504 of the Rehabilitation Act of 1973, as amended, and, as required by 11914, which provides that no otherwise qualified handicapped individual shall, solely on the reason of handicap, be excluded from participation in, be denied direct benefits of, or be subjected to discrimination under any program or activity.

4. Title VI of the Civil Rights Act prohibits discrimination in service or use of facilities by federally assisted programs.
5. Executive Order 13087- prohibits discrimination on the basis of his, or her, sexual orientation.

This plan and policy shall also be flexible enough to include all new human rights programs and regulations as they are created and implemented. Community Action Council maintains an Affirmative Action Plan in compliance with the above listed legal mandates. The plan will ensure that employees are recruited, hired and promoted on the basis of ability, experience and training without regard to race, religion, gender, age, color, national origin, handicap, marital status, sexual orientation or political belief or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state, or local laws in any of its activities or operations.

#### D. MASTER PURPOSE

Community Action Council's Affirmative Action master purpose is to implement a positive policy prohibiting discrimination because of race, religion, gender, age, color, national origin, handicap, marital status, sexual orientation, political belief or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state, or local laws in any of its activities or operations and to give assistance within our agency's systems and sub-systems and also outside the agency. This includes assurance of compliance with Title VII of the Civil Rights act of 1964, as amended; Executive Order 11246, and other human rights policies or directives as may be implemented in the future.

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

## II. ADMINISTRATION

### A. BOARD OF DIRECTORS

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

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

The Board shall establish the Personnel Committee, which shall have important advisory functions. The Personnel Committee shall fairly reflect the composition of the Board, with at least 1/3 of the members as representatives of the poor, and there shall be representation from all of the minority groups.

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



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

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

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

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

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

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

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

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

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

#### B. PERSONNEL COMMITTEE

The functions of the Personnel Committee shall be:

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

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

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

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

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

To provide the leadership in conducting a continuing campaign to eradicate every form of prejudice or shall not discriminate against any person on the basis of race, religion, gender, age, disability, marital status, political beliefs or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state, or local laws in any of its activities or operations. discrimination based on race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation, or political belief, within the scope of the Council's operations.

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

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

#### C. STAFF EQUAL OPPORTUNITY CHAIRPERSON

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

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

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

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

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

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

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

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

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

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

#### D. EQUAL OPPORTUNITY COUNSELOR

Any employee or applicant for employment, program participant, or applicant for program participation or benefits, either directly or indirectly, who believes that he/she has encountered discrimination on the basis of race, religion, gender, age, disability, marital status, political beliefs or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state, or local laws in any of its activities or operations must first consult with an Equal Opportunity Counselor, prior to filing a formal complaint. The complainant may select any counselor of his/her choice, who is appointed to serve the Council.

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

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

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

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

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

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

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

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

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

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

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

### III. NON-DISCRIMINATION POLICIES IN EQUAL EMPLOYMENT

#### A. DEFINITION

Non-discrimination – The objective is to obtain qualified employees consistent with position requirements; to seek, employ, promote and treat all employees and applicants without discrimination on the basis of race, religion, gender, age, disability, marital status, political beliefs or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state, or local laws in any of its activities or operations.

#### RECRUITMENT, SELECTION, ADVANCEMENT, COMPENSATIONS, ETC.

The Community Action Council Board of Directors shall maintain a continuous non-discrimination policy in regard to recruitment, selection, advancement, compensation, etc.,

policies. All areas shall be diligently covered and made available to all employees through staff meetings and training sessions by the designated Equal Opportunity Counselors.

The Council shall not discriminate in the hiring and employment procedures against any applicant for employment because of race, religion, gender, age, disability, marital status, political beliefs or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state, or local laws in any of its activities or operations.

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

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

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

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

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

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

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

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

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

Opportunities for advancement to higher levels of responsibility will be afforded to ensure the elimination of discrimination. Through the training programs provided by supervisors or local,

state and/or other resource agencies or persons, advancement will be available to all employees. Preparation and job performance at each job level will be made to provide needed courses to foster career development, whenever possible.

#### IV. VENDOR COMPLIANCE

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

#### V. PARTICIPATION AND SERVICE DELIVERY

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

- a. Service delivery staff will continue outreach efforts to stress provision of information about opportunities for participation and benefits to all members of the low-income population. Efforts will be made to reach minority individuals, women, and the aged as applicable.
- b. Statistical information on the social and economic characteristics of the low-income population and the potential recipients of various programs and services shall be kept up-to-date and used as a basis for evaluating program performance along with other criteria by the Equal Opportunity Chairperson.
- c. The Equal Opportunity Chairperson shall review the reporting procedures of the various components at least once a year to determine their validity and correctness.

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

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

#### VI. INSTITUTIONAL CHANGE

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

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

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

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

Attempts will be made to work with appropriate agencies, federal, state, and local institutions, organizations and individuals in developing minority business enterprises and in the dissemination of information on funds available for meeting the needs of all low-income groups, including student loans, etc.

#### VII. DISSEMINATION OF EQUAL OPPORTUNITY PROGRAM

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

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

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

#### VIII. EQUAL OPPORTUNITY POLICY – PERSONNEL ACTIONS

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

No persons shall, on the grounds of race, religion, gender, age, disability, marital status, political beliefs or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state, or local laws in any of its activities or operations. race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation, political belief be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program, which the Council operates. It is further stated that no employee of the Council may directly or through contractual arrangements, on the grounds of race, religion, gender, age, disability, marital status, political beliefs or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state, or local laws in any of its activities or operations deny any individual any services, financial aid or other benefit to an individual which is different, or is provided in any different manner, from that provided to others under the program; subject an individual to segregation or separate treatment in any matter related to the individual's receipt of any service, financial aid, or other benefit under the program; restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit under the program; treat an individual differently from others in determining whether he/she satisfies any admission, enrollment, quota, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service, financial aid, or other benefit (including employment) provided under the program; deny any individual an opportunity to participate in the program through the provision of services or otherwise afforded others under the program, including the opportunity to participate in the program as an employee; nor any personnel of the Council, through contractual or other arrangements, utilize criteria or



methods of administration which have the effect of subjecting individuals to discrimination because of their race, religion, gender, age, disability, marital status, political beliefs or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state, or local laws in any of its activities or operations and, employees shall be aware that this prohibition against discrimination includes the receipt and utilization of non-Federal share, contributions, volunteer services, or any other direct or indirect benefits or asset to the Council and against discrimination.

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

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

## IX. GRIEVANCE AND APPEAL PROCEDURES

### A. POLICY

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

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

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

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

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

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

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

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



## X. DISCRIMINATION COMPLAINT PROCEDURES

Definition: Complaint – A complaint arises from any person who believes he/she has encountered discrimination because of race, religion, gender, age, disability, marital status, political beliefs or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state, or local laws in any of its activities or operations.

1. A formal signed written complaint shall be addressed to a Hearing Officer designated by the Urban County Government's Affirmative Action Officer. The formal complaint should contain the following elements of information:
  - a. Specification of the nature of the discriminatory practice (i.e., race, religion, gender, age disability, marital status, national origin, sexual orientation, political belief, or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state, or local laws in any of its activities or operations).
  - b. Date or time period within which the discriminatory practice is alleged to have occurred.
  - c. Identification of any Federal, State, or local fair employment practices commissions to which the practice has been reported (if the charge concerns a prohibited discriminatory employment practice).
2. The hearing should be scheduled within thirty working days from the time the complaint is filed. As with all hearings the aggrieved person may have present and/or be represented by a person of his/her choice.

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

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

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

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

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

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

Opportunity Policy and Affirmative Action Plan and Program for a period not to exceed three years.

## XII. PARTICIPATION IN PROGRAM PLANNING, DEVELOPMENT AND EVALUATION

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

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

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

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



**SUBPART:** Emergency Family Housing Program Procedures

**SECTION:** Program Goals, Values and Outcomes

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

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

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

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

**BOURBON, HARRISON, NICHOLAS COUNTIES  
EMERGENCY FAMILY HOUSING PROGRAM**

**PARTICIPANT PROGRAM AGREEMENT**

**Head of Household:**

**Premises:**

**No. BR: 2**

**WITNESSED THAT:**

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

**I. FAMILY COMPOSITION:**

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

Names	Relationship
-------	--------------

**II. TERM OF PROGRAM AGREEMENT:**

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

**III. OCCUPANCY:**

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

**IV. OBLIGATIONS OF THE COUNCIL**

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

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

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

**V. OBLIGATIONS OF THE PARTICIPANT:**

The Participant shall be obligated as follows:

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

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

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

- A. The Council and Participant, shall inspect the premises prior to occupancy by the Participant. The Council will furnish the resident with a written statement of the condition of the premises. The statement shall be signed by all parties and kept on file with the Council.**
- B. The Council will inspect the unit at least monthly to check for needed maintenance, Participant housekeeping and other compliance matters.**

**VII. ENTRY TO PREMISES DURING TENANCY:**

- A. The Council and Landlord shall, upon advance notice to the Participant, be permitted to enter the dwelling unit between the hours of 8:00 A.M. and 5:00 P.M. for the purposes of performing inspections, inventories, and maintenance, for making improvements or repairs, or at another agreed upon time which is convenient for the provision of services related to the ISP.**
- B. The Council and Landlord may enter the premises at any time without advance notice when there is reasonable cause to believe that an emergency exists therein.**
- C. In the event that the resident and all adult members of the Participant's household are absent from the premises at the time of entry, the Council and/or Landlord shall leave on the premises a written statement specifying the date, time, and purpose of entry prior to leaving the premises.**

**VIII. TERMINATION OF THIS AGREEMENT:**

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

**IX. MISCELLANEOUS:**

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

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

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

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

**IN WITNESS WHEREOF, the parties execute this Agreement on the \_\_\_\_ day of \_\_\_\_\_, 2018.**

**COMMUNITY ACTION COUNCIL**

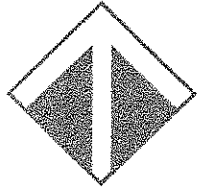
**BY \_\_\_\_\_**

**PARTICIPANT**

\_\_\_\_\_.

**WITNESSED BY (optional):** \_\_\_\_\_.





# CommunityAction C O U N C I L

## OPERATIONS MEMORANDUM

**Subject:** Participant and Community Complaints

**Number:** D-1984-A

**Change No:** 7

**Replaces:** D-1984-A, Change 6

**Effective Date:** Immediately

**Reference:** CHR MTL #87; Head Start Performance Standards

**Expiration Date:** None

**Drafted by:** Office of the Executive Director

**Approval:** *MJA*

**Date:** *7/15/15*

### DISTRIBUTION:

Operations Manual Distribution List D

All Employees via email

Charlene Manuel, CHFS/DCBS

Chief Executives, all Head Start, Early Head Start and Migrant Head Start partners and contractors

### FILING INSTRUCTIONS:

A. Operations Manuals:

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

B. All Other Recipients:

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

### BACKGROUND:

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

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

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

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

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

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

## **PROCEDURES:**

### **I. Variances and Exceptions**

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

#### **A. Head Start Grant Funded Programs<sup>1</sup>**

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

#### **B. Programs Not Funded by the Kentucky Department for Community Based Services<sup>2</sup>**

<sup>1</sup> As of the issuance of this Operations Memorandum, these were Head Start, Early Head Start and Migrant Head Start.

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

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

## II. Other Applicable Policies and Procedures

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

In the case of a civil rights complaint, the Council's equal opportunity policy and procedures must also be consulted.<sup>4</sup>

## III. Responsibility

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

Program managers are responsible for ensuring:

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

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

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

## IV. Participant Rights

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

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<sup>3</sup> The Department for Social Services is the predecessor agency to the Department for Community-Based Services.

<sup>4</sup> As of the issuance of this Operations Memorandum, these were contained in Operations Memorandum "Equal Opportunity Program", C-1982-S, Change 2

Persons eligible to file a complaint are:

- A. Applicants for or recipients of services, or an individual acting on behalf of an applicant or recipient, may appeal denial, reduction, exclusion from or termination of a service, dissatisfaction with a service received, or failure to act upon a request for services with reasonable promptness;
- B. Persons who have been affected by the Council's failure to take into account a recipient's choice of service or a determination has been made that the individual must participate in a service program against his/her wishes (except where required by law);
- C. Persons who feel that their civil rights have been violated by Council staff.

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

1. Upon application for program assistance.

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

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

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

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

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

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

V. Complaint Process

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

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

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

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

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

Civil Rights Complaints are appealed, in turn, to:

- the staff E.O. Committee
  - the Human Rights Committee of the Board of Directors
1. When requested, the Council will assist in preparing any needed documentation. At the same time, the participant or applicant will receive the information contained in paragraphs 2 through 9 on the complaint process:
  2. A written request must be submitted to the Council within thirty (30) days of a denial notice. Any additional information which would lead to a favorable determination for the applicant should be submitted at that time.
  3. The applicant or participant has the right to be present at the hearing and to represent him or herself or to have a representative of his/her choice present.
  4. The applicant or participant has the right to receive copies of any portion(s) of

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

5. The hearing will be scheduled within ten (10) days of receipt of a written request and the participant or applicant will be notified of that date and time. Notice shall be given at least seven (7) days prior to the hearing.
  6. The Executive Director or his/her designated representative will chair the hearing committee.
  7. The staff member(s) who made the determination will present the Council's case at the hearing.
  8. No decision will be made during the hearing; however, written notification of final determination will be submitted to the participant or applicant within five (5) working days.
  9. Notice of the right to appeal the decision, as applicable, will also be provided.
- B. Appeals to the Department for Community-Based Services<sup>5</sup>

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

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

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

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

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

<sup>5</sup> See also, however, I. Variances and Exceptions

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

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

## ATTACHMENT I

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

### Right of Appeal

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

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

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

Malcolm Ratchford  
Executive Director

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

**ATTACHMENT II**

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

Date: \_\_\_\_\_

Dear Applicant:

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

\_\_\_\_\_ You are over income eligibility guidelines.

\_\_\_\_\_ All program funds were expended as of \_\_\_\_\_

\_\_\_\_\_ You fail to meet eligibility criteria specified below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**NOTE:**

- 1. You have the right to appeal and/or express dissatisfaction concerning denial and/or partial denial by Community Action Council on your application for service or assistance under any of its programs. If you wish to file an appeal, your written request must be received within thirty (30) days from the date of this notice.*
- 2. In the event that our action on your appeal is unsatisfactory, you may also have the right to appeal our decision to any federal, State or local government agency that may have provided funding for the program for which you have applied. In such cases, we are obligated to notify you of any additional appeal rights.*

\_\_\_\_\_  
[Name]

[Title]

[Telephone Number]

**ATTACHMENT III**

### TRANSPORTATION DENIAL LOG

<i>Name of Applicant</i>	<i>Date of Request</i>	<i>Reason for Denial</i>	<i>Phone #</i>

## Community Action Council

### Expectations for EFH

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#### Program Participant Expectations:

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

#### CAC Staff Expectations:

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

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

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(Signature of Tenant)

(Date)

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(Signature of Staff)

(Date)



**SUBPART:** Emergency Family Housing Program Procedures

**SECTION:** Termination Procedures from the Emergency Family Housing Program

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

NUMBER	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
1.	<p>Community Action Council may terminate or refuse assistance to any participant for severe violations of program requirements; due to the ending of the program; or due to the ending of the agreement with the landlord. Causes for termination include non-compliance with program rules, or actions deemed serious enough for immediate termination. In addition, staff will exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.</p> <p><b><u>Non-Compliance with Program Rules</u></b></p> <ul style="list-style-type: none"> <li>Repeated violations of the rules or regulations applicable to the Participant Program Agreement or dwelling unit as evidenced by 3 violations of any one rule listed therein.</li> <li>Failure to engage in case management services as evidenced by missing more than 2 scheduled appointments without prior notification and/or valid excuse (e.g. doctors note documenting illness).</li> <li>Failure to cooperate in activities or services outlined in the goals listed in HMIS as evidenced by 2 consecutive months where no action has been taken by the participant specific to steps stated and as documented in case notes.</li> </ul> <p><b><u>Immediate Termination</u></b></p> <ul style="list-style-type: none"> <li>Serious or repeated interference with the rights of other residents.</li> <li>Alteration, repair, sale, damage, destruction or other disposition of the premises or any part thereof.</li> <li>Weapons or illegal drugs seized in the unit by a law enforcement officer.</li> </ul>	Housing Case Management Specialist (HCMS); Supportive Housing Coordinator (SHC), Director of Housing & Homeless Services (DHHS)	Upon occurrence

EFH 11 Termination Procedure

NUMBER	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
	<ul style="list-style-type: none"> <li>• Any fire on the Council and landlord premises caused by the participant’s, household members or guest’s actions or neglect.</li> <li>• Engaging in threatening or violent behavior or criminal activity that threatens the health, safety or right to peaceful enjoyment of the premises by other residents and the Council’s and landlord’s employees.</li> <li>• Abandonment of unit.</li> <li>• Other action or activity deemed serious in nature.</li> </ul>		
<p><b>2.</b></p>	<p>For each of these causes mentioned above, the following process for termination is to be followed:</p> <p>The HCMS will notify the SHC who will then submit a memo requesting eviction and immediate termination from the program to the DHHS and include Form C-5b along with any other documentation to justify the request. The DHHS will review the request and determine if there is sufficient cause for termination. He/she may consult with the HCMS and SHC before proceeding. Depending upon whether he/she determines termination is warranted, the DHHS will approve or disapprove the request.</p> <p>If the termination request is approved, the DHHS will notify the HCMS and SHC of the decision. The DHHS will then send written notice of termination to the participant and cc the Executive Director, SHC, HCMS and property owner. The notice shall be given 30 calendar days in advance of the termination date except for instances listed above as grounds for immediate termination. If upon receipt of the notice the participant objects to the decision, he or she may appeal the decision. The request for appeal should follow the Council’s Right of Appeal process (see Operations Memo D-1984-A) and must be made prior to the date of termination indicated in the notice. All appeals should go to the Executive Director. Upon the final determination of termination, the participant, HCMS and the DHHS will be notified. If the program participant still objects, further appeals will be handled with parties outside of Community Action Council.</p>	<p>HCMS; SHC; DHHS; Executive Director</p>	<p>Upon occurrence</p>
<p><b>3.</b></p>	<p>The HCMS will update the participant’s status in IRIS.</p>	<p>HCMS</p>	<p>Upon occurrence</p>
<p><b>4.</b></p>	<p>When a participant leaves the program, either voluntarily or involuntarily, the HCMS will complete the Participant Exit Summary and update the participant’s status in HMIS.</p>	<p>HCMS</p>	<p>Upon occurrence</p>

▶ **Report Run History**

Report ID	Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
156878	01/11/2022 10:54:12 AM (0.06 mins)	COCAPR	ESG Qu 2	Marty Jones	Community Action Council-ESG-RRH-LEX	Marty Jones	Completed
156865	01/11/2022 09:54:34 AM (0.06 mins)	COCAPR	EFH Q2 Report 2.0	Marty Jones	Community Action Council-EFH-ESR-ES-LEX	Marty Jones	Completed
156863	01/11/2022 09:45:08 AM (0.07 mins)	COCAPR	EFH Q2 report	Marty Jones	Community Action Council-EFH-ESR-ES-LEX	Marty Jones	Completed
156539	01/06/2022 09:33:25 AM (0.07 mins)	COCAPR		Marty Jones	Community Action Council-EFH-ESR-ES-LEX	Marty Jones	Completed
156538	01/06/2022 09:31:40 AM (0.11 mins)	COCAPR		Marty Jones	Community Action Council-Temporary Emergency Shelter-ESG-CV-ES-LEX	Marty Jones	Completed

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**Report Options**

Name	EFH Q2 Report 2.0	
Description		
Provider Type	<input checked="" type="radio"/> <a href="#">Provider</a> <input type="radio"/> <a href="#">Reporting Group</a>	
<b>Provider *</b>	Community Action Council-EFH-ESR-ES-LEX (2373) <input type="radio"/> <a href="#">This provider AND its subordinates</a> <input checked="" type="radio"/> <a href="#">This provider ONLY</a>	
<b>Program Date Range *</b>	07/01/2021	to 12/31/2021
<b>Entry/Exit Types *</b>	<input type="checkbox"/> <a href="#">Basic</a> <input type="checkbox"/> <a href="#">Basic Center Program Entry/Exit</a> <input checked="" type="checkbox"/> <a href="#">HUD</a> <input type="checkbox"/> <a href="#">PATH</a> <input type="checkbox"/> <a href="#">Quick Call</a> <input type="checkbox"/> <a href="#">RHY</a> <input type="checkbox"/> <a href="#">Standard</a> <input type="checkbox"/> <a href="#">Transitional Living Program Entry/Exit</a> <input type="checkbox"/> <a href="#">VA</a> <input type="checkbox"/> <a href="#">HPRP (Retired)</a>	

**CoC-APR Report Results - Date Ran: 01/11/2022 09:54:34 AM - Report ID: 156865**

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	Method for Tracking ES	Affiliated with a residential project? (SSO)	Project IDs of Affiliation	CoC Codes	Geocodes	Victim Service Provider																	
Community Action Council-LEX	567	Community Action Council-EFH-ESR-ES-	2373	Emergency Shelter (HUD)	Entry/Exit Date			KY-502	211314	False																	

LEX

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**5a - Report Validations Table**

<b>Report Validations Table</b>	
1. Total Number of Persons Served	<b>38</b>
2. Number of Adults (age 18 or over)	<b>16</b>
3. Number of Children (under age 18)	<b>22</b>
4. Number of Persons with Unknown Age	<b>0</b>
5. Number of Leavers	<b>15</b>
6. Number of Adult Leavers	<b>6</b>
7. Number of Adult and Head of Household Leavers	<b>6</b>
8. Number of Stayers	<b>23</b>
9. Number of Adult Stayers	<b>10</b>
10. Number of Veterans	<b>0</b>
11. Number of Chronically Homeless Persons	<b>0</b>
12. Number of Youth Under Age 25	<b>0</b>
13. Number of Parenting Youth Under Age 25 with Children	<b>0</b>
14. Number of Adult Heads of Household	<b>9</b>
15. Number of Child and Unknown-Age Heads of Household	<b>0</b>
16. Heads of Households and Adult Stayers in the Project 365 Days or More	<b>3</b>

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

<b>Data Element</b>	<b>Client Doesn't Know/Client Refused</b>	<b>Information Missing</b>	<b>Data Issues</b>	<b>Total</b>	<b>% of Error Rate</b>
Name (3.1)	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
SSN (3.2)	<b>5</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>13%</b>
Date of Birth (3.3)	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
Race (3.4)	<b>0</b>	<b>0</b>		<b>0</b>	<b>0%</b>
Ethnicity (3.5)	<b>0</b>	<b>0</b>		<b>0</b>	<b>0%</b>
Gender (3.6)	<b>0</b>	<b>0</b>		<b>0</b>	<b>0%</b>
<b>Overall Score</b>				<b>5</b>	<b>13%</b>

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

<b>Data Element</b>	<b>Error Count</b>	<b>% of Error Rate</b>
Veteran Status (3.7)	<b>0</b>	<b>0%</b>
Project Start Date (3.10)	<b>0</b>	<b>0%</b>
Relationship to Head of Household (3.15)	<b>0</b>	<b>0%</b>

Client Location (3.16)	0	0%
Disabling Condition (3.8)	0	0%

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

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

**6d - Data Quality: Chronic Homelessness**

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	16			0	0	0	0%
TH	0	0	0	0	0	0	0%
PH(all)	0	0	0	0	0	0	0%
<b>Total</b>	<b>16</b>						<b>0%</b>

**6e - Data Quality: Timeliness**

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	4	6
1 - 3 days	4	0
4 - 6 days	16	1
7 - 10 days	0	0
11+ days	1	8

**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	16	1	15		0
Children	22		22	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0



<b>Total</b>	<b>38</b>	<b>1</b>	<b>37</b>	<b>0</b>	<b>0</b>
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0
<b>7b - Point-in-Time Count of Persons 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	0	0	0	0	0
April	0	0	0	0	0
July	13	1	12	0	0
October	20	1	19	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	9	1	8	0	0
For PSH and RRH - the total persons 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	0	0	0	0	0
April	0	0	0	0	0
July	4	1	3	0	0
October	4	1	3	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 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>
<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 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 Engaged</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Rate of Engagement</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	
<b>10a - Gender of Adults</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>Unknown Household Type</b>	
Male	7	0	7	0	
Female	9	1	8	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>16</b>	<b>1</b>	<b>15</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>Unknown Household Type</b>	
Male	14	14	0	0	
Female	8	8	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>22</b>	<b>22</b>	<b>0</b>	<b>0</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>Unknown Household Type</b>
Male	0	0	0	0	0
Female	0	0	0	0	0
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>0</b>	<b>0</b>	<b>0</b>	<b>0</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>Unknown Household Type</b>

Under 5	7		7	0	0
5 - 12	11		11	0	0
13 - 17	4		4	0	0
18 - 24	0	0	0		0
25 - 34	7	0	7		0
35 - 44	5	0	5		0
45 - 54	2	0	2		0
55 - 61	2	1	1		0
62 +	0	0	0		0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>38</b>	<b>1</b>	<b>37</b>	<b>0</b>	<b>0</b>

**12a - Race**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	34	1	33	0	0
Black, African American, or African	3	0	3	0	0
Asian or Asian American	0	0	0	0	0
American Indian, Alaska Native, or Indigenous	1	0	1	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
Multiple Races	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>Total</b>	<b>38</b>	<b>1</b>	<b>37</b>	<b>0</b>	<b>0</b>

**12b - Ethnicity**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latin(a)(o)(x)	38	1	37	0	0
Hispanic/Latin(a)(o)(x)	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>Total</b>	<b>38</b>	<b>1</b>	<b>37</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	0	0	0	0	0	0
Alcohol Use Disorder	0	0	0	0	0	0

Drug Use Disorder	0	0	0	0	0	0
Both Alcohol and Drug Use Disorders	0	0	0	0	0	0
Chronic Health Condition	2	0	2	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	1	0	0	1	0	0
Physical Disability	2	1	1	0	0	0

**13b1 - Physical and Mental Health Conditions at Exit**

	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	0	0	0	0	0	0
Alcohol Use Disorder	0	0	0	0	0	0
Drug Use Disorder	0	0	0	0	0	0
Both Alcohol and Drug Use Disorders	0	0	0	0	0	0
Chronic Health Condition	1	0	1	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	1	0	0	1	0	0
Physical Disability	0	0	0	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	0	0	0	0	0	0
Alcohol Use Disorder	0	0	0	0	0	0
Drug Use Disorder	0	0	0	0	0	0
Both Alcohol and Drug Use Disorders	0	0	0	0	0	0
Chronic Health Condition	1	0	1	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	0	0	0	0	0	0
Physical Disability	2	1	1	0	0	0

**13a2 - Number of 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
None	33	0	12	21	0	0
1 Condition	5	1	3	1	0	0
2 Conditions	0	0	0	0	0	0
3+ Conditions	0	0	0	0	0	0
Condition Unknown	0	0	0	0	0	0

Client Doesn't Know/Client Refused	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0
<b>Total</b>	<b>38</b>	<b>1</b>	<b>15</b>	<b>22</b>	<b>0</b>	<b>0</b>

**13b2 - Number of Conditions at Exit**

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	13	0	5	8	0	0
1 Condition	2	0	1	1	0	0
2 Conditions	0	0	0	0	0	0
3+ Conditions	0	0	0	0	0	0
Condition Unknown	0	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0
<b>Total</b>	<b>15</b>	<b>0</b>	<b>6</b>	<b>9</b>	<b>0</b>	<b>0</b>

**13c2 - Number of Conditions for 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
None	20	0	7	13	0	0
1 Condition	3	1	2	0	0	0
2 Conditions	0	0	0	0	0	0
3+ Conditions	0	0	0	0	0	0
Condition Unknown	0	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0
<b>Total</b>	<b>23</b>	<b>1</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>0</b>

**14a - Domestic Violence History**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	2	0	2	0	0
No	14	1	13	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>16</b>	<b>1</b>	<b>15</b>	<b>0</b>	<b>0</b>

**14b - Persons Fleeing Domestic Violence**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	2	0	2	0	0

No	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>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>15 - Living Situation</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	3	0	3	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	6	0	6	0	0
Safe Haven	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>9</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Locations</b>					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	1	1	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, 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	3	0	3	0	0
Rental by client, no ongoing housing subsidy	1	0	1	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	1	0	1	0	0
Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	1	0	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0

Data Not Collected	0	0	0	0	0
<b>Subtotal</b>	<b>7</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>16</b>	<b>1</b>	<b>15</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	10	2	4
\$1 - 150	0	0	0
\$151 - \$250	0	0	0
\$251 - \$500	0	0	0
\$501 - \$1000	3	0	2
\$1001 - \$1500	1	1	0
\$1501 - \$2000	0	0	0
\$2001 +	2	0	0
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	0	0
Number of adult stayers not yet required to have an annual assessment		7	
Number of adult stayers without required annual assessment		0	
<b>Total Adults</b>	<b>16</b>	<b>10</b>	<b>6</b>

**17 - Cash Income - Sources**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	3	0	1
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	2	0	1
Social Security Disability Insurance (SSDI)	2	1	1
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0

Alimony and other spousal support	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit		3	0

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

Number of Adults by Income Category	Number of Adults at Start	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned Income (i.e., Employment Income)	3	0	1
Adults with Only Other Income	3	1	1
Adults with Both Earned and Other Income	0	0	0
Adults with No Income	10	2	4
Adults with Client Doesn't Know/Client Refused Income Information	0	0	0
Adults with Missing Income Information	0	0	0
Number of adult stayers not yet required to have an annual assessment		7	
Number of adult stayers without required annual assessment		0	
<b>Total Adults</b>	<b>16</b>	<b>10</b>	<b>6</b>
1 or More Source of Income	6	1	2
Adults with Income Information at Start and Annual Assessment/Exit		3	0

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

Income Change by Income Category (Universe: Adult Stayers with Income Information at Start and Annual Assessment)	Had Income Category at Start and Did Not Have It at Annual Assessment	Retained Income Category But Had Less \$ at Annual Assessment Than at Start	Retained Income Category and Same \$ at Annual Assessment as at Start	Retained Income Category and Increased \$ at Annual Assessment	Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment	Did Not Have the Income Category at Start or at Annual Assessment	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	3	3	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	1	0	0	2	3	0	0%
Average Change in Other Income	0	0		0	0			0	
Number of Adults with Any Income (i.e., Total Income)	0	0	1	0	0	2	3	0	0%



Average Change in Overall Income	0	0		0	0			0				
<b>19a2 - Client Cash Income Change - Income Source - by Start and Exit</b>												
Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category But Had Less \$ at Exit Than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not Have the Income Category at Start and Gained the Income Category at Exit	Did Not Have the Income Category at Start or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Exit, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure			
Number of Adults with Earned Income (i.e., Employment Income)	0	0	1	0	0	5	6	0	0%			
Average Change in Earned Income	0	0		0	0			0				
Number of Adults with Other Income	0	0	1	0	0	5	6	0	0%			
Average Change in Other Income	0	0		0	0			0				
Number of Adults with Any Income (i.e., Total Income)	0	0	2	0	0	4	6	0	0%			
Average Change in Overall Income	0	0		0	0			0				
<b>19b - Disabling Conditions and Income for Adults at Exit</b>												
	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	0	0	0	0%	0	1	1	0%	0	0	0	0%
Supplemental Security Income (SSI)	0	0	0	0%	1	0	1	100%	0	0	0	0%
Social Security Disability Insurance (SSDI)	0	0	0	0%	1	0	1	100%	0	0	0	0%
VA Service - Connected Disability Compensation	0	0	0	0%	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%	0	0	0	0%	0	0	0	0%
Retirement Income from Social Security	0	0	0	0%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	0	0	0	0%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	0	0	0%	0	0	0	0%
Other Source	0	0	0	0%	0	0	0	0%	0	0	0	0%
No Sources	0	0	0	0%	0	4	4	0%	0	0	0	0%
Unduplicated Total Adults	0	0	0		1	5	6		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)	8	3	4
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

**20b - Number of Non-Cash Benefit Sources**

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	8	0	2
1 + Source(s)	8	3	4
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected/Not stayed long enough for Annual Assessment	0	7	0
Total	16	10	6

**21 - Health Insurance**

	At Start	At Annual Assessment for	At Exit for Leavers
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		Stayers			
MEDICAID	35	4	14		
MEDICARE	1	0	1		
State Children's Health Insurance Program	0	0	0		
Veteran's Administration (VA) Medical Services	0	0	0		
Employer-Provided Health Insurance	0	0	0		
Health Insurance obtained through COBRA	0	0	0		
Private Pay Health Insurance	0	0	0		
State Health Insurance for Adults	0	0	0		
Indian Health Services Program	0	0	0		
Other	0	0	0		
No Health Insurance	3	0	1		
Client Doesn't Know/Client Refused	0	0	0		
Data Not Collected	0	0	0		
Number of stayers not yet required to have an annual assessment		19			
1 Source of Health Insurance	34	4	13		
More than 1 Source of Health Insurance	1	0	1		
<b>22a1 - Length of Participation - CoC Projects</b>					
	<b>Total</b>	<b>Leavers</b>	<b>Stayers</b>		
30 days or less	8	0	8		
31 to 60 days	11	2	9		
61 to 90 days	2	0	2		
91 to 180 days	7	7	0		
181 to 365 days	0	0	0		
366 to 730 Days (1-2 Yrs)	10	6	4		
731 to 1,095 Days (2-3 Yrs)	0	0	0		
1,096 to 1,460 Days (3-4 Yrs)	0	0	0		
1,461 to 1,825 Days (4-5 Yrs)	0	0	0		
More than 1,825 Days (>5 Yrs)	0	0	0		
Data Not Collected	0	0	0		
<b>Total</b>	<b>38</b>	<b>15</b>	<b>23</b>		
<b>22b - Average and Median Length of Participation in Days</b>					
		<b>Leavers</b>	<b>Stayers</b>		
Average Length		276	144		
Median Length		123	42		
<b>22c - Length of Time between Project Start Date and Housing Move-in Date</b>					
	<b>Total</b>	<b>Without</b>	<b>With Children</b>	<b>With Only</b>	<b>Unknown</b>

		Children	and Adults	Children	Household Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
<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>

#### 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 Type
7 days or less	2	0	2	0	0
8 to 14 days	1	0	1	0	0
15 to 21 days	5	0	5	0	0
22 to 30 days	4	0	4	0	0
31 to 60 days	6	0	6	0	0
61 to 180 days	18	1	17	0	0
181 to 365 days	2	0	2	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
731 days or more	0	0	0	0	0
<b>Total (persons moved into housing)</b>	<b>38</b>	<b>1</b>	<b>37</b>	<b>0</b>	<b>0</b>
Not yet moved into housing	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total Persons</b>	<b>38</b>	<b>1</b>	<b>37</b>	<b>0</b>	<b>0</b>

#### 23c - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	1	0	1	0	0
Rental by client, with VASH subsidy	0	0	0	0	0

Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	13	0	13	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	1	0	1	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	0	0	0	0	0
<b>Subtotal</b>	<b>15</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</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	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>15</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	15	0	15	0	0

Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	100%	0%	100%	0%	0%
<b>25a - Number of Veterans</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>Unknown Household Type</b>	
Chronically Homeless Veteran	0	0	0	0	
Non-Chronically Homeless Veteran	0	0	0	0	
Not a veteran	16	1	15	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data Not Collected	0	0	0	0	
<b>Total</b>	<b>16</b>	<b>1</b>	<b>15</b>	<b>0</b>	
<b>25b - Number of Veteran Households</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>Unknown Household Type</b>	
Chronically Homeless Veteran	0	0	0	0	
Non-Chronically Homeless Veteran	0	0	0	0	
Not a veteran	9	1	8	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data Not Collected	0	0	0	0	
<b>Total</b>	<b>9</b>	<b>1</b>	<b>8</b>	<b>0</b>	
<b>25c - Gender - Veterans</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>Unknown Household Type</b>	
Male	0	0	0	0	
Female	0	0	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>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>25d - Age - Veterans</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>Unknown Household Type</b>	
18 - 24	0	0	0	0	
25 - 34	0	0	0	0	
35 - 44	0	0	0	0	

45 - 54	0	0	0	0
55 - 61	0	0	0	0
62 +	0	0	0	0
Client Doesn't Know/Client Refused				
Data Not Collected				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**25e - Physical and Mental Health Conditions - Veterans**

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

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

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

**25g - Type of Cash Income Sources - Veterans**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0

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

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

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

**25i - Exit Destination - Veterans**

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



Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</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	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</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>
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
<b>Percentage</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

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

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

Chronically Homeless	0	0	0	0	0
Not Chronically Homeless	9	1	8	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>9</b>	<b>1</b>	<b>8</b>	<b>0</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	0	0	0	0	0
Not Chronically Homeless	38	1	37	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>38</b>	<b>1</b>	<b>37</b>	<b>0</b>	<b>0</b>

**26c - Gender of Chronically Homeless Persons**

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

**26d - Age of Chronically Homeless Persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	0		0	0	0
18 - 24	0	0	0		0
25 - 34	0	0	0		0
35 - 44	0	0	0		0
45 - 54	0	0	0		0
55 - 61	0	0	0		0
62 +	0	0	0		0
Client Doesn't Know/Client Refused	0	0	0		0
Data Not Collected	0	0	0		0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>26e - Physical and Mental Health Conditions - Chronically Homeless Persons</b>			
	<b>Conditions at Start</b>	<b>Conditions at Latest Assessment for Stayers</b>	<b>Conditions at Exit for Leavers</b>
Mental Health Disorder	0	0	0
Alcohol Use Disorder	0	0	0
Drug Use Disorder	0	0	0
Both Alcohol and Drug Use Disorders	0	0	0
Chronic Health Condition	0	0	0
HIV/AIDS	0	0	0
Development Disability	0	0	0
Physical Disability	0	0	0

<b>26f - Client Cash Income - Chronically Homeless Persons</b>			
	<b>Number of Chronically Homeless Persons at Start</b>	<b>Number of Chronically Homeless Persons at Annual Assessment (Stayers)</b>	<b>Number of Chronically Homeless Persons at Exit (Leavers)</b>
<b>Number of Chronically Homeless Persons by Income Category</b>			
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)	0	0	0
Chronically Homeless Persons with Only Other Income	0	0	0
Chronically Homeless Persons with Both Earned and Other Income	0	0	0
Chronically Homeless Persons with No Income	0	0	0
Chronically Homeless Persons with Client Doesn't Know/Client Refused Income Information	0	0	0
Chronically Homeless Persons with Missing Income Information	0	0	0
Number of Chronically Homeless Persons not yet required to have an annual assessment		0	
Number of Chronically Homeless Persons without required annual assessment		0	
<b>Total Chronically Homeless Persons</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>26g - Type of Cash Income Sources - Chronically Homeless Persons</b>			
	<b>Income at Start</b>	<b>Income at Latest Annual Assessment for Stayers</b>	<b>Income at Exit for Leavers</b>
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0	0
Social Security Disability Insurance (SSDI)	0	0	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0

Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Chronically Homeless Persons with Income Information at Start and Annual Assessment/Exit		0	0

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

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

**27a - Age of Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	0		0	0	0
18 - 24	0	0	0		
Client Doesn't Know/Client Refused					
Data Not Collected					
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**27b - Parenting Youth**

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

**27c - Gender - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0

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>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>27d - Living Situation - Youth</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Locations</b>					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, 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	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	0	0	0	0	0

Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Subtotal</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>

**27e - Length of Participation - Youth**

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

**27f - Exit Destination - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

<b>27g - Cash Income - Sources - Youth</b>			
	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0	0

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

**27h - Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status - Youth**

<b>Number of Youth by Income Category</b>	<b>Number of Youth at Start</b>	<b>Number of Youth at Annual Assessment (Stayers)</b>	<b>Number of Youth at Exit (Leavers)</b>
Youth with Only Earned Income (i.e., Employment Income)	0	0	0
Youth with Only Other Income	0	0	0
Youth with Both Earned and Other Income	0	0	0
Youth with No Income	0	0	0
Youth with Client Doesn't Know/Client Refused Income Information	0	0	0
Youth with Missing Income Information	0	0	0
Number of youth stayers not yet required to have an annual assessment		0	
Number of youth stayers without required annual assessment		0	
<b>Total Youth</b>	<b>0</b>	<b>0</b>	<b>0</b>
1 or More Source of Income	0	0	0
Youth with Income Information at Start and Annual Assessment/Exit		0	0

**27i - Disabling Conditions and Income for Youth at Exit**

	<b>AO: Youth with Disabling Condition</b>	<b>AO: Youth without Disabling Condition</b>	<b>AO: Total Youth</b>	<b>AO: percent with Disabling Condition by Source</b>	<b>AC: Youth with Disabling Condition</b>	<b>AC: Youth without Disabling Condition</b>	<b>AC: Total Youth</b>	<b>AC: percent with Disabling Condition by Source</b>	<b>CO: Youth with Disabling Condition</b>	<b>CO: Youth without Disabling Condition</b>	<b>CO: Total Youth</b>	<b>CO: percent with Disabling Condition by Source</b>	<b>UK: Youth with Disabling Condition</b>	<b>UK: Youth without Disabling Condition</b>	<b>UK: Total Youth</b>	<b>UK: percent with Disabling Condition by Source</b>
Earned Income	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%



Social Security Disability Insurance (SSDI)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
VA Service - Connected Disability Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	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%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Retirement Income from Social Security	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Other Source	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
No Sources	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Unduplicated Total Youth	0	0	0		0	0	0		0	0	0		0	0	0	

▶ **Report Run History**

Report ID	Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
160830	03/07/2022 01:34:25 PM (0.00 mins)	EsgCaper		Marty Jones	Community Action Council-EFH-ESR-ES-LEX	Marty Jones	<b>Running</b>

Showing 1-1 of 1

**Report Options**

Name	
Description	
Provider Type	<input checked="" type="radio"/> <a href="#">Provider</a> <input type="radio"/> <a href="#">Reporting Group</a>
<b>Provider *</b>	Community Action Council-EFH-ESR-ES-LEX (2373) <input type="radio"/> <a href="#">This provider AND its subordinates</a> <input checked="" type="radio"/> <a href="#">This provider ONLY</a>
<b>Program Date Range *</b>	01/01/2021 to 12/31/2021
<b>Entry/Exit Types *</b>	<input type="checkbox"/> <a href="#">Basic</a> <input type="checkbox"/> <a href="#">Basic Center Program Entry/Exit</a> <input checked="" type="checkbox"/> <a href="#">HUD</a> <input type="checkbox"/> <a href="#">PATH</a> <input type="checkbox"/> <a href="#">Quick Call</a> <input type="checkbox"/> <a href="#">RHY</a> <input type="checkbox"/> <a href="#">Standard</a> <input type="checkbox"/> <a href="#">Transitional Living Program Entry/Exit</a> <input type="checkbox"/> <a href="#">VA</a> <input type="checkbox"/> <a href="#">HPRP (Retired)</a>

**ESG Report Results - Date Ran: 03/07/2022 01:34:25 PM - Report ID: 160830**

**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	Method for Tracking ES	Affiliated with a residential project? (SSO)	Project IDs of Affiliation	CoC Codes	Geocodes	Victim Service Provider																	
Community Action Council-LEX	567	Community Action Council-EFH-ESR-ES-LEX	2373	Emergency Shelter (HUD)	Entry/Exit Date			KY-502	211314	False																	

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**5a - Report Validation Table**

**Report Validation Table**

1. Total Number of Persons Served	55
2. Number of Adults (age 18 or over)	26
3. Number of Children (under age 18)	29
4. Number of Persons with Unknown Age	0
5. Number of Leavers	28
6. Number of Adult Leavers	15
7. Number of Adult and Head of Household Leavers	15
8. Number of Stayers	27
9. Number of Adult Stayers	11
10. Number of Veterans	0
11. Number of Chronically Homeless Persons	6
12. Number of Youth Under Age 25	0
13. Number of Parenting Youth Under Age 25 with Children	0
14. Number of Adult Heads of Household	14
15. Number of Child And Unknown-Age Heads of Household	0
16. Heads of Households and Adult Stayers in the Project 365 Days or More	2

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

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	Total	% of Error Rate
Name (3.1)	0	0	0	0	0%
SSN (3.2)	4	0	0	4	7%
Date of Birth (3.3)	0	0	0	0	0%
Race (3.4)	0	0		0	0%
Ethnicity (3.5)	0	0		0	0%
Gender (3.6)	0	0		0	0%
<b>Overall Score</b>				<b>4</b>	<b>7%</b>

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

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	0	0%
Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	7	13%
Client Location (3.16)	0	0%
Disabling Condition (3.8)	0	0%

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

Data Element	Error Count	% of Error Rate
Destination (3.12)	0	0%
Income and Sources (4.2) at Start	1	4%
Income and Sources (4.2) at Annual Assessment	0	0%
Income and Sources (4.2) at Exit	0	0%

**6d - Data Quality: Chronic Homelessness**

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	26			0	0	0	0%
TH	0	0	0	0	0	0	0%
PH (all)	0	0	0	0	0	0	0%
<b>Total</b>	<b>26</b>						<b>0%</b>

**6e - Data Quality: Timeliness**

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	4	8
1 - 3 days	4	0
4 - 6 days	22	7
7 - 10 days	0	0
11+ days	12	13

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

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

**7a - Number of Persons Served**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	26	0	26		0
Children	29		29	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0

Data not collected	0	0	0	0	0
<b>Total</b>	<b>55</b>	<b>0</b>	<b>55</b>	<b>0</b>	<b>0</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>

**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	0	0	0	0	0
April	0	0	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0

**8a - Number of Households Served**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	14	0	14	0	0
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0

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

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	4	0	4	0	0
April	5	0	5	0	0
July	4	0	4	0	0
October	3	0	3	0	0

**9a - Number of Persons Contacted**

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

		the Streets, ES, or SH	on Streets, ES, or SH	
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 of Adults**

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	12	0	12	0
Female	14	0	14	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>26</b>	<b>0</b>	<b>26</b>	<b>0</b>

**10b - Gender of Children**

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	16	16	0	0
Female	13	13	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>29</b>	<b>29</b>	<b>0</b>	<b>0</b>

**10c - Gender of Persons Missing Age Information**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0

Female	0	0	0	0	0
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>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**10d - Gender by Age Ranges**

	Total	Under Age 18	Age 18-24	Age 25-61	Age 62 and over	Client Doesn't Know/Client Refused	Data not collected
Male	28	16	1	11	0	0	0
Female	27	13	0	14	0	0	0
No Single Gender	0	0	0	0	0	0	0
Questioning	0	0	0	0	0	0	0
Transgender	0	0	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0	0
Data not collected	0	0	0	0	0	0	0
<b>Subtotal</b>	<b>55</b>	<b>29</b>	<b>1</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>0</b>

**11 - Age**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	11		11	0	0
5 - 12	12		12	0	0
13 - 17	6		6	0	0
18 - 24	1	0	1		0
25 - 34	12	0	12		0
35 - 44	7	0	7		0
45 - 54	4	0	4		0
55 - 61	2	0	2		0
62 +	0	0	0		0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>55</b>	<b>0</b>	<b>55</b>	<b>0</b>	<b>0</b>

**12a - Race**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	51	0	51	0	0
Black, African American, or African	3	0	3	0	0
Asian or Asian American	0	0	0	0	0
American Indian, Alaska Native, or Indigenous	1	0	1	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
Multiple Races	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>Total</b>	<b>55</b>	<b>0</b>	<b>55</b>	<b>0</b>	<b>0</b>

**12b - Ethnicity**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latin(a)(o)(x)	55	0	55	0	0
Hispanic/Latin(a)(o)(x)	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>Total</b>	<b>55</b>	<b>0</b>	<b>55</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	3	0	2	1	0	0
Alcohol Use Disorder	0	0	0	0	0	0
Drug Use Disorder	2	0	2	0	0	0
Both Alcohol and Drug Use Disorders	0	0	0	0	0	0
Chronic Health Condition	5	0	5	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	1	0	0	1	0	0
Physical Disability	2	0	2	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	2	0	2	0	0	0



Alcohol Use Disorder	0	0	0	0	0	0
Drug Use Disorder	2	0	2	0	0	0
Both Alcohol and Drug Use Disorders	0	0	0	0	0	0
Chronic Health Condition	3	0	3	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	1	0	0	1	0	0
Physical Disability	1	0	1	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	1	0	0	1	0	0
Alcohol Use Disorder	0	0	0	0	0	0
Drug Use Disorder	0	0	0	0	0	0
Both Alcohol and Drug Use Disorders	0	0	0	0	0	0
Chronic Health Condition	2	0	2	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	0	0	0	0	0	0
Physical Disability	1	0	1	0	0	0

**14a - Domestic Violence History**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	2	0	2	0	0
No	24	0	24	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>26</b>	<b>0</b>	<b>26</b>	<b>0</b>	<b>0</b>

**14b - Persons Fleeing Domestic Violence**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	2	0	2	0	0
No	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>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>

<b>15 - Living Situation</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	3	0	3	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	14	0	14	0	0
Safe Haven	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>17</b>	<b>0</b>	<b>17</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Locations</b>					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	1	0	1	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	3	0	3	0	0
Rental by client, no ongoing housing subsidy	1	0	1	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	3	0	3	0	0
Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	1	0	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0

<b>Subtotal</b>	<b>9</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>26</b>	<b>0</b>	<b>26</b>	<b>0</b>	<b>0</b>
<b>16 - Cash Income - Ranges</b>					
			<b>Income at Start</b>	<b>Income at Latest Annual Assessment for Stayers</b>	<b>Income at Exit for Leavers</b>
No Income			16	2	6
\$1 - 150			0	0	0
\$151 - \$250			0	0	0
\$251 - \$500			0	0	0
\$501 - \$1000			3	0	2
\$1001 - \$1500			2	0	3
\$1501 - \$2000			1	0	1
\$2001 +			4	0	3
Client Doesn't Know/Client Refused			0	0	0
Data Not Collected			0	0	0
Number of adult stayers not yet required to have an annual assessment				9	
Number of adult stayers without required annual assessment				0	
<b>Total Adults</b>			<b>26</b>	<b>11</b>	<b>15</b>
<b>17 - Cash Income - Sources</b>					
			<b>Income at Start</b>	<b>Income at Latest Annual Assessment for Stayers</b>	<b>Income at Exit for Leavers</b>
Earned Income			7	0	6
Unemployment Insurance			0	0	0
Supplemental Security Income (SSI)			2	0	1
Social Security Disability Insurance (SSDI)			2	0	2
VA Service - Connected Disability Compensation			0	0	0
VA Non-Service Connected Disability Pension			0	0	0
Private Disability Insurance			0	0	0
Worker's Compensation			0	0	0
Temporary Assistance for Needy Families (TANF)			0	0	0
General Assistance (GA)			0	0	0
Retirement Income from Social Security			0	0	0
Pension or retirement income from a former job			0	0	0

Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	1
Adults with Income Information at Start and Annual Assessment/Exit		2	1

**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	0	0	0	0%	1	5	6	17%	0	0	0	0%
Supplemental Security Income (SSI)	0	0	0	0%	1	0	1	100%	0	0	0	0%
Social Security Disability Insurance (SSDI)	0	0	0	0%	2	0	2	100%	0	0	0	0%
VA Service - Connected Disability Compensation	0	0	0	0%	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%	0	0	0	0%	0	0	0	0%
Retirement Income from Social Security	0	0	0	0%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	0	0	0	0%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	0	0	0%	0	0	0	0%
Other Source	0	0	0	0%	0	1	1	0%	0	0	0	0%
No Sources	0	0	0	0%	2	4	6	33%	0	0	0	0%

Unduplicated Total Adults	0	0	0		5	10	15		0	0	0	
<b>20a - Type of Non-Cash Benefit Source</b>												
									<b>Benefit at Start</b>	<b>Benefit at Latest Annual Assessment for Stayers</b>	<b>Benefit at Exit for Leavers</b>	
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)									8	2	5	
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)									0	0	0	
TANF Child Care Services									0	0	0	
TANF Transportation Services									0	0	0	
Other TANF-Funded Services									0	0	0	
Other Source									0	0	0	
<b>21 - Health Insurance</b>												
									<b>At Start</b>	<b>At Annual Assessment for Stayers</b>	<b>At Exit for Leavers</b>	
MEDICAID									50	3	25	
MEDICARE									3	0	3	
State Children's Health Insurance Program									2	0	2	
Veteran's Administration (VA) Medical Services									2	0	2	
Employer-Provided Health Insurance									2	0	2	
Health Insurance obtained through COBRA									2	0	2	
Private Pay Health Insurance									2	0	2	
State Health Insurance for Adults									2	0	2	
Indian Health Services Program									2	0	2	
Other									2	0	2	
No Health Insurance									5	0	3	
Client doesn't know/Client refused									0	0	0	
Data not collected									0	0	0	
Number of stayers not yet required to have an annual assessment										24		
1 Source of Health Insurance									47	3	22	
More than 1 Source of Health Insurance									3	0	3	
<b>22a2 - Length of Participation - ESG Projects</b>												
									<b>Total</b>	<b>Leavers</b>	<b>Stayers</b>	
0-7 days									4	0	4	
8 to 14 days									9	0	9	

15 to 21 days	0	0	0
22 to 30 days	0	0	0
31 to 60 days	20	11	9
61 to 90 days	2	0	2
91 to 180 days	7	7	0
181 to 365 days	1	1	0
366 to 730 Days (1-2 Yrs)	12	9	3
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>55</b>	<b>28</b>	<b>27</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 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 Type
7 days or less	4	0	4	0	0
8 to 14 days	9	0	9	0	0
15 to 21 days	0	0	0	0	0

22 to 30 days	0	0	0	0	0
31 to 60 days	20	0	20	0	0
61 to 90 days	2	0	2	0	0
91 to 180 days	7	0	7	0	0
181 to 365 days	1	0	1	0	0
366 to 730 Days (1-2 Yrs)	12	0	12	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>55</b>	<b>0</b>	<b>55</b>	<b>0</b>	<b>0</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 Type
7 days or less	2	0	2	0	0
8 to 14 days	1	0	1	0	0
15 to 21 days	5	0	5	0	0
22 to 30 days	4	0	4	0	0
31 to 60 days	11	0	11	0	0
61 to 180 days	24	0	24	0	0
181 to 365 days	5	0	5	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
731 days or more	3	0	3	0	0
<b>Total (persons moved into housing)</b>	<b>55</b>	<b>0</b>	<b>55</b>	<b>0</b>	<b>0</b>
Not yet moved into housing	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total Persons</b>	<b>55</b>	<b>0</b>	<b>55</b>	<b>0</b>	<b>0</b>

### 23c - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0

Rental by client, no ongoing subsidy	4	0	4	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	13	0	13	0	0
Permanent Housing (other than RRH) for formerly homeless persons	3	0	3	0	0
Staying or living with family, permanent tenure	2	0	2	0	0
Staying or living with friends, permanent tenure	1	0	1	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	3	0	3	0	0
<b>Subtotal</b>	<b>26</b>	<b>0</b>	<b>26</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</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	0	0	0	0	0
Substance abuse treatment facility or detox center	1	0	1	0	0
Hospital or other residential non-psychiatric medical facility	1	0	1	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0



Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>28</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	26	0	26	0	0
Total persons whose destinations excluded them from the calculation	1	0	1	0	0
Percentage	96%	0%	96%	0%	0%

**24 - Homeless Prevention Housing Assessment at Exit**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Able to maintain the housing they had at project start--Without a subsidy	0	0	0	0	0
Able to maintain the housing they had at project start--With the subsidy they had at 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 Type
Chronically Homeless Veteran	0	0	0	0
Non-Chronically Homeless Veteran	0	0	0	0
Not a veteran	26	0	26	0
Client doesn't know/Client refused	0	0	0	0

Data not collected		0	0	0	0
<b>Total</b>		<b>26</b>	<b>0</b>	<b>26</b>	<b>0</b>
<b>26b - Number of Chronically Homeless Persons by Household</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
Chronically Homeless	6	0	6	0	0
Not Chronically Homeless	49	0	49	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>55</b>	<b>0</b>	<b>55</b>	<b>0</b>	<b>0</b>