



**LEXINGTON**

**RFP-7-2022**

**ESR Overnight Shelter**

Issue Date: 1/28/2022

Questions Deadline: 2/25/2022 12:00 PM (ET)

Response Deadline: 3/7/2022 02:00 PM (ET)

**Contact Information**

Contact: Sondra Stone

Address: Central Purchasing  
Government Center Building  
Room 338  
200 East Main Street  
Lexington, KY 40507

Phone: (859) 2583320

Fax: (859) 2583322

Email: [ssone@lexingtonky.gov](mailto:ssone@lexingtonky.gov)

## Event Information

Number: RFP-7-2022  
Title: ESR Overnight Shelter  
Type: Request For Proposal  
Issue Date: 1/28/2022  
Question Deadline: 2/25/2022 12:00 PM (ET)  
Response Deadline: 3/7/2022 02:00 PM (ET)  
Notes: Only online proposals will be received via IonWave. Please combine documents into one pdf.

## Bid Attachments

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**RFP Pkg 7-2022.pdf**

[View Online](#)

Bid Package

## Supplier Information

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Company Name: The Salvation Army

Contact Name: Major William Garrett

Address: 736 W. Main Street

Lexington, KY 40508

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Phone: 859-252-7706

Fax: 859-252-6341

Email: william.garrett@use.salvationarmy.org

## Supplier Notes

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Please accept this proposal for RFP #7-2022 ESR Overnight Shelter, to fund the Hanger Lodge, the  
Salvation Army's emergency shelter. The shelter has established new COVID-19 protocols that include  
quarantine and isolation for positive guests. We welcome single parent families and self-defined  
families. Guests are welcomed at every hour, every day – staff are available 24/7/365.

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

Michael J. Southwick, Secretary

*Print Name*



*Signature*



# Lexington-Fayette Urban County Government

## Request for Proposals

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The Lexington-Fayette Urban County Government hereby requests proposals for **RFP #7-2022 ESR Overnight Shelter** to be provided in accordance with terms, conditions and specifications established herein.

Sealed proposals will be received through Ion Wave until **2:00 PM**, prevailing local time, on **March 7, 2022**. All forms and information requested in RFP must be included and attached in Response Attachments tab in Ion Wave.

Proposals received after the date and time set for opening proposals will not be accepted. It is the sole responsibility of the Proposer to assure that his/her proposal is submitted in Ion Wave before the date and time set for opening proposals.

Proposals, once submitted, may not be withdrawn for a period of one hundred twenty (120) calendar days.

The Lexington-Fayette Urban County Government reserves the right to reject any or all proposals, and to waive technicalities and informalities when such waiver is determined by the Lexington-Fayette Urban County Government to be in its best interest.

Signature of this proposal by the Proposer constitutes acceptance by the Proposer of terms, conditions and requirements set forth herein.

Minor exceptions may not eliminate the proposal. Any exceptions to the specifications established herein shall be listed in detail on a separate sheet and attached hereto. The Lexington-Fayette Urban County Government shall determine whether any exception is minor.

The Lexington-Fayette Urban County Government encourages the participation of minority- and women-owned businesses in Lexington-Fayette Urban County Government contracts. This proposal is subject to Affirmative Action requirements attached hereto.

***Please do not contact any LFUCG staff member or any other person involved in the selection process other than the designated contact person(s) regarding the project contemplated under this RFP while this RFP is open and a selection has not been finalized. Any attempt to do so may result in disqualification of the firm's submittal for consideration.***

## **Laws and Regulations**

All applicable state laws, municipal ordinances and regulations of all authorities having jurisdiction over the project shall apply to the contract, and shall be deemed to be incorporated herein by reference.

## **Equal Employment Opportunity**

The Entity (regardless of whether construction contractor, non-construction contractor or supplier) agrees to provide equal opportunity in employment for all qualified persons, to prohibit discrimination in employment because of race, color, religion, sex (including pregnancy, sexual orientation or gender identity), national origin, disability, age, genetic information, political affiliation, or veteran status, and to promote equal employment through a positive, continuing program from itself and each of its sub-contracting agents. This program of equal employment opportunity shall apply to every aspect of its employment policies and practices.

## **Kentucky Equal Employment Opportunity Act**

The Kentucky Equal Employment Opportunity Act of 1978 (KRS 45.560-45.640) requires that any "county, city, town, school district, water district, hospital district, or other political subdivision of the state shall include in directly or indirectly publicly funded contracts for supplies, materials, services, or equipment hereinafter entered into the following provisions:

"During the performance of this contract, the contractor agrees as follows:

- (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, or national origin;
- (2) The contractor will state in all solicitations or advertisements for employees placed by or on behalf of the contractors that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, or national origin;
- (3) The contractor will post notices in conspicuous places, available to employees and applicants for employment, setting forth the provision of the nondiscrimination clauses required by this section; and
- (4) The contractor will send a notice to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding advising the labor union or workers' representative of the contractor's commitments under the nondiscrimination clauses."

The Act further provides:

"KRS 45.610. Hiring minorities -- Information required

- (1) For the length of the contract, each contractor shall hire minorities from other sources within the drawing area, should the union with which he has collective bargaining agreements be unwilling to supply sufficient minorities to satisfy the agreed upon goals and timetables.

(2) Each contractor shall, for the length of the contract, furnish such information as required by KRS 45.560 to KRS 45.640 and by such rules, regulations and orders issued pursuant thereto and will permit access to all books and records pertaining to his employment practices and work sites by the contracting agency and the department for purposes of investigation to ascertain compliance with KRS 45.560 to 45.640 and such rules, regulations and orders issued pursuant thereto.

KRS 45.620. Action against contractor -- Hiring of minority contractor or subcontractor

(1) If any contractor is found by the department to have engaged in an unlawful practice under this chapter during the course of performing under a contract or subcontract covered under KRS 45.560 to 45.640, the department shall so certify to the contracting agency and such certification shall be binding upon the contracting agency unless it is reversed in the course of judicial review.

(2) If the contractor is found to have committed an unlawful practice under KRS 45.560 to 45.640, the contracting agency may cancel or terminate the contract, conditioned upon a program for future compliance approved by the contracting agency and the department. The contracting agency may declare such a contractor ineligible to bid on further contracts with that agency until such time as the contractor complies in full with the requirements of KRS 45.560 to 45.640.

(3) The equal employment provisions of KRS 45.560 to 45.640 may be met in part by a contractor by subcontracting to a minority contractor or subcontractor. For the provisions of KRS 45.560 to 45.640, a minority contractor or subcontractor shall mean a business that is owned and controlled by one or more persons disadvantaged by racial or ethnic circumstances.

KRS 45.630 Termination of existing employee not required, when

Any provision of KRS 45.560 to 45.640 notwithstanding, no contractor shall be required to terminate an existing employee upon proof that employee was employed prior to the date of the contract.

KRS 45.640 Minimum skills

Nothing in KRS 45.560 to 45.640 shall require a contractor to hire anyone who fails to demonstrate the minimum skills required to perform a particular job."

It is recommended that all of the provisions above quoted be included as special conditions in each contract. In the case of a contract exceeding \$250,000, the contractor is required to furnish evidence that his workforce in Kentucky is representative of the available work-force in the area from which he draws employees, or to supply an Affirmative Action plan which will achieve such representation during the life of the contract.

## **LFUCG Non-Appropriation Clause**

Contractor acknowledges that the LFUCG is a governmental entity, and the contract validity is based upon the availability of public funding under the authority of its statutory mandate.

In the event that public funds are unavailable and not appropriated for the performance of the LFUCG's obligations under this contract, then this contract shall automatically expire without penalty to the LFUCG thirty (30) days after written notice to Contractor of the unavailability and non-appropriation of public funds. It is expressly agreed that the LFUCG shall not activate this non-appropriation provision for its convenience or to circumvent the requirements of this contract, but only as an emergency fiscal measure during a substantial fiscal crisis, which affects generally its governmental operations.

In the event of a change in the LFUCG's statutory authority, mandate and mandated functions, by state and federal legislative or regulatory action, which adversely affects the LFUCG's authority to continue its obligations under this contract, then this contract shall automatically terminate without penalty to the LFUCG upon written notice to Contractor of such limitation or change in the LFUCG's legal authority.

## **Contention Process**

Vendors who respond to this invitation have the right to file a notice of contention associated with the RFP process or to file a notice of appeal of the recommendation made by the Director of Central Purchasing resulting from this invitation.

Notice of contention with the RFP process must be filed within 3 business days of the bid/proposal opening by (1) sending a written notice, including sufficient documentation to support contention, to the Director of the Division of Central Purchasing or (2) submitting a written request for a meeting with the Director of Central Purchasing to explain his/her contention with the RFP process. After consulting with the Commissioner of Finance the Chief Administrative Officer and reviewing the documentation and/or hearing the vendor, the Director of Central Purchasing shall promptly respond in writing findings as to the compliance with RFP processes. If, based on this review, a RFP process irregularity is deemed to have occurred the Director of Central Purchasing will consult with the Commissioner of Finance, the Chief Administrative Officer and the Department of Law as to the appropriate remedy.

Notice of appeal of a RFP recommendation must be filed within 3 business days of the RFP recommendation by (1) sending a written notice, including sufficient documentation to support appeal, to the Director, Division of Central Purchasing or (2) submitting a written request for a meeting with the Director of Central Purchasing to explain his appeal. After reviewing the documentation and/or hearing the vendor and consulting with the Commissioner of Finance and the Chief Administrative Officer, the Director of Central Purchasing shall in writing, affirm or withdraw the recommendation.

**SELECTION CRITERIA:**

- |   |           |
|---|-----------|
| 1. General Shelter Information                      | 25 points |
| 2. Rapid Resolution/Housing Oriented                | 25 points |
| 3. Low Barrier                                      | 20 points |
| 4. Actual Results                                   | 20 points |
| 5. Budget Appropriateness and Feasibility of Budget | 10 points |

Proposals shall contain the appropriate information necessary to evaluate based on these criteria. A committee composed of government employees as well as representatives of relevant user groups will evaluate the proposals.

Questions shall be submitted via IonWave at: <https://lexingtonky.ionwave.net>



## Affirmative Action Plan

All vendors must submit as a part of the proposal package the following items to the Urban County Government:

1. Affirmative Action Plan for his/her firm;
2. Current Work Force Analysis Form;

Failure to submit these items as required may result in disqualification of the submitter from award of the contract. All submissions should be directed to:

Director, Division of Central Purchasing  
Lexington-Fayette Urban County Government  
200 East Main Street, 3rd Floor  
Lexington, Kentucky 40507

All questions regarding this proposal must be directed to the Division of Central Purchasing, (859)-258-3320.

#### **4.1 General Shelter Information – 25 points**

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

Our shelter is open 24 hours per day, every day of the year, serving approximately 1,000 individuals annually. Staff are available at all hours including our Director of Guest Services who lives on-site. We welcome all women and single parent families and frequently house individuals who are victims of domestic violence, struggling with addiction or mental illness, or aging out of foster care. Our guests include individuals of all ages, newborns to senior citizens, and from many nationalities. We serve three healthy meals daily and provide hygiene items, clothing, and linens. Through partnerships with the University of Kentucky and Mountain Comprehensive Care, we offer both mental and physical healthcare on-site. Each guest meets with a caseworker, available seven days a week, to draft their housing case plan. Working to create an inventory of their current strengths and assets and looking for opportunities to enhance both through on-site resources like job and life skills training.

#### **4.2 Rapid Resolution, Housing Oriented - 25 points**

Up to 25 points will be awarded to applicants demonstrating a shelter project that is rapid resolution and housing oriented. This means a plan is presented for how the organization works with guests to develop and implement a housing plan including diversion techniques and how quickly people move to permanent housing.

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

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

We work to make sure families not only find housing but are prepared to keep it. In the past two years, only 4% of our guests have returned. Thus our shelter staff can easily identify frequent users and provide additional support. We house victims of domestic violence and ensure safety with tinted windows, confidentiality, and resources through the Amanda Center. When needed, we partner with Greenhouse17 for our most vulnerable guests.

We actively participate in Lexington-wide homelessness initiatives through Coordinated Entry, the HMIS Common Assessment System and Committee, OHPI Advocacy, Issues, and Programs Committee, and Eastern State Hospital meetings.

#### **4.3 Low-Barrier - 20 points**

Up to 20 points will be awarded to applicants based on an evaluation of the shelter's commitment to a housing first, low-barrier model. Low-barrier shelter is a critical piece in the homeless assistance approach that prioritizes providing people experiencing homelessness with shelter as quickly as possible – and then providing voluntary supportive services as needed. A low-barrier shelter is one which has only the least restrictive entry criteria necessary to ensure health and safety in the facility.

Hanger Lodge recognizes the value of low-barrier, housing first models. The staff work hard to provide people experiencing homelessness with a safe place as quickly as possible. However, because we accommodate children and have a licensed childcare programs on-site, we are unable to accommodate sex offenders and have a zero-tolerance drug policy. Rules are reviewed one-

on-one with each guest with minimal and reasonable requirements, guests can ask question for clarification. Guests are required to meet with a caseworker weekly. Even if someone tests positive for drugs upon entry they can still be given shelter if they enter a rehabilitation program.

We welcome single parent families and self-defined families. Our program funding is flexible to community needs with 45% having no requirements other than supporting our shelter. We are unable to accommodate pets, but welcome service animals. Each guest receives one locker and two dresser drawers for their belongings. If someone leaves without notice belongings are stored short term.

We work with Lexington's Coordinated Entry system as well as local law enforcement, the United Way 211, local hospitals, and other shelters to identify individuals in need of shelter. Guests are welcomed at every hour, every day – staff are available 24/7/365. We request that guests participate in daily chores and attend life skills classes when not at work. Each guest may choose the type and time of their chores to accommodate their needs. However, failure to do any of these is not grounds for removal. In the past 12 months, 17 guests (2% of total served) have been removed for rule violations.

We have established new COVID-19 protocols: we take people who are covid positive and have protocols for isolation and quarantine. Given the fact that we have children in the shelter and 2 child care programs on campus it is vital that we provide as safe of an environment as possible for all of guests.

#### **4.4 Actual Results 20 points: Please see attached**

- Submit reports from January 1, 2021 to December 31, 2021
  - o CoC APR and
  - o CoC CAPER

#### 4.5 Budget Appropriateness and Feasibility of Budget 10 points

Complete this table	Total
Number of individual beds available to the general population (exclude beds reserved for/supported by Department of Corrections or other funding sources)	171 ind & fam
Number of units available for families, if applicable:	19
Funds requested from LFUCG:	\$300,000
Total budget for shelter program (all funding sources):	\$1,274,016
LFUCG investment per bed (Request/Total Beds):	\$1,754
LFUCG investment per unit, if applicable (Request/Total Units)	n/a
Total cost per bed (Total Budget/Total Beds):	\$7,450
Total cost per unit, if applicable (Total Budget/Total Units):	n/a
% LFUCG investment (LFUCG Request/Total Budget * 100):	23.54%

Our shelter is equipped with a well-educated staff who maintain current knowledge and practices through continuing education (such as trainings in housing first, trauma informed care, mental health recovery, substance abuse, harm reduction, motivational interviewing, and assertive engagement attended this past year). They are supported locally by our Fiscal Manager, Human Resources Coordinator, and Development Team. Our two Area Coordinators, Majors Garrett, oversee and guide our program with more than 46 years of program management experience combined. Our key program staff members include:

Mary Okpebholo, Director of Guest Services, has served at our shelter for 27 years and lives on-site. Mary coordinates a team of guest service assistants, cooks, in-kind donations processors, and maintenance staff to meet the basic needs of all guests through food, shelter, clothing, etc.

Tracy Caysen, Assistant Director of Guest Services coordinates evening and weekend activities at the lodge.

Hailie Hawk, MSW Lead Caseworker works with guests to provide case management and develop a plan to become permanently housed in addition to providing guidance to her colleagues.

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

Christine Felker, MSW in April, part-time, 15 years of experience. Expected to be full-time upon completion of degree.

Franchesca Bridges, Case Worker/Support Staff, has an associates degree and one year of experience.

Hailie Hawk, MSW; Shantel, Taylor, MSW, Sherri Baptiste, MSW – Caseworkers who serve as coaches and advocates for guests, meeting with them weekly to develop and implement a plan to become permanently housed. These services are provided 7 days a week.

**The Salvation Army Emergency Homeless Shelter  
Program Budget 2022-2023**

		<b>Received from LFUCG</b>	<b>Non-LFUCG Funding</b>
<b>INCOME</b>			
Individual Contributions	\$ 240,000.00		\$ 240,000.00
Private Foundations	\$ 70,000.00		\$ 70,000.00
Special Fundraising Events	\$ 40,000.00		\$ 40,000.00
Government - Federal, State, and Local	\$ 430,000.00	\$ 300,000.00	\$ 130,000.00
<b>Total Income</b>	<b>\$ 780,000.00</b>	<b>\$ 300,000.00</b>	<b>\$ 480,000.00</b>

<b>EXPENSES</b>			
<b>Total Staff</b>	<b>\$ 866,194.00</b>	<b>\$ 250,000.00</b>	<b>\$ 616,194.00</b>
Exempt Staff (Salaries and Benefits)	\$ 73,612.00	\$ 50,000.00	\$ 23,612.00
Non-exempt Staff (Salaries and Benefits)	\$ 792,582.00	\$ 200,000.00	\$ 592,582.00
<b>Consultant Services</b>			<b>\$ -</b>
<b>Space/Facilities</b>	<b>\$ 97,285.00</b>	<b>\$ 25,000.00</b>	<b>\$ 72,285.00</b>
Utilities	\$ 56,428.00	\$ 25,000.00	\$ 31,428.00
Property Upkeep (including janitorial supplies)	\$ 40,857.00		\$ 40,857.00
<b>Operating Expenses</b>	<b>\$ 244,337.00</b>	<b>\$ 25,000.00</b>	<b>\$ 219,337.00</b>
Program Supplies	\$ 14,322.00		\$ 14,322.00
Food & Kitchen Supplies	\$ 180,000.00	\$ 25,000.00	\$ 155,000.00
Continuing Education	\$ 2,700.00		\$ 2,700.00
Equipment/Furniture	\$ 22,591.00		\$ 22,591.00
Transportation	\$ 6,929.00		\$ 6,929.00
Office Supplies, Postage, & Printing	\$ 6,797.00		\$ 6,797.00
Communications (phone & internet)	\$ 5,803.00		\$ 5,803.00
Insurance & Licenses	\$ 5,195.00		\$ 5,195.00
<b>Scholarships/Stipends</b>	<b>\$ 8,000.00</b>		<b>\$ 8,000.00</b>
Assistance to Individuals (bus tokens, medications, etc.)	\$ 8,000.00		\$ 8,000.00
<b>Other</b>	<b>\$ 58,200.00</b>		<b>\$ 58,200.00</b>
Support Staff Salaries & Benefits (accounting, admin, development)	\$ 58,200.00		\$ 58,200.00

<b>Total Expenses</b>	<b>\$</b>	<b>1,274,016.00</b>	<b>\$</b>	<b>300,000.00</b>	<b>\$</b>	<b>974,016.00</b>
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## AFFIDAVIT

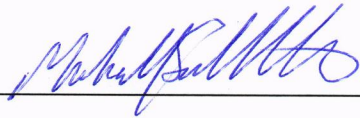
Comes the Affiant, Michael J. Southwick, and after being first duly sworn, states under penalty of perjury as follows:

1. His/her name is Michael J. Southwick and he/she is ~~the individual submitting the proposal or is~~ the authorized representative of The Salvation Army, 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.



Michael J. Southwick, Secretary

STATE OF New York

COUNTY OF Rockland

The foregoing instrument was subscribed, sworn to and acknowledged before me

by Michael J. Southwick on this the 4th day

of March, 2022

My Commission expires: November 2, 2025



NOTARY PUBLIC, STATE AT-LARGE OF NEW YORK

Tahniah Wilson

No. 01WI6213088

Qualified in Rockland County



## 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.*

\*\*\*\*\*

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

Michael J. Southwick, Secretary

The Salvation Army  
\_\_\_\_\_  
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
Administrators																	
Professionals	7	1	5						1								16
Superintendents																	
Supervisors	5	1	3						1								14
Foremen																	
Technicians																	
Protective																	
Para-	10	1	4		1		4										19
Office/Clerical	3		3														3
Skilled Craft																	
Service/Maintena	38	3	15			1	19										434
<b>Total:</b>	<b>63</b>	<b>6</b>	<b>30</b>	<b>1</b>	<b>1</b>	<b>23</b>	<b>2</b>	<b>2</b>									<b>750</b>

Prepared by: *[Signature]* Date: 3/2/22  
 HR Coordinator (Name and Title)

**THE SALVATION ARMY  
EASTERN TERRITORY  
NON-DISCRIMINATION FRAMEWORK**

The Salvation Army in the United States works cooperatively with many groups--governmental, social service, civic, religious, business, humanitarian, educational, health, character building, and other groups--in the pursuit of its mission to preach the Christian Gospel and meet human need.

1. The Salvation Army is an international religious and charitable movement, organized and operated on a quasi-military pattern, and is a branch of the Christian church.
2. All programs of The Salvation Army are administered by Salvation Army officers, who are ministers of the Gospel.
3. The motivation of the organization is love of God and a practical concern for the needs of humanity.
4. The Salvation Army's provision of food, shelter, health services, counseling, and other physical, social emotional, psychological and spiritual aid, is given to persons in need simply because they are in need, regardless of race, color, creed, sex, or age.

All programs provided by The Salvation Army encompass our movement's mission "to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination." Because The Salvation Army is rooted in Christian compassion and is governed by Judeo-Christian ethics, it's programs and services are provided on a non-discriminatory basis according to the needs of those served and the capacity, both financial and programmatic, of the specific services provided to address those needs. In providing its programs and services, The Salvation Army is committed to accommodating all those in need in accordance with our capacity to help without unlawful discrimination or harassment based on age, race, color, religion, sex, national origin, marital status, disability, citizenship, sexual orientation, gender identity, gender expression, or any other characteristic.

Further, The Salvation Army is an Equal Opportunity Employer and committed to providing a respectful environment for all applicants and employees that is free from unlawful discrimination or harassment based on age, race, color, religion, sex, national origin, marital status, disability, citizenship, sexual orientation, gender identity, gender expression, or any other characteristic protected by law.

While The Salvation Army does not always consider religion in making employment decisions, as a religious organization, a branch of the Christian church, The Salvation Army reserves the right to make specific employment decisions and adopt employment policies that take into account the religious and moral principles for which it is established and maintained, consistent with its right to the free exercise of its religion guaranteed to it by the Constitution of the United States and the many corresponding statutory exemptions applicable to religious organizations.

**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: The Salvation Army

Service Address: 736 West Main Street, Lexington, KY 40508

Complete Address: Corporate Address: 440 West Nyack Roadk, West Nyack, NY 10994  
Street City Zip

Contact Name: Krista K. Whitaker Title: Community Relations & Development Coordinator

Telephone Number: 859-252-7706 Fax Number: \_\_\_\_\_  
Ext. 117

Email address: Krista.Whitaker@USE.SalvationArmy.org



**Lexington-Fayette Urban County Government**  
**MWDBE PARTICIPATION GOALS**

**A. GENERAL**

- 1) The LFUCG request all potential contractors to make a concerted effort to include Minority-Owned (MBE), Woman-Owned (WBE), Disadvantaged (DBE) Business Enterprises and Veteran-Owned Small Businesses (VOSB) as subcontractors or suppliers in their bids.
- 2) Toward that end, the LFUCG has established 10% of total procurement costs as a Goal for participation of Minority-Owned, Woman-Owned and Disadvantaged Businesses on this contract.
- 3) **It is therefore a request of each Bidder to include in its bid, the same goal (10%) for MWDBE participation and other requirements as outlined in this section.**
- 4) The LFUCG has also established a 3% of total procurement costs as a Goal for participation for of Veteran-Owned Businesses.
- 5) **It is therefore a request of each Bidder to include in its bid, the same goal (3%) for Veteran-Owned participation and other requirements as outlined in this section.**

**B. PROCEDURES**

- 1) The successful bidder will be required to report to the LFUCG, the dollar amounts of all payments submitted to Minority-Owned, Woman-Owned or Veteran-Owned subcontractors and suppliers for work done or materials purchased for this contract. (See Subcontractor Monthly Payment Report)
- 2) Replacement of a Minority-Owned, Woman-Owned or Veteran-Owned subcontractor or supplier listed in the original submittal must be requested in writing and must be accompanied by documentation of Good Faith Efforts to replace the subcontractor / supplier with another MWDBE Firm; this is subject to approval by the LFUCG. (See LFUCG MWDBE Substitution Form)
- 3) For assistance in identifying qualified, certified businesses to solicit for potential contracting opportunities, bidders may contact:
  - a) The Lexington-Fayette Urban County Government, Division of Central Purchasing (859-258-3320)
- 4) The LFUCG will make every effort to notify interested MWDBE and Veteran-Owned subcontractors and suppliers of each Bid Package, including information on the scope of work, the pre-bid meeting time and location, the bid date, and all other pertinent information regarding the project.

**C. DEFINITIONS**

- 1) A Minority-Owned Business Enterprise (MBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by persons of African American, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native Heritage.
- 2) A Woman-Owned Business Enterprise (WBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by one or more women.

- 3) A Disadvantaged Business (DBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by a person(s) that are economically and socially disadvantaged.
- 4) A Veteran-Owned Small Business (VOSB) is defined as a business which is certified as being at least 51% owned, managed and controlled by a veteran and/or a service disabled veteran.
- 5) Good Faith Efforts are efforts that, given all relevant circumstances, a bidder or proposer actively and aggressively seeking to meet the goals, can reasonably be expected to make. In evaluating good faith efforts made toward achieving the goals, whether the bidder or proposer has performed the efforts outlined in the Obligations of Bidder for Good Faith Efforts outlined in this document will be considered, along with any other relevant factors.

#### D. OBLIGATION OF BIDDER FOR GOOD FAITH EFFORTS

- 1) **The bidder shall make a Good Faith Effort to achieve the Participation Goal for MWDBE and Veteran-Owned subcontractors/suppliers. The failure to meet the goal shall not necessarily be cause for disqualification of the bidder; however, bidders not meeting the goal are required to furnish with their bids written documentation of their Good Faith Efforts to do so.**
- 2) Award of Contract shall be conditioned upon satisfaction of the requirements set forth herein.
- 3) The Form of Proposal includes a section entitled "MWDBE Participation Form". The applicable information must be completed and submitted as outlined below.
- 4) **Failure to submit this information as requested may be cause for rejection of bid or delay in contract award.**

#### E. DOCUMENTATION REQUIRED FOR GOOD FAITH EFFORTS

- 1) Bidders reaching the Goal are required to submit only the MWDBE Participation Form." The form must be fully completed including names and telephone number of participating MWDBE firm(s); type of work to be performed; estimated value of the contract and value expressed as a percentage of the total Lump Sum Bid Price. The form must be signed and dated, and is to be submitted with the bid.
- 2) Bidders not reaching the Goal must submit the "MWDBE Participation Form", the "Quote Summary Form" and a written statement documenting their Good Faith Effort to do so. If bid includes no MWDBE and/or Veteran participation, bidder shall enter "None" on the subcontractor / supplier form). In addition, the bidder must submit written proof of their Good Faith Efforts to meet the Participation Goal:
  - a. 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.
  - b. Included documentation of advertising in the above publications with the bidders good faith efforts package

- c. Attended LFUCG Central Purchasing Economic Inclusion Outreach event
- d. Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned businesses of subcontracting opportunities
- e. Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses.
- f. Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).
- g. 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.
- d. Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs and/or Veteran-Owned businesses 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.
- e. Followed up initial solicitations by contacting MWDBEs and Veteran-Owned Businesses to determine their level of interest.
- j. Provided the interested MWDBE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.
- k. 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
- l. 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.
- m. 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.
- n. 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.

o. 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

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

q. 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 review by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.**



Sherita Miller, MPA  
Minority Business Enterprise Liaison  
Division of Central Purchasing  
Lexington-Fayette Urban County Government  
200 East Main Street  
Lexington, KY 40507  
[smiller@lexingtonky.gov](mailto:smiller@lexingtonky.gov)  
859-258-3323

**OUR MISSION:** The mission of the Minority Business Enterprise Program is to facilitate the full participation of minority and women owned businesses in the procurement process and to promote economic inclusion as a business imperative essential to the long term economic viability of Lexington-Fayette Urban County Government.

To that end the city council adopted and implemented Resolution 484-2017 – A Certified Minority, Women and Disadvantaged Business Enterprise ten percent (10%) minimum goal and a three (3%) minimum goal for Certified Veteran-Owned Small Businesses and Certified Service Disabled Veteran – Owned Businesses for government contracts.

The resolution states the following definitions shall be used for the purposes of reaching these goals (a full copy is available in Central Purchasing):

***Certified Disadvantaged Business Enterprise (DBE)*** – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a person(s) who is socially and economically disadvantaged as define by 49 CFR subpart 26.

***Certified Minority Business Enterprise (MBE)*** – a business in which at least fifty-one percent (51%) is owned, managed and controlled by an ethnic minority (i.e. African American, Asian American/Pacific Islander, Hispanic Islander, Native American/ Native Alaskan Indian) as defined in federal law or regulation as it may be amended from time-to-time.

***Certified Women Business Enterprise (WBE)*** – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a woman.

***Certified Veteran-Owned Small Business (VOSB)*** – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a veteran who served on active duty with the U.S. Army, Air Force, Navy, Marines or Coast Guard.

***Certified Service Disabled Veteran Owned Small Business (SDVOSB)*** – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a disabled veteran who served on active duty with the U.S. Army, Air Force, Navy, Marines or Coast Guard.

The term “Certified” shall mean the business is appropriately certified, licensed, verified, or validated by an organization or entity recognized by the Division of Purchasing as having the appropriate credentials to make a determination as to the status of the business.

We have compiled the list below to help you locate certified MBE, WBE and DBE certified businesses. Below is a listing of contacts for LFUCG Certified MWDBEs and Veteran-Owned Small Businesses in (<https://lexingtonky.ionwave.net>)

<b>Business</b>	<b>Contact</b>	<b>Email Address</b>	<b>Phone</b>
<b>LFUCG</b>	Sherita Miller	<a href="mailto:smiller@lexingtonky.gov">smiller@lexingtonky.gov</a>	859-258-3323
<b>Commerce Lexington – Minority Business Development</b>	Tyrone Tyra	<a href="mailto:tyra@commercelexington.com">tyra@commercelexington.com</a>	859-226-1625
<b>Tri-State Minority Supplier Diversity Council</b>	Susan Marston	<a href="mailto:smarston@tsmsdc.com">smarston@tsmsdc.com</a>	502-365-9762
<b>Small Business Development Council</b>	Shawn Rogers UK SBDC	<a href="mailto:shawn.rogers@uky.edu">shawn.rogers@uky.edu</a>	859-257-7666
<b>Community Ventures Corporation</b>	Phyllis Alcorn	<a href="mailto:palcorn@cvky.org">palcorn@cvky.org</a>	859-231-0054
<b>KY Transportation Cabinet (KYTC)</b>	Melvin Bynes	<a href="mailto:Melvin.bynes2@ky.gov">Melvin.bynes2@ky.gov</a>	502-564-3601
<b>KYTC Pre-Qualification</b>	Shella Eagle	<a href="mailto:Shella.Eagle@ky.gov">Shella.Eagle@ky.gov</a>	502-782-4815
<b>Ohio River Valley Women’s Business Council (WBENC)</b>	Sheila Mixon	<a href="mailto:smixon@orvwbc.org">smixon@orvwbc.org</a>	513-487-6537
<b>Kentucky MWBE Certification Program</b>	Yvette Smith, Kentucky Finance Cabinet	<a href="mailto:Yvette.Smith@ky.gov">Yvette.Smith@ky.gov</a>	502-564-8099
<b>National Women Business Owner’s Council (NWBOC)</b>	Janet Harris-Lange	<a href="mailto:janet@nwvoc.org">janet@nwvoc.org</a>	800-675-5066
<b>Small Business Administration</b>	Robert Coffey	<a href="mailto:robertcoffey@sba.gov">robertcoffey@sba.gov</a>	502-582-5971
<b>LaVoz de Kentucky</b>	Andres Cruz	<a href="mailto:lavozydeky@yahoo.com">lavozydeky@yahoo.com</a>	859-621-2106
<b>The Key News Journal</b>	Patrice Muhammad	<a href="mailto:production@keynewsjournal.com">production@keynewsjournal.com</a>	859-685-8488



**NOT APPLICABLE**

Bid/RFP/Quote Reference # \_\_\_\_\_

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.				
2.				
3.				
4.				

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.

The Salvation Army  
Company

  
Michael J. Southwick  
Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary  
Title



**NOT APPLICABLE**

Bid/RFP/Quote Reference # \_\_\_\_\_


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.

The Salvation Army  
Company

3-4-2022  
Date

  
\_\_\_\_\_  
Company Representative

Secretary  
Title





**NOT APPLICABLE**

Bid/RFP/Quote Reference # \_\_\_\_\_

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.

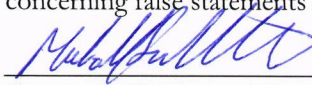
Company Name	Contact Person
Address/Phone/Email	Bid Package / Bid Date

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.

The Salvation Army \_\_\_\_\_  
 Company  
 3-3-2022 \_\_\_\_\_  
 Date

 \_\_\_\_\_ Michael J. Southwick  
 Company Representative  
 Secretary \_\_\_\_\_  
 Title



**NOT APPLICABLE**

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 # \_\_\_\_\_

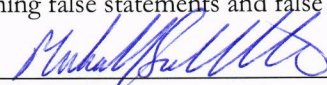
Total Contract Amount Awarded to Prime Contractor for this Project \_\_\_\_\_

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

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.

The Salvation Army  
Company

 Michael J. Southwick  
Company Representative

3-4-2022  
Date

Secretary  
Title

**NOT APPLICABLE**

**LFUCG STATEMENT OF GOOD FAITH EFFORTS**

Bid/RFP/Quote # \_\_\_\_\_

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.~~ do not apply to The Salvation Army



\_\_\_\_\_ 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 MWBDE 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 MWBDE 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.

The Salvation Army  
Company  
3-4-2022  
Date

  
Michael J. Southwick  
Company Representative  
Secretary  
Title

## GENERAL PROVISIONS

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

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

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

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

A. Termination for Cause

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

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

#### B. At Will Termination

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

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

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

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



Signature

Michael J. Southwick, Secretary

3-4-2022

Date





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

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

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

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

unattended. Smoking is not permitted when children are in the snack area. **ABSOLUTELY NO FOODS CAN BE BROUGHT ON PROPERTY!!**

- 17) The Salvation Army is **not** responsible for lost or stolen items. Please keep your doors locked (family area) and your valuables out of sight. There are lockers available for singles that can be used for small valuables.
- 18) All guest will be assigned chores/duties in the facility (chores, one or more are rotated weekly). Chores are **NOT** optional. If you are unable to attend to your assigned chore due to an **emergency**, it is your responsibility to receive an approved excuse from DGS and find another guest who can complete that chore for you. In the case of physical limitation, a physician's note listing suitable chore options will be required.
- 19) Single guest must be in their rooms and lights out by 11:00 p.m. Guest with children must be in their rooms with children in bed by 9:00 p.m. on school nights and 10:00 p.m. on non-school nights.
- 20) For the safety of children, parents/guardians must provide supervision for their child(ren) **at all times**. Parents/guardians must ensure that their children are using the appropriate playground equipment and toys suitable for their child's age. Big wheels, toy weapons, roller blades, skates or other playground items are not to be brought inside the facility. Parents/guardians must bring their child(ren) to breakfast, lunch and supper so they do not go hungry. Children may never be alone for meals. **Under no circumstances may one guest handle or baby-sit another guest child(ren) while on Salvation Army property.**
- 21) Weekend passes must be approved by the Director After 30 days, one pass every 30 days and two extended curfews may be requested. Guest must apply for the pass by Thursday 4:00 p.m. for that weekend. Do not leave before your pass has been approved.
- 22) Guest who have two no shows for curfew throughout duration in facility without permission will forfeit their bed/room. Guest who check out of the lodge must take their belongings and medication with them. **Belongings, including medication, will be held for 48 hours unless previous arrangements have been made with the DGS. Mail will be held for 30 days.**
- 23) Guest are **NOT** permitted to switch beds (single dorms) or rooms (family area) without permission from the DGS. You may not rearrange furniture, or put tape, stickers or markings on furniture. Never create a hazard by placing objects in front of the door to your room. Windows may not be opened or unlocked unless approval is given by the DGS.
- 24) Guest may request to schedule a laundry time once per week by asking at the front desk. When scheduling laundry, keep in mind adolescent boys are not permitted in the downstairs area before 10:00 a.m. or after 5:00 p.m. Guest must comply with the drying and bagging of clothing and cloth items for health and safety reasons. ***GUESTS ARE NOT TO DO LAUNDRY FOR OTHER GUESTS.***
- 25) Visitation for the Shelter/Lodge is Sundays from 2:00 p.m. – 4:00 p.m. in the reception/lobby area. All visitors are required to sign in and out.
- 26) Television in the Family Area is geared towards children. Only appropriate shows are to be watched on the Family Area TV at the discretion of the DGS. In both family and singles areas there may be no soap operas, BET, VH1, MTV, and talk shows are under DGS' discretion.
- 27) Congregating or speaking loudly in the hallways or the lobby is not permitted. Standing and socializing outside the DGS' office, the Caseworkers' offices, or the Front Receptionist desk is not permitted as it creates difficulty for others being served. Please use the lounge areas for socializing.
- 28) There is **NO SMOKING** (including electronic cigarettes, rolling tobacco, and smokeless tobacco products ex. Snuff, dip, and chewing tobacco) anywhere in the building or on Salvation Army grounds except for the far end of the playground or the patio between the Way House and Lodge. **Rolling cigarettes are not allowed on property!!**
- 29) To protect the safety and privacy of another guest, **please refrain from using your camera and no video recording.** One cell phone and charger per person.
- 30) Small radios may be used in family rooms as long as it does not disturb your neighbors. Small radios without electric cords or camera devices may be used in dorms with headphones so you do not disturb other residents.
- 31) Guest with vehicles must **ALWAYS** park behind the facility. Please use the sidewalk alongside the early learning center facility (not the sidewalk beside the playground). **Please see DGS for a monthly parking pass.** Vehicles not parked in the designated area and not properly tagged is subject be towed at the owner's expense.
- 32) Guest must be fully dressed at all times; this includes being fully dressed in dorm rooms. Appropriate undergarments and clothing must be worn in common areas (**no pajamas or lounge pants – Determined by DGS**). Shoes, (not house slippers), must be worn at all the times, inside and outside the facility. No bare feet or flip-flops without socks in the dining area.
- 33) **NO** possession of any items listed on the contraband list.

- 34) Profanity, sexually related comments or whistling, and intimate touching of any kind is **not** permitted. Please be mindful this is a community living situation with children.
- 35) A lounge for single women and a lounge for families is provided for socialization. Visiting in other dorms/rooms or sitting or lying on another resident's bed is not permitted.
- 36) One guest at a time in the shower and toilet stalls is permitted. Please respect the privacy of others.
- 37) Outdoor seating areas have been designated on campus for your enjoyment. **Loitering around the property or inside parked vehicles on property is not permitted.**
- 38) All guest must use the sidewalk. For safety reasons, kindly refrain from walking through the parking lot.
- 39) **NO** roughhousing indoors or outside. No playing on the stairs.
- 40) Pets are not permitted on the property (inside or outside). **Service animals permitted with proper documentation.**
- 41) Gambling of any kind is **NOT** permitted. Card playing is allowed with the permission of the DGS.
- 42) Upon receiving income, residents must provide their caseworker with verification of their savings toward housing.
- 43) Once guest have successfully gained employment, they will begin to pay a program fee of ten dollars a week.
- 44) Warnings will be issued when guest fail to follow the rules. Guest receiving a warning must communicate with the DGS within 24 hours. Warnings will become a permanent part of your record. The DGS may ask you to leave after four (4) warnings or one (1) gross infraction. A gross infraction will cause your readmission to the Shelter to be subject to an evaluation and approval by the DGS. Gross infractions that may call for immediate suspension include:
  - A. Violent behavior or extreme verbal abuse (to anyone), strong profanity, racial slurs, and gender discrimination
  - B. Stealing from anywhere or anyone in the Shelter or property
  - C. Smoking inside the building or in an undesignated area including electronic cigarettes
  - D. Possession of alcohol, unauthorized drugs, loose tobacco (in any container), weapons, ammunition or dangerous chemical agents in the Shelter/Lodge or on the premises.
  - E. Being under the influence of alcohol or illegal drugs in the Shelter or on the property
  - F. A positive drug or alcohol test or failure to submit to testing
  - G. Intimate touching of any kind
  - H. Prostitution
  - I. Selling of controlled substances
  - J. Indecent exposure
  - K. Damage to the Shelter/Lodge or Salvation Army premises
  - L. Behavior that threatens the well being of yourself or another resident or staff
  - M. Use of cell phone devices with (cameras, video) is prohibited anywhere in the shelter/Lodge. (This measure is important in order to protect our guest which include children and domestic violence victims.)
  - N. Failure to place medications (over the counter or prescription) in medicine box immediately upon entering the shelter/Lodge unless permission has been granted by the DGS.
  - O. Providing false identification
- 45) **IMPORTANT:** The Salvation Army operates a program, not a hotel where people check in and out repeatedly, and bed space is extremely limited. Therefore, once you leave, be aware there is a 60-day waiting period after the first stay before you may return to the Shelter/Lodge; a 90-day waiting period after the second stay; and a year thereafter. We recognize there may be special circumstances when it is appropriate for a resident to return to the Shelter/Lodge prior to the end of the waiting period; therefore, "Admission Exemption" application forms are available at the front desk and once completed will be evaluated by the DGS

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

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

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

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

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

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

The Salvation Army provides shelter and other services for one reason – God Loves People. The Salvation Army provides spiritual counseling, Bible studies and worship services designed to bring hope and meet spiritual needs. You are welcome, but not required, to attend Sunday School at 10:00 a.m.; Sunday Worship at 11:00 a.m.; and Bible Study on Thursdays at 2:30 p.m. Also, you may request to speak to a Chaplin/Pastor. You may request a room to meet with a clergy member of your choice. Such requests for spiritual counseling should be made with the DGS.

- Daily Schedule
  - o 5:00 a.m. – 7:45 a.m. Continental Breakfast (**no cell phone**)
  - o 8:00 a.m. Room inspections
  - o 10:00 a.m. Sunday School (optional, Sunday)
  - o 11:00 a.m. Worship (optional, Sunday)
  - o 11:30 p.m. – 1:00 p.m. Lunch (**no cell phone**)
  - o 4:30 p.m. – 5:30 p.m. Dinner (**no cell phone**)
  - o 5:30 p.m. – 8:00 p.m. Clinic (Tuesday and Thursday) - sign-up is 4:30 p.m.
  - o 8:00 p.m. Mandatory Residents Meeting (1<sup>st</sup> Tuesday – Singles & 3<sup>rd</sup> Tuesday - Families)
  - o 7:30 p.m. – 8:30 p.m. Snack provided – including drink - (**Time may vary without prior notice**)  
**GUESTS ARE NOT ALLOWED TO BRING SNACKS ON PROPERTY**
  - o 9:00 p.m. All children must be in bed on school nights (Note:10 p.m. on non-school nights)
  - o 11:00 p.m. – 5:00 a.m. All residents in rooms/dorms (*TV's off / smoking area locked / Lights Off*)

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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

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



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



## Information & Procedures - Navigating Your Stay

- 1) Guests must be out of bed, showered, dressed and cleaning their areas by 8:00 a.m. Monday-Friday and 9:00 a.m. on Saturday and Sunday.
- 2) Guests must be able to care for themselves and are required to participate in all emergency drills. Always follow staff instructions to go to the proper locations during drills.
- 3) All guests must sign themselves in and out every time they leave the property.
- 4) All prescription and over the counter drugs **MUST** be kept in assigned medical box/bag behind the reception desk in the front lobby. Guests can only access medicine in the lobby.
- 5) Food and/or drinks cannot be taken out of the cafeteria. No food and/or drinks are allowed in dorms or family area rooms except for plain bottled water.
- 6) For the safety of children, parents/guardians must supervise their child(ren) on property at all times
- 7) Guests **CANNOT** switch beds (single dorms) or rooms (family area) without permission from the Director of Guest Services.
- 8) Smoking (including electronic cigarettes) is **NOT** permitted in the buildings or on Salvation Army grounds except for the far end of the playground or the patio between the Way House and Lodge.
- 9) Profanity, gambling, sexually related comments or whistling and intimate touching of any kind is **NOT** permitted.

## DAILY LIVING

- Guests should check daily for mail, with the front desk staff.
- Guest will be assigned Caseworker, please check the white board for time and date of your schedule intake.
- Pets are not permitted on the property (inside or outside) unless the animal is a service animal.
- Guests are required to attend life skills education classes and other mandatory classes as listed on the monthly calendar; unless employed during class hours. Important: A guest may only be excused from attending a particular class by their caseworker.
- If you need to speak with your Caseworker, Social Service Coordinator or the Director of Guest Services and do not have a scheduled appointment, fill out a **Caseworker Request Form**. These can be found at the front desk.
- A phone for guest business use is located in the front hallway of the Lodge. This phone is for local calls only.
- We reserve the right to search any bags or belongings brought into the Lodge. Lockers and closets are also subject to random search. Guests are required to cooperate with searches.
- We reserve the right to randomly drug and alcohol test, with the understanding a staff member must be present at the time the specimen is collected. This is a zero tolerance facility; therefore, testing positive or failure to comply can result in suspension from the lodge.
- Guests are to be fully dressed at all times. Appropriate undergarments and clothing (no pajamas or lounge pants) must be worn in common areas. Shoes, (not house slippers), must be worn at all the times, inside and outside the facility.
- Visitation for the Lodge is Sundays from 2:00 p.m.-4:00 p.m. in the reception/lobby area. All visitors are required to sign in and out.
- Clothing items are restricted to what fits into each guest's assigned clothing unit/locker. Guests being housed in overflow spaces may keep one bag of personal items in the lobby restroom. Linens and up to one additional bag of personal items will be stored in the Lodge shed which will be opened once in the morning and once in the evening by Lodge staff.

## DAILY SCHEDULE

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

## DORM/ WAYHOUSE/ FAMILY LIVING

- Single guests must be in their rooms and lights out by **11:00 p.m.**
- Guests with children must be in their rooms with children in bed by **9:00 p.m. on school nights and 10:00 p.m. on non-school nights.**
- Do not rearrange furniture, or put tape, stickers or markings on furniture. Windows are not to be opened or unlocked unless approval is given by the Director of Guest Services.
- Small radios may be used in family rooms as long as it does not disturb your neighbors. Small radios without electric cords or camera devices may be used in dorms with headphones so you do not disturb other guests.
- Guests are not permitted to watch soap operas, BET, VH1, MTV, on the TVs in the singles area, the Way House or in the Family area. Talk shows are under Director of Guest Services' discretion. **TV operation hours are 6:00 am to 9:00 am and 6:00pm to 11:00pm.**
- Television in the Family Area is only to be geared towards children. NO, MTV, BET, soap operas. **TV operation hours are 6:00 am to 9:00 am and 6:00pm to 11:00pm.**
- Parents/guardians must ensure that their children are using the appropriate playground equipment and toys suitable for their child's age. Big wheels, toy weapons, roller blades, skates or other playground items cannot be brought inside the facility.
- Under **NO** circumstances may one guest handle or baby-sit another guest's child(ren) while on Salvation Army property.

## MEALS/SACK LUNCHES/SNACKS

- Guests must get a ticket at the front desk for all meals. Staff will announce when tickets are available.
- No bare feet or flip-flops without socks in the dining area. Guests are to be appropriately dressed.
- Sack lunches are available for employed guests or guests with scheduled appointments who will not be here at mealtime. A copy of your work schedule will be required. If sack lunches are not picked up two days in a row it is an automatic forfeit from the sack lunch program.
- Applications for sack lunch are available outside the Director of Guest Services' office and must be applied for by 4 p.m. Saturday for the following week. You must reapply with your schedule each week by Saturday. Guests requiring a special diet due to medical or religious reasons need to notify the Director of Guest Services.
- Refrigeration is available for babies' food and milk. Parents/guardians should see the Director of Guest Services for bottle washing and sanitation times. Be sure to date and initial your items.
- Snacks (not meals) may be brought in the front door and taken directly through the lobby and eaten at the picnic tables **during designated time periods.**  
**Families may have snack from 7 p.m.-8 p.m.**  
**Singles may have snack from 8:30 p.m.-9:30 p.m.**

## NO SHOWS/WEEKEND PASSES

- Weekend passes must be approved by the Director of Guest Services. After 30 days, one pass per month and two extended curfews may be requested. Guests must apply for the pass by Thursday 4:00 p.m. for that weekend. Do not leave before your pass has been approved.
- Guests will forfeit their bed/room after **two no shows.**
- Guests who check out of the lodge must take their belongings and medication with them. Belongings, including medication, will be held for 48 hours unless previous arrangements have been made with the Director of Guest Services. Mail will be held for 30 days.
- **IMPORTANT:** The Salvation Army operates a program, not a hotel where people check in and out repeatedly, and bed space is extremely limited. Therefore, once a guest leaves, there is a **60-day** waiting period after the first stay before a guest may return to the Lodge; a **90-day** waiting period after the second stay; and a year thereafter. We recognize there may be



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

### CHORES

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

### LAUNDRY

- There is a laundry facility for guests to use downstairs in the lodge. Guests may request to schedule a laundry time once per week by asking at the front desk.
- **Families** – When scheduling laundry, keep in mind adolescent boys are not permitted in the downstairs area **before 10:00 a.m.** or **after 5:00 p.m.**
- When bringing clothing in, guests must comply with the drying and bagging of clothing and cloth items for health and safety reasons.

### VEHICLES

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

### WORSHIP

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

## **FILING A GRIEVANCE**

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

Grievance Forms should be completed if:

1. A guest has a concern regarding a Guest Service Assistant or another guest that is not resolved after speaking to the Director of Guest Services -OR-
  2. A guest has a concern regarding a caseworker that is not resolved after speaking to the Social Services Coordinator -OR-
  3. A guest has a concern regarding the Director of Guest Services and/or the Social Services Coordinator that is not resolved after speaking with them.
- Grievance Forms must be filled out COMPLETELY.
  - Grievance Forms must be turned into the Administrative Coordinator between 8 a.m. and 5 p.m., Monday-Friday.
    - If the Administrative Coordinator is not available:
      - The Administration Receptionist will provide an envelope to the guest for their form.
      - The guest should place the form in the envelope and seal it. They should give it to the receptionist to put in the Administrative Coordinator's mailbox.
  - The Administrative Coordinator will acknowledge the grievance upon receipt with a letter placed in guest mail.

## **Expectations during your stay**

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

**RESPECT** yourself, other guests, volunteers and staff members.

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

Please respect the privacy of others.

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

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

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

Report Run History							
Report ID	Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
160480	03/02/2022 03:48:08 PM (0.25 mins)	COCAPR		Hailie Hawk	Salvation Army-Lexington-ESG/ESR-ES-LEX	Hailie Hawk	Completed
159815	02/22/2022 12:32:40 PM (0.43 mins)	COCAPR		Hailie Hawk	Salvation Army-Lexington-ESG/ESR-ES-LEX	Hailie Hawk	Completed
158654	02/02/2022 01:47:35 PM (0.59 mins)	COCAPR		Hailie Hawk	Salvation Army-Lexington-ESG/ESR-ES-LEX	Hailie Hawk	Completed

Showing 1-3 of 3

### Report Options

Name

Description

Provider Type  Provider  Reporting Group

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

**Program Date Range \*** 01/01/2021 to 12/31/2021

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

### CoC-APR Report Results - Date Ran: 03/02/2022 03:48:08 PM - Report ID: 160480

**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																	
Salvation Army-Lexington	557	Salvation Army-Lexington-ESG/ESR-ES-LEX	2164	Emergency Shelter (HUD)	Entry/Exit Date			KY-502	211314	False																	

Showing 1-1 of 1

**5a - Report Validations Table**

Report Validations Table	
1. Total Number of Persons Served	869
2. Number of Adults (age 18 or over)	709
3. Number of Children (under age 18)	160
4. Number of Persons with Unknown Age	0
5. Number of Leavers	758
6. Number of Adult Leavers	625
7. Number of Adult and Head of Household Leavers	625
8. Number of Stayers	111
9. Number of Adult Stayers	84
10. Number of Veterans	17
11. Number of Chronically Homeless Persons	74
12. Number of Youth Under Age 25	81
13. Number of Parenting Youth Under Age 25 with Children	16
14. Number of Adult Heads of Household	696
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	1

**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)	94	0	14	108	12%
Date of Birth (3.3)	0	0	0	0	0%
Race (3.4)	1	0		1	0%
Ethnicity (3.5)	0	0		0	0%
Gender (3.6)	0	0		0	0%
<b>Overall Score</b>				<b>108</b>	<b>12%</b>

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

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	1	0%
Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	4	0%
Client Location (3.16)	0	0%
Disabling Condition (3.8)	2	0%

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

Data Element	Error Count	% of Error Rate
Destination (3.12)	488	64%
Income and Sources (4.2) at Start	18	3%
Income and Sources (4.2) at Annual Assessment	1	100%
Income and Sources (4.2) at Exit	13	2%

**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	709			0	1	1	0%
TH	0	0	0	0	0	0	0%
PH(all)	0	0	0	0	0	0	0%
<b>Total</b>	<b>709</b>						<b>0%</b>

**6e - Data Quality: Timeliness**

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	111	161
1 - 3 days	548	358
4 - 6 days	78	111
7 - 10 days	41	39
11+ days	50	89

**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	709	613	96		0
Children	160		160	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>869</b>	<b>613</b>	<b>256</b>	<b>0</b>	<b>0</b>
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0

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

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	58	42	16	0	0
April	45	32	13	0	0
July	97	57	40	0	0
October	97	59	38	0	0

**8a - Number of Households Served**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	696	609	87	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	47	39	8	0	0
April	38	32	6	0	0
July	65	53	12	0	0
October	70	58	12	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>	
<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	14	2	12	0	
Female	688	604	84	0	
No Single Gender	1	1	0	0	
Questioning	0	0	0	0	
Transgender	3	3	0	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data Not Collected	0	0	0	0	
<b>Subtotal</b>	<b>709</b>	<b>613</b>	<b>96</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	88	88	0	0	
Female	72	72	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>160</b>	<b>160</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	75		75	0	0
5 - 12	59		59	0	0
13 - 17	26		26	0	0
18 - 24	81	64	17		0
25 - 34	164	122	42		0
35 - 44	209	180	29		0
45 - 54	149	143	6		0
55 - 61	66	64	2		0
62 +	40	40	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>869</b>	<b>613</b>	<b>256</b>	<b>0</b>	<b>0</b>
<b>12a - Race</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
White	530	454	76	0	0

Black, African American, or African	291	133	158	0	0
Asian or Asian American	1	0	1	0	0
American Indian, Alaska Native, or Indigenous	7	6	1	0	0
Native Hawaiian or Pacific Islander	13	2	11	0	0
Multiple Races	26	18	8	0	0
Client Doesn't Know/Client Refused	1	0	1	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>869</b>	<b>613</b>	<b>256</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)	828	591	237	0	0
Hispanic/Latin(a)(o)(x)	41	22	19	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>869</b>	<b>613</b>	<b>256</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	364	336	22	6	0	0
Alcohol Use Disorder	22	22	0	0	0	0
Drug Use Disorder	57	57	0	0	0	0
Both Alcohol and Drug Use Disorders	56	55	1	0	0	0
Chronic Health Condition	144	134	9	1	0	0
HIV/AIDS	8	8	0	0	0	0
Development Disability	43	39	1	3	0	0
Physical Disability	201	191	10	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	320	298	19	3	0	0
Alcohol Use Disorder	20	20	0	0	0	0
Drug Use Disorder	53	53	0	0	0	0
Both Alcohol and Drug Use Disorders	52	51	1	0	0	0
Chronic Health Condition	119	112	6	1	0	0
HIV/AIDS	7	7	0	0	0	0
Development Disability	37	35	1	1	0	0
Physical Disability	169	161	7	1	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	44	38	3	3	0	0
Alcohol Use Disorder	2	2	0	0	0	0
Drug Use Disorder	5	5	0	0	0	0
Both Alcohol and Drug Use Disorders	3	3	0	0	0	0
Chronic Health Condition	26	23	3	0	0	0
HIV/AIDS	1	1	0	0	0	0
Development Disability	6	4	0	2	0	0
Physical Disability	31	28	3	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	418	201	68	149	0	0
1 Condition	150	125	17	8	0	0
2 Conditions	143	139	3	1	0	0
3+ Conditions	145	138	7	0	0	0
Condition Unknown	13	10	1	2	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>869</b>	<b>613</b>	<b>96</b>	<b>160</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	365	182	57	126	0	0

1 Condition	130	111	13	6	0	0
2 Conditions	127	125	2	0	0	0
3+ Conditions	124	118	6	0	0	0
Condition Unknown	12	10	1	1	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>758</b>	<b>546</b>	<b>79</b>	<b>133</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	52	19	11	22	0	0
1 Condition	20	13	4	3	0	0
2 Conditions	16	14	1	1	0	0
3+ Conditions	21	20	1	0	0	0
Condition Unknown	2	1	0	1	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>111</b>	<b>67</b>	<b>17</b>	<b>27</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	454	403	51	0	0	
No	254	210	44	0	0	
Client Doesn't Know/Client Refused	1	0	1	0	0	
Data Not Collected	0	0	0	0	0	
<b>Total</b>	<b>709</b>	<b>613</b>	<b>96</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	162	140	22	0	0	
No	291	262	29	0	0	
Client Doesn't Know/Client Refused	0	0	0	0	0	
Data Not Collected	1	1	0	0	0	
<b>Total</b>	<b>454</b>	<b>403</b>	<b>51</b>	<b>0</b>	<b>0</b>	

15 - Living Situation						
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type	
<b>Homeless Situations</b>						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	78	65	13	0	0	
Transitional housing for homeless persons (including homeless youth)	2	2	0	0	0	
Place not meant for habitation	215	196	19	0	0	
Safe Haven	39	36	3	0	0	
Host Home (non-crisis)	3	3	0	0	0	
<b>Subtotal</b>	<b>337</b>	<b>302</b>	<b>35</b>	<b>0</b>	<b>0</b>	
<b>Institutional Settings</b>						
Psychiatric hospital or other psychiatric facility	24	24	0	0	0	
Substance abuse treatment facility or detox center	30	29	1	0	0	
Hospital or other residential non-psychiatric medical facility	27	27	0	0	0	
Jail, prison, or juvenile detention facility	23	23	0	0	0	
Foster care home or foster care group home	2	2	0	0	0	
Long-term care facility or nursing home	0	0	0	0	0	
Residential project or halfway house with no homeless criteria	7	7	0	0	0	
<b>Subtotal</b>	<b>113</b>	<b>112</b>	<b>1</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	2	1	1	0	0	
Owned by client, with ongoing housing subsidy	2	2	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	27	23	4	0	0	
Rental by client, with VASH housing subsidy	0	0	0	0	0	
Rental by client, with GPD TIP housing subsidy	1	1	0	0	0	
Rental by client, with other housing subsidy (including RRH)	5	4	1	0	0	
Hotel or motel paid for without emergency shelter voucher	70	51	19	0	0	
Staying or living in a friend's room, apartment or house	91	71	20	0	0	

Staying or living in a family member's room, apartment or house	57	43	14	0	0
Client Doesn't Know/Client Refused	4	3	1	0	0
Data Not Collected	0	0	0	0	0
<b>Subtotal</b>	<b>259</b>	<b>199</b>	<b>60</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>709</b>	<b>613</b>	<b>96</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	435	0	384
\$1 - 150	7	0	8
\$151 - \$250	9	0	10
\$251 - \$500	19	0	19
\$501 - \$1000	159	0	138
\$1001 - \$1500	30	0	23
\$1501 - \$2000	16	0	16
\$2001 +	16	0	13
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	18	0	14
Number of adult stayers not yet required to have an annual assessment		83	
Number of adult stayers without required annual assessment		1	
<b>Total Adults</b>	<b>709</b>	<b>84</b>	<b>625</b>

**17 - Cash Income - Sources**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	57	0	52
Unemployment Insurance	2	0	2
Supplemental Security Income (SSI)	97	0	87
Social Security Disability Insurance (SSDI)	93	0	76
VA Service - Connected Disability Compensation	2	0	2
VA Non-Service Connected Disability Pension	1	0	2
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	5	0	5
General Assistance (GA)	3	0	3
Retirement Income from Social Security	13	0	11
Pension or retirement income from a former job	3	0	2
Child Support	10	0	11
Alimony and other spousal support	3	0	3
Other Source	11	0	10
Adults with Income Information at Start and Annual Assessment/Exit		0	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)	52	0	48
Adults with Only Other Income	199	0	175
Adults with Both Earned and Other Income	5	0	4
Adults with No Income	452	0	398
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		83	
Number of adult stayers without required annual assessment		1	
<b>Total Adults</b>	<b>709</b>	<b>84</b>	<b>625</b>
1 or More Source of Income	259	0	228
Adults with Income Information at Start and Annual Assessment/Exit		0	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	0	0	0	0	0	0	0	0	0%



with Earned Income (i.e., Employment Income)									
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	0	0	0	0	0	0	0%
Average Change in Other Income	0	0		0	0			0	
Number of Adults with Any Income (i.e., Total Income)	0	0	0	0	0	0	0	0	0%
Average Change in Overall Income	0	0		0	0			0	

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

Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category But Had Less \$ at Exit Than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not Have the Income Category at Start and Gained the Income Category at Exit	Did Not Have the Income Category at Start or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Exit, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	1	1	47	0	3	570	624	3	0%
Average Change in Earned Income	-1,000	-200		0	755			755	
Number of Adults with Other Income	1	1	173	1	3	445	624	4	1%
Average Change in Other Income	-862	-100		359	357			357.5	
Number of Adults with Any Income (i.e., Total Income)	1	2	216	2	5	396	624	7	1%
Average Change in Overall Income	-1,000	-150		398.5	407.2			404.71	

**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	23	18	41	56%	5	8	13	38%	0	0	0	0%
Supplemental Security Income (SSI)	74	8	82	90%	4	0	4	100%	0	0	0	0%
Social Security Disability Insurance (SSDI)	62	10	72	86%	2	1	3	67%	0	0	0	0%
VA Service - Connected Disability Compensation	2	0	2	100%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	1	0	1	100%	0	4	4	0%	0	0	0	0%
Retirement Income from Social Security	7	4	11	64%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	2	0	2	100%	0	0	0	0%	0	0	0	0%
Child Support	0	1	1	0%	5	4	9	56%	0	0	0	0%
Other Source	10	5	15	67%	1	3	4	25%	0	0	0	0%
No Sources	198	137	335	59%	8	37	45	18%	0	0	0	0%
Unduplicated Total Adults	349	178	527		21	57	78		0	0	0	

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

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	147	0	126
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	8	0	8
TANF Child Care Services	2	0	2
TANF Transportation Services	1	0	1
Other TANF-Funded Services	1	0	1
Other Source	1	0	1

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

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	545	0	483
1 + Source(s)	152	0	131
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected/Not stayed long enough for Annual Assessment	12	84	11
<b>Total</b>	<b>709</b>	<b>84</b>	<b>625</b>

**21 - Health Insurance**

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	603	0	522
MEDICARE	116	0	102
State Children's Health Insurance Program	7	0	6
Veteran's Administration (VA) Medical Services	5	0	5
Employer-Provided Health Insurance	5	0	5
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	6	0	6
State Health Insurance for Adults	9	0	9
Indian Health Services Program	0	0	0
Other	7	0	6
No Health Insurance	167	0	145
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	1	1	0
Number of stayers not yet required to have an annual assessment		110	
1 Source of Health Insurance	645	0	566
More than 1 Source of Health Insurance	56	0	47

**22a1 - Length of Participation - CoC Projects**

	Total	Leavers	Stayers
30 days or less	613	564	49
31 to 60 days	124	95	29
61 to 90 days	54	38	16
91 to 180 days	52	43	9
181 to 365 days	21	14	7
366 to 730 Days (1-2 Yrs)	5	4	1
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data Not Collected	0	0	0
<b>Total</b>	<b>869</b>	<b>758</b>	<b>111</b>

**22b - Average and Median Length of Participation in Days**

	Leavers	Stayers
Average Length	28	55
Median Length	9	38

**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>

<b>22e - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
7 days or less	723	519	204	0	0
8 to 14 days	3	2	1	0	0
15 to 21 days	1	1	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	21	13	8	0	0
61 to 180 days	50	27	23	0	0
181 to 365 days	11	11	0	0	0
366 to 730 Days (1-2 Yrs)	22	18	4	0	0
731 days or more	30	19	11	0	0
<b>Total (persons moved into housing)</b>	<b>861</b>	<b>610</b>	<b>251</b>	<b>0</b>	<b>0</b>
Not yet moved into housing	0	0	0	0	0
Data Not Collected	8	3	5	0	0
<b>Total Persons</b>	<b>869</b>	<b>613</b>	<b>256</b>	<b>0</b>	<b>0</b>

<b>23c - Exit Destination - All persons</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>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	5	5	0	0	0
Owned by client, with ongoing subsidy	1	1	0	0	0
Rental by client, no ongoing subsidy	31	16	15	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	25	3	22	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	20	13	7	0	0
Staying or living with friends, permanent tenure	4	4	0	0	0
Rental by client, with RRH or equivalent subsidy	1	1	0	0	0
Rental by client, with HCV voucher (tenant or project based)	27	5	22	0	0
Rental by client in a public housing unit	5	1	4	0	0
<b>Subtotal</b>	<b>119</b>	<b>49</b>	<b>70</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	15	5	10	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	1	1	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	71	37	34	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	20	14	6	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	1	1	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	8	7	1	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>116</b>	<b>65</b>	<b>51</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	1	1	0	0	0
Substance abuse treatment facility or detox center	15	15	0	0	0
Hospital or other residential non-psychiatric medical facility	10	10	0	0	0
Jail, prison, or juvenile detention facility	5	4	1	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>31</b>	<b>30</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	1	1	0	0	0
Deceased	0	0	0	0	0
Other	3	2	1	0	0
Client Doesn't Know/Client Refused	3	3	0	0	0
Data Not Collected (no exit interview completed)	485	396	89	0	0
<b>Subtotal</b>	<b>492</b>	<b>402</b>	<b>90</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>758</b>	<b>546</b>	<b>212</b>	<b>0</b>	<b>0</b>

Total persons exiting to positive housing destinations	119	49	70	0	0
Total persons whose destinations excluded them from the calculation	10	10	0	0	0
Percentage	16%	9%	33%	0%	0%

25a - Number of Veterans					
	Total	Without Children	With Children and Adults	Unknown Household Type	
Chronically Homeless Veteran	1	1	0	0	
Non-Chronically Homeless Veteran	16	14	2	0	
Not a veteran	691	598	93	0	
Client Doesn't Know/Client Refused	1	0	1	0	
Data Not Collected	0	0	0	0	
<b>Total</b>	<b>709</b>	<b>613</b>	<b>96</b>	<b>0</b>	

25b - Number of Veteran Households					
	Total	Without Children	With Children and Adults	Unknown Household Type	
Chronically Homeless Veteran	1	1	0	0	
Non-Chronically Homeless Veteran	16	14	2	0	
Not a veteran	678	594	84	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data Not Collected	0	0	0	0	
<b>Total</b>	<b>695</b>	<b>609</b>	<b>86</b>	<b>0</b>	

25c - Gender - Veterans					
	Total	Without Children	With Children and Adults	Unknown Household Type	
Male	0	0	0	0	
Female	16	14	2	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>17</b>	<b>15</b>	<b>2</b>	<b>0</b>	

25d - Age - Veterans					
	Total	Without Children	With Children and Adults	Unknown Household Type	
18 - 24	1	1	0	0	
25 - 34	4	2	2	0	
35 - 44	3	3	0	0	
45 - 54	2	2	0	0	
55 - 61	4	4	0	0	
62 +	3	3	0	0	
Client Doesn't Know/Client Refused					
Data Not Collected					
<b>Total</b>	<b>17</b>	<b>15</b>	<b>2</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	9	2	7		
Alcohol Use Disorder	1	0	1		
Drug Use Disorder	1	0	1		
Both Alcohol and Drug Use Disorders	1	0	1		
Chronic Health Condition	4	1	3		
HIV/AIDS	0	0	0		
Development Disability	1	0	1		
Physical Disability	8	1	6		

25f - Cash Income Category - Income Category - by Start and Annual/Exit Status - Veterans					
Number of Veterans by Income Category	Number of Veterans at Start	Number of Veterans at Annual Assessment (Stayers)	Number of Veterans at Exit (Leavers)		
Veterans with Only Earned Income (i.e., Employment Income)	3	0	1		
Veterans with Only Other Income	5	0	7		
Veterans with Both Earned and Other Income	0	0	0		
Veterans with No Income	9	0	7		
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		2			
Number of veterans without required annual assessment		0			
<b>Total Veterans</b>	<b>17</b>	<b>2</b>	<b>15</b>		
<b>25g - Type of Cash Income Sources - Veterans</b>					
	<b>Income at Start</b>	<b>Income at Latest Annual Assessment for Stayers</b>	<b>Income at Exit for Leavers</b>		
Earned Income	3	0	1		
Unemployment Insurance	0	0	0		
Supplemental Security Income (SSI)	0	0	1		
Social Security Disability Insurance (SSDI)	4	0	5		
VA Service - Connected Disability Compensation	1	0	1		
VA Non-Service Connected Disability Pension	0	0	1		
Private Disability Insurance	0	0	0		
Worker's Compensation	0	0	0		
Temporary Assistance for Needy Families (TANF)	0	0	0		
General Assistance (GA)	0	0	0		
Retirement Income from Social Security	1	0	1		
Pension or retirement income from a former job	0	0	0		
Child Support	0	0	0		
Alimony and other spousal support	0	0	0		
Other Source	1	0	1		
Veterans with Income Information at Start and Annual Assessment/Exit		0	0		
<b>25h - Type of Non-Cash Benefit Sources - Veterans</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)	1	0	1		
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0		
TANF Child Care Services	0	0	0		
TANF Transportation Services	0	0	0		
Other TANF-Funded Services	0	0	0		
Other Source	0	0	0		
<b>25i - Exit Destination - Veterans</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>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	2	2	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	1	0	1	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>3</b>	<b>2</b>	<b>1</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	1	1	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>1</b>	<b>1</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	1	1	0	0	0
Data Not Collected (no exit interview completed)	10	10	0	0	0
<b>Subtotal</b>	<b>11</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>15</b>	<b>14</b>	<b>1</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	3	2	1	0	0
Total persons whose destinations excluded them from the calculation	1	1	0	0	0
<b>Percentage</b>	<b>21%</b>	<b>15%</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>

<b>26a - Chronic Homeless Status - Number of Households w/at least one or more CH person</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	69	67	2	0	0
Not Chronically Homeless	626	541	85	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	1	1	0	0	0
<b>Total</b>	<b>696</b>	<b>609</b>	<b>87</b>	<b>0</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	74	69	5	0	0
Not Chronically Homeless	793	543	250	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	2	1	1	0	0
<b>Total</b>	<b>869</b>	<b>613</b>	<b>256</b>	<b>0</b>	<b>0</b>

<b>26c - Gender of Chronically Homeless Persons</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	2	0	2	0	0
Female	71	68	3	0	0
No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	1	1	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>74</b>	<b>69</b>	<b>5</b>	<b>0</b>	<b>0</b>

<b>26d - Age of Chronically Homeless Persons</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
0 - 17	2		2	0	0
18 - 24	4	3	1		0
25 - 34	13	13	0		0
35 - 44	19	19	0		0
45 - 54	22	21	1		0
55 - 61	11	10	1		0
62 +	3	3	0		0
Client Doesn't Know/Client Refused	0	0	0		0
Data Not Collected	0	0	0		0
<b>Total</b>	<b>74</b>	<b>69</b>	<b>5</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		54	7	47	
Alcohol Use Disorder		7	1	6	
Drug Use Disorder		12	1	11	
Both Alcohol and Drug Use Disorders		15	1	14	
Chronic Health Condition		29	7	23	

HIV/AIDS	2	0	2
Development Disability	9	2	7
Physical Disability	38	6	32

**26f - Client Cash Income - Chronically Homeless Persons**

	Number of Chronically Homeless Persons at Start	Number of Chronically Homeless Persons at Annual Assessment (Stayers)	Number of Chronically Homeless Persons at Exit (Leavers)
<b>Number of Chronically Homeless Persons by Income Category</b>			
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)	4	0	4
Chronically Homeless Persons with Only Other Income	22	0	17
Chronically Homeless Persons with Both Earned and Other Income	0	0	0
Chronically Homeless Persons with No Income	46	0	40
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		11	
Number of Chronically Homeless Persons without required annual assessment		0	
<b>Total Chronically Homeless Persons</b>	<b>72</b>	<b>11</b>	<b>61</b>

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

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	4	0	4
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	15	0	11
Social Security Disability Insurance (SSDI)	9	0	7
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	1	0	1
Pension or retirement income from a former job	1	0	1
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	1	0	1
Chronically Homeless Persons with Income Information at Start and Annual Assessment/Exit		0	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)	18	0	15
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	3	0	3
TANF Child Care Services	0	0	0
TANF Transportation Services	1	0	1
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

**27a - Age of Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	1		1	0	0
18 - 24	80	64	16		
Client Doesn't Know/Client Refused					
Data Not Collected					
<b>Total</b>	<b>81</b>	<b>64</b>	<b>17</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	16	22	38	15

**27c - Gender - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	2	0	2	0	0
Female	78	63	15	0	0

No Single Gender	1	1	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>81</b>	<b>64</b>	<b>17</b>	<b>0</b>	<b>0</b>

**27d - Living Situation - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	7	5	2	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	26	22	4	0	0
Safe Haven	5	3	2	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>38</b>	<b>30</b>	<b>8</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	4	4	0	0	0
Substance abuse treatment facility or detox center	3	3	0	0	0
Hospital or other residential non-psychiatric medical facility	1	1	0	0	0
Jail, prison, or juvenile detention facility	1	1	0	0	0
Foster care home or foster care group home	2	2	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	2	2	0	0	0
<b>Subtotal</b>	<b>13</b>	<b>13</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	3	2	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	4	3	1	0	0
Staying or living in a friend's room, apartment or house	15	12	3	0	0
Staying or living in a family member's room, apartment or house	7	4	3	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	1	0	1	0	0
<b>Subtotal</b>	<b>30</b>	<b>21</b>	<b>9</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>81</b>	<b>64</b>	<b>17</b>	<b>0</b>	<b>0</b>

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

	Total	Leavers	Stayers
30 days or less	65	63	2
31 to 60 days	4	4	0
61 to 90 days	6	4	2
91 to 180 days	5	5	0
181 to 365 days	1	0	1
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data Not Collected	0	0	0
<b>Total</b>	<b>81</b>	<b>76</b>	<b>5</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	1	1	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	1	0	1	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	2	1	1	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)	1	0	1	0	0
Rental by client in a public housing unit	0	0	0	0	0
<b>Subtotal</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	2	2	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	10	5	5	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	4	4	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	4	4	0	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>20</b>	<b>15</b>	<b>5</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	1	1	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)	50	43	7	0	0
<b>Subtotal</b>	<b>51</b>	<b>44</b>	<b>7</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>76</b>	<b>61</b>	<b>15</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	5	2	3	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	7%	3%	20%	0%	0%

**27g - Cash Income - Sources - Youth**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	3	0	3
Unemployment Insurance	1	0	1
Supplemental Security Income (SSI)	3	0	3
Social Security Disability Insurance (SSDI)	1	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)	2	0	2
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	1
Alimony and other spousal support	0	0	0
Other Source	1	0	1
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**

Number of Youth by Income Category	Number of Youth at Start	Number of Youth at Annual Assessment (Stayers)	Number of Youth at Exit (Leavers)
Youth with Only Earned Income (i.e., Employment Income)	3	0	3
Youth with Only Other Income	8	0	9

Youth with Both Earned and Other Income	0	0	0
Youth with No Income	69	0	64
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		5	
Number of youth stayers without required annual assessment		0	
<b>Total Youth</b>	<b>81</b>	<b>5</b>	<b>76</b>
1 or More Source of Income	12	0	12
Youth with Income Information at Start and Annual Assessment/Exit		0	0

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

	AO: Youth with Disabling Condition	AO: Youth without Disabling Condition	AO: Total Youth	AO: percent with Disabling Condition by Source	AC: Youth with Disabling Condition	AC: Youth without Disabling Condition	AC: Total Youth	AC: percent with Disabling Condition by Source	CO: Youth with Disabling Condition	CO: Youth without Disabling Condition	CO: Total Youth	CO: percent with Disabling Condition by Source	UK: Youth with Disabling Condition	UK: Youth without Disabling Condition	UK: Total Youth	UK: percent with Disabling Condition by Source
Earned Income	2	1	3	67%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	3	0	3	100%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Social Security Disability Insurance (SSDI)	2	0	2	100%	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)	1	0	1	100%	0	1	1	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	1	1	0%	0	0	0	0%	0	0	0	0%
Other Source	1	0	1	100%	0	1	1	0%	0	0	0	0%	0	0	0	0%
No Sources	27	24	51	53%	2	10	12	17%	0	0	0	0%	0	0	0	0%
Unduplicated Total Youth	35	25	60		2	13	15		0	0	0		0	0	0	

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

## Program Agreement

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

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

The Casework Staff will assist me:

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

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

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

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

### My Responsibilities:

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

Please initial \_\_\_\_\_ Date \_\_\_\_\_



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RE: \_\_\_\_\_ SSN XXX-XX- \_\_\_\_\_  
Applicant's Name (print) (last four digits)

Current housing situation: **The Salvation Army**

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Number in household:

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

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

### Housing Barriers

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

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



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

**Housing History**

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

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



<input type="checkbox"/> Room, apartment, or house that you rent		
<input type="checkbox"/> Apartment or house that you own		
<input type="checkbox"/> Staying or living in a family member's room, apartment, or house		
<input type="checkbox"/> Staying or living in a friend's room, apartment, or house		
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher		
<input type="checkbox"/> Foster care home or foster care group home		

**Financial Stability**

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

Source of Income	Amount from Source
<input type="checkbox"/> Earned income	\$____.00
<input type="checkbox"/> Unemployment Insurance	\$____.00
<input type="checkbox"/> Supplemental Security Income or SSI	\$____.00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$____.00
<input type="checkbox"/> Retirement Income from Social Security	\$____.00
<input type="checkbox"/> VA Service- Connected Disability Compensation	\$____.00



## Case Treatment Plan

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

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



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

What type of credit history do you have?

- Good   
 Bad   
 No Credit History   
 Don't Know

Assets:

- Checking \$ \_\_\_\_\_   
 Savings \$ \_\_\_\_\_   
 Other \$ \_\_\_\_\_

Do you have any assets (car, property, CD, IRA)?  No  Yes

Details: \_\_\_\_\_





Employment

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

How many hours did you work last week? \_\_\_\_\_ hours

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

Current Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Previous employment (type and duration):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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

Are you currently looking for work?  No  Yes

Are you currently unable to work?  No  Yes

Have you applied for Social Security Benefits?  No  Yes, \_\_\_\_\_ Date of application



**Identification/Documentation**

Currently possesses:

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



Housing Stability Goals

**Housing Goal(s):** 1-3 Permanent Housing Options Identified by the Family

(Should describe type of housing, location, unit size, etc.; and should include thoughts about existing support systems, transportation, affordability, etc.)

**Long-Term Goals**

*These are the steps that lead to attainment of the Housing Goal(s) listed above.*

**Employment:**

**Financial:**



**Life Skill & Parenting:**

**Mental Health & Physical Health:**

**Substance Abuse:**



**Any Other**

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

Signature of Client: \_\_\_\_\_

Signature of CM: \_\_\_\_\_ Date: \_\_\_\_\_



Housing Stability Plan

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



Other: \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Any Updates/Changes/Comments**

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

Signature of Client: \_\_\_\_\_

Signature of CM: \_\_\_\_\_ Date: \_\_\_\_\_

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

KYHMIS/ Grant Data Collection

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

<b>First Name</b>	<b>Middle</b>

**Last**

**Social Security Number:**

**Date of Birth:**

<b>Race (Select all that apply)</b>	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian
<input type="checkbox"/> White	
<b>Ethnicity</b>	
<input type="checkbox"/> Non-Hispanic/Non Latino	<input type="checkbox"/> Hispanic/Latino
<b>Gender</b>	
<input type="checkbox"/> Female	
<input type="checkbox"/> Male	
<input type="checkbox"/> Trans Female (MTF or male to female)	
<input type="checkbox"/> Trans Male (FTM or female to male)	
<input type="checkbox"/> Non-Conforming (not exclusively male or female)	
<b>Are you a Veteran ?</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Do you currently have Health Insurance</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes (identify source below)	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> State Children's Health Insurance (KCHIP)	<input type="checkbox"/> VA Medical Services
<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Ins. obtained through COBRA
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> Other: _____



**KYHMIS/ Grant Data Collection**

<b>Disability</b>						
<p><b>Do you have a physical, mental or emotional Impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?</b></p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes (indicate type(s) below)</p>						
Check all that apply	<b>Physical</b> <input type="checkbox"/>	<b>Mental Health</b> <input type="checkbox"/>	<b>Chronic Health Condition</b> <input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	<b>Developmental</b> <input type="checkbox"/>	<b>HIV/AIDS</b> <input type="checkbox"/>
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A	N/A
Expected to substantially impair ability to live independently:	N/A	N/A	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Domestic Violence</b>
<p><b>Are you, or have you been a survivor of domestic or intimate partner violence?</b></p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes</p>
<p><b>If YES, how long ago did you have this experience?</b></p> <p> <input type="checkbox"/> Within the past 3 months      <input type="checkbox"/> 1 year ago or more  <input type="checkbox"/> 3 to 6 months ago      <input type="checkbox"/> 6 months to 1 year ago         </p>
<p><b>If Yes, are you currently fleeing?</b></p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes</p>

<b>Where you ever in Foster Care?</b>
<p><input type="checkbox"/> No      <input type="checkbox"/> Yes</p>

**Where did you sleep the night before coming to The Salvation Army?**

Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).  <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher  <input type="checkbox"/> Safe Haven  <input type="checkbox"/> Interim Housing (e.g. client applied for permanent housing and an unit/voucher has been reserved but client is not able to move in immediately).	<input type="checkbox"/> Foster care home or foster group home  <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility  <input type="checkbox"/> Jail, prison or juvenile detention facility  <input type="checkbox"/> Long-term care facility or nursing home  <input type="checkbox"/> Psychiatric hospital or other psychiatric facility  <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC Project) <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)

**Length of Stay in Prior Living Situation (identified above)?**

One night or less  
 Two to six nights  
 One week or more but less than one month  
 One month or more but less than 90 days  
 90 days or more but less than one year  
 One year or longer

<p>Regardless of where you stayed last night- Total number of times you have been on the street, in Emergency Shelter, or Safe Haven in the past three years</p> <p> <input type="checkbox"/> One time      <input type="checkbox"/> Two times      <input type="checkbox"/> Three times  <input type="checkbox"/> Four                 </p>	<p>Total <u>number of months</u> homeless on the street, in emergency shelter, or Safe Haven in the past three years? _____</p>
--	---

**KYHMIS/ Grant Data Collection**

<b>Income</b>	
<input type="checkbox"/> No/None at all <input type="checkbox"/> Yes (identify source and amounts)	
<b>Source:</b>	<b>Amount:</b>
<input type="checkbox"/> Earned income (i.e., employment income)	\$ _____ . 00
<input type="checkbox"/> Unemployment Insurance	\$ _____ . 00
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____ . 00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____ . 00
<input type="checkbox"/> Retirement Income from Social Security	\$ _____ . 0
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ _____ . 00
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$ _____ . 00
<input type="checkbox"/> Worker's Compensation	\$ _____ . 00
<input type="checkbox"/> Temporary Assistance for Needy Families (K-TAP)	\$ _____ . 00
<input type="checkbox"/> General Assistance (GA)	\$ _____ . 00
<input type="checkbox"/> Private disability Insurance	\$ _____ . 00
<input type="checkbox"/> Pension or retirement income from a former job	\$ _____ . 00
<input type="checkbox"/> Child Support	\$ _____ . 00
<input type="checkbox"/> Alimony or other spousal support	\$ _____ . 00
<input type="checkbox"/> Other source: _____	\$ _____ . 00
<b>Total Monthly Income:</b>	
	\$ _____ . _____

<b>Non-Cash Benefits</b>	
<input type="checkbox"/> No/None at all <input type="checkbox"/> Yes (Identify source below)	
<b>Source:</b>	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> K-TAP - Child Care services <input type="checkbox"/> K-TAP transportation services <input type="checkbox"/> Other K-TAP funded services <input type="checkbox"/> Other: _____	

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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



▶ **Report Run History**

Report ID	Date Ran (Run-time)	Report Type Name	User Creating	Running Provider	Running User	Report Status
160479	03/02/2022 03:46:50 PM (0.34 mins)	EsgCaper	Hailie Hawk	Salvation Army-Lexington-ESG/ESR-ES-LEX	Hailie Hawk	Completed

Showing 1-1 of 1

**Report Options**

Name	
Description	
Provider Type	<input checked="" type="radio"/> Provider <input type="radio"/> Reporting Group
<b>Provider *</b>	Salvation Army-Lexington-ESG/ESR-ES-LEX (2164) <input type="radio"/> This provider AND its subordinates <input checked="" type="radio"/> This provider ONLY
<b>Program Date Range *</b>	01/01/2021 to 12/31/2021
<b>Entry/Exit Types *</b>	<input type="checkbox"/> Basic <input type="checkbox"/> Basic Center Program Entry/Exit <input checked="" type="checkbox"/> HUD <input type="checkbox"/> PATH <input type="checkbox"/> Quick Call <input type="checkbox"/> RHY <input type="checkbox"/> Standard <input type="checkbox"/> Transitional Living Program Entry/Exit <input type="checkbox"/> VA <input type="checkbox"/> HPRP (Retired)

**ESG Report Results - Date Ran: 03/02/2022 03:46:50 PM - Report ID: 160479**

**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																	
Salvation Army-Lexington	557	Salvation Army-Lexington-ESG/ESR-ES-LEX	2164	Emergency Shelter (HUD)	Entry/Exit Date			KY-502	211314	False																	

Showing 1-1 of 1

**5a - Report Validation Table**

Report Validation Table	
1. Total Number of Persons Served	869
2. Number of Adults (age 18 or over)	709
3. Number of Children (under age 18)	160
4. Number of Persons with Unknown Age	0
5. Number of Leavers	758
6. Number of Adult Leavers	625
7. Number of Adult and Head of Household Leavers	625
8. Number of Stayers	111
9. Number of Adult Stayers	84
10. Number of Veterans	17
11. Number of Chronically Homeless Persons	74
12. Number of Youth Under Age 25	81
13. Number of Parenting Youth Under Age 25 with Children	16
14. Number of Adult Heads of Household	696
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	1

**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)	94	0	14	108	12%
Date of Birth (3.3)	0	0	0	0	0%
Race (3.4)	1	0		1	0%
Ethnicity (3.5)	0	0		0	0%
Gender (3.6)	0	0		0	0%
<b>Overall Score</b>				<b>108</b>	<b>12%</b>

6b - Data Quality: Universal Data Elements		
Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	1	0%
Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	4	0%
Client Location (3.16)	0	0%
Disabling Condition (3.8)	2	0%

6c - Data Quality: Income and Housing Data Quality		
Data Element	Error Count	% of Error Rate
Destination (3.12)	488	64%
Income and Sources (4.2) at Start	18	3%
Income and Sources (4.2) at Annual Assessment	1	100%
Income and Sources (4.2) at Exit	13	2%

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	709			0	1	1	0%
TH	0	0	0	0	0	0	0%
PH (all)	0	0	0	0	0	0	0%
<b>Total</b>	<b>709</b>						<b>0%</b>

6e - Data Quality: Timeliness			
Time For Record Entry		Number of Project Start Records	Number of Project Exit Records
0 days		111	161
1 - 3 days		548	358
4 - 6 days		78	111
7 - 10 days		41	39
11+ days		50	89

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	709	613	96		0
Children	160		160	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>869</b>	<b>613</b>	<b>256</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	696	609	87	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	47	39	8	0	0
April	38	32	6	0	0
July	65	53	12	0	0
October	70	58	12	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 the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
<b>Total Persons Engaged</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Rate of Engagement</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

**10a - Gender of Adults**

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	14	2	12	0
Female	688	604	84	0
No Single Gender	1	1	0	0
Questioning	0	0	0	0
Transgender	3	3	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Subtotal</b>	<b>709</b>	<b>613</b>	<b>96</b>	<b>0</b>

**10b - Gender of Children**

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	88	88	0	0
Female	72	72	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>160</b>	<b>160</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	102	88	1	13	0	0	0
Female	760	72	79	571	38	0	0
No Single Gender	1	0	1	0	0	0	0
Questioning	0	0	0	0	0	0	0
Transgender	3	0	0	2	1	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>869</b>	<b>160</b>	<b>81</b>	<b>588</b>	<b>40</b>	<b>0</b>	<b>0</b>

**11 - Age**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	75		75	0	0
5 - 12	59		59	0	0
13 - 17	26		26	0	0
18 - 24	81	64	17		0
25 - 34	164	122	42		0
35 - 44	209	180	29		0
45 - 54	149	143	6		0
55 - 61	66	64	2		0
62 +	40	40	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>869</b>	<b>613</b>	<b>256</b>	<b>0</b>	<b>0</b>

**12a - Race**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	530	454	76	0	0
Black, African American, or African	291	133	158	0	0
Asian or Asian American	1	0	1	0	0
American Indian, Alaska Native, or Indigenous	7	6	1	0	0
Native Hawaiian or Pacific Islander	13	2	11	0	0
Multiple Races	26	18	8	0	0
Client Doesn't Know/Client Refused	1	0	1	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>869</b>	<b>613</b>	<b>256</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)	828	591	237	0	0
Hispanic/Latin(a)(o)(x)	41	22	19	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>869</b>	<b>613</b>	<b>256</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	364	336	22	6	0	0
Alcohol Use Disorder	22	22	0	0	0	0
Drug Use Disorder	57	57	0	0	0	0
Both Alcohol and Drug Use Disorders	56	55	1	0	0	0
Chronic Health Condition	144	134	9	1	0	0
HIV/AIDS	8	8	0	0	0	0
Development Disability	43	39	1	3	0	0
Physical Disability	201	191	10	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	320	298	19	3	0	0
Alcohol Use Disorder	20	20	0	0	0	0
Drug Use Disorder	53	53	0	0	0	0

Both Alcohol and Drug Use Disorders	52	51	1	0	0	0
Chronic Health Condition	119	112	6	1	0	0
HIV/AIDS	7	7	0	0	0	0
Development Disability	37	35	1	1	0	0
Physical Disability	169	161	7	1	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	44	38	3	3	0	0
Alcohol Use Disorder	2	2	0	0	0	0
Drug Use Disorder	5	5	0	0	0	0
Both Alcohol and Drug Use Disorders	3	3	0	0	0	0
Chronic Health Condition	26	23	3	0	0	0
HIV/AIDS	1	1	0	0	0	0
Development Disability	6	4	0	2	0	0
Physical Disability	31	28	3	0	0	0

**14a - Domestic Violence History**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	454	403	51	0	0
No	254	210	44	0	0
Client Doesn't Know/Client Refused	1	0	1	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>709</b>	<b>613</b>	<b>96</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	162	140	22	0	0
No	291	262	29	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	1	1	0	0	0
<b>Total</b>	<b>454</b>	<b>403</b>	<b>51</b>	<b>0</b>	<b>0</b>

**15 - Living Situation**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	78	65	13	0	0
Transitional housing for homeless persons (including homeless youth)	2	2	0	0	0
Place not meant for habitation	215	196	19	0	0
Safe Haven	39	36	3	0	0
Host Home (non-crisis)	3	3	0	0	0
<b>Subtotal</b>	<b>337</b>	<b>302</b>	<b>35</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	24	24	0	0	0
Substance abuse treatment facility or detox center	30	29	1	0	0
Hospital or other residential non-psychiatric medical facility	27	27	0	0	0
Jail, prison, or juvenile detention facility	23	23	0	0	0
Foster care home or foster care group home	2	2	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	7	7	0	0	0
<b>Subtotal</b>	<b>113</b>	<b>112</b>	<b>1</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	2	1	1	0	0
Owned by client, with ongoing housing subsidy	2	2	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	27	23	4	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0



Rental by client, with GPD TIP housing subsidy	1	1	0	0	0
Rental by client, with other housing subsidy (including RRH)	5	4	1	0	0
Hotel or motel paid for without emergency shelter voucher	70	51	19	0	0
Staying or living in a friend's room, apartment or house	91	71	20	0	0
Staying or living in a family member's room, apartment or house	57	43	14	0	0
Client Doesn't Know/Client Refused	4	3	1	0	0
Data Not Collected	0	0	0	0	0
<b>Subtotal</b>	<b>259</b>	<b>199</b>	<b>60</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>709</b>	<b>613</b>	<b>96</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	435	0	384
\$1 - 150	7	0	8
\$151 - \$250	9	0	10
\$251 - \$500	19	0	19
\$501 - \$1000	159	0	138
\$1001 - \$1500	30	0	23
\$1501 - \$2000	16	0	16
\$2001 +	16	0	13
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	18	0	14
Number of adult stayers not yet required to have an annual assessment		83	
Number of adult stayers without required annual assessment		1	
<b>Total Adults</b>	<b>709</b>	<b>84</b>	<b>625</b>

**17 - Cash Income - Sources**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	57	0	52
Unemployment Insurance	2	0	2
Supplemental Security Income (SSI)	97	0	87
Social Security Disability Insurance (SSDI)	93	0	76
VA Service - Connected Disability Compensation	2	0	2
VA Non-Service Connected Disability Pension	1	0	2
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	5	0	5
General Assistance (GA)	3	0	3
Retirement Income from Social Security	13	0	11
Pension or retirement income from a former job	3	0	2
Child Support	10	0	11
Alimony and other spousal support	3	0	3
Other Source	11	0	10
Adults with Income Information at Start and Annual Assessment/Exit		0	0

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

	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: percent with Disabling Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling Condition by Source
Earned Income	23	18	41	56%	5	8	13	38%	0	0	0	0%
Supplemental Security Income (SSI)	74	8	82	90%	4	0	4	100%	0	0	0	0%
Social Security Disability Insurance (SSDI)	62	10	72	86%	2	1	3	67%	0	0	0	0%
VA Service - Connected Disability Compensation	2	0	2	100%	0	0	0	0%	0	0	0	0%
Private	0	0	0	0%	0	0	0	0%	0	0	0	0%

Disability Insurance												
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	1	0	1	100%	0	4	4	0%	0	0	0	0%
Retirement Income from Social Security	7	4	11	64%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	2	0	2	100%	0	0	0	0%	0	0	0	0%
Child Support	0	1	1	0%	5	4	9	56%	0	0	0	0%
Other Source	10	5	15	67%	1	3	4	25%	0	0	0	0%
No Sources	198	137	335	59%	8	37	45	18%	0	0	0	0%
Unduplicated Total Adults	349	178	527		21	57	78		0	0	0	

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

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	147	0	126
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	8	0	8
TANF Child Care Services	2	0	2
TANF Transportation Services	1	0	1
Other TANF-Funded Services	1	0	1
Other Source	1	0	1

**21 - Health Insurance**

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	603	0	522
MEDICARE	116	0	102
State Children's Health Insurance Program	7	0	6
Veteran's Administration (VA) Medical Services	5	0	5
Employer-Provided Health Insurance	5	0	5
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	6	0	6
State Health Insurance for Adults	9	0	9
Indian Health Services Program	0	0	0
Other	7	0	6
No Health Insurance	167	0	145
Client doesn't know/Client refused	0	0	0
Data not collected	1	1	0
Number of stayers not yet required to have an annual assessment		110	
1 Source of Health Insurance	645	0	566
More than 1 Source of Health Insurance	56	0	47

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

	Total	Leavers	Stayers
0-7 days	348	328	20
8 to 14 days	159	144	15
15 to 21 days	49	40	9
22 to 30 days	57	52	5
31 to 60 days	124	95	29
61 to 90 days	54	38	16
91 to 180 days	52	43	9
181 to 365 days	21	14	7
366 to 730 Days (1-2 Yrs)	5	4	1
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0

Data not collected		0	0	0	0
<b>Total</b>		<b>869</b>	<b>758</b>	<b>111</b>	
<b>22c - Length of Time between Project Start Date and Housing Move-in Date</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
7 days or less	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>
<b>22d - Length of Participation by Household Type</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
7 days or less	348	289	59	0	0
8 to 14 days	159	113	46	0	0
15 to 21 days	49	33	16	0	0
22 to 30 days	57	31	26	0	0
31 to 60 days	124	65	59	0	0
61 to 90 days	54	28	26	0	0
91 to 180 days	52	37	15	0	0
181 to 365 days	21	16	5	0	0
366 to 730 Days (1-2 Yrs)	5	1	4	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>869</b>	<b>613</b>	<b>256</b>	<b>0</b>	<b>0</b>
<b>22e - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
7 days or less	723	519	204	0	0
8 to 14 days	3	2	1	0	0
15 to 21 days	1	1	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	21	13	8	0	0
61 to 180 days	50	27	23	0	0
181 to 365 days	11	11	0	0	0
366 to 730 Days (1-2 Yrs)	22	18	4	0	0
731 days or more	30	19	11	0	0
<b>Total (persons moved into housing)</b>	<b>861</b>	<b>610</b>	<b>251</b>	<b>0</b>	<b>0</b>
Not yet moved into housing	0	0	0	0	0
Data Not Collected	8	3	5	0	0
<b>Total Persons</b>	<b>869</b>	<b>613</b>	<b>256</b>	<b>0</b>	<b>0</b>
<b>23c - Exit Destination - All persons</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>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	5	5	0	0	0
Owned by client, with ongoing subsidy	1	1	0	0	0
Rental by client, no ongoing subsidy	31	16	15	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	25	3	22	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	20	13	7	0	0
Staying or living with friends, permanent tenure	4	4	0	0	0
Rental by client, with RRH or equivalent subsidy	1	1	0	0	0
Rental by client, with HCV voucher (tenant or project based)	27	5	22	0	0
Rental by client in a public housing unit	5	1	4	0	0
<b>Subtotal</b>	<b>119</b>	<b>49</b>	<b>70</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	15	5	10	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	1	1	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	71	37	34	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	20	14	6	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	1	1	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	8	7	1	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>116</b>	<b>65</b>	<b>51</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	1	1	0	0	0
Substance abuse treatment facility or detox center	15	15	0	0	0
Hospital or other residential non-psychiatric medical facility	10	10	0	0	0
Jail, prison, or juvenile detention facility	5	4	1	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>31</b>	<b>30</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	1	1	0	0	0
Deceased	0	0	0	0	0
Other	3	2	1	0	0
Client Doesn't Know/Client Refused	3	3	0	0	0
Data Not Collected (no exit interview completed)	485	396	89	0	0
<b>Subtotal</b>	<b>492</b>	<b>402</b>	<b>90</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>758</b>	<b>546</b>	<b>212</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	119	49	70	0	0
Total persons whose destinations excluded them from the calculation	10	10	0	0	0
Percentage	16%	9%	33%	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	With Children	Unknown
--	-------	---------	---------------	---------

		Children	and Adults	Household Type	
Chronically Homeless Veteran	1	1	0	0	
Non-Chronically Homeless Veteran	16	14	2	0	
Not a veteran	691	598	93	0	
Client doesn't know/Client refused	1	0	1	0	
Data not collected	0	0	0	0	
<b>Total</b>	<b>709</b>	<b>613</b>	<b>96</b>	<b>0</b>	
<b>26b - Number of Chronically Homeless Persons by Household</b>					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	74	69	5	0	0
Not Chronically Homeless	793	543	250	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	2	1	1	0	0
<b>Total</b>	<b>869</b>	<b>613</b>	<b>256</b>	<b>0</b>	<b>0</b>

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

<b>Child's First Name</b>	<b>Middle</b>
<input type="text"/>	<input type="text"/>

**Last**

<b>Social Security Number:</b>	<b>Date of Birth:</b>
<input type="text"/>	<input type="text"/>

<b>Race (Select all that apply)</b>	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White
<b>Ethnicity</b>	
<input type="checkbox"/> Non-Hispanic/Non Latino	<input type="checkbox"/> Hispanic/Latino
<b>Gender</b>	
<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>Does the child currently have Health Insurance</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes (identify source below)	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> State Children's Health Insurance (KCHIP)	<input type="checkbox"/> Indian Health Services Program
<input type="checkbox"/> Other: _____	
<b>Disability</b>	
Do you have a physical, mental or emotional Impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (indicate type(s) below)	

**If you have multiple children please ask the front desk staff for another sheet.**

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# THE SALVATION ARMY

Central Kentucky Area Services

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## Responsibility of Hanger Lodge Rules

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

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

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

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

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

I HAVE a vehicle at The Salvation Army

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

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

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

I DO NOT have a vehicle at The Salvation Army

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

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

# THE SALVATION ARMY

Central Kentucky Area Services

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## Cell Phone Guidelines

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

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

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

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

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

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

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



# THE SALVATION ARMY

Central Kentucky Area Services

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



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

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

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

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

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

**Client's Basic Information**

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

**Exit Information**

Date exited Shelter:	Client List:
AREA:	



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

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

a participant in The Salvation Army Emergency Shelter hereby authorize:

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

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

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

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

-----

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

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

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

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

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

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

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



**INITIAL SOCIAL WORK INTAKE**

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

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

**CITIZEN STATUS AND VITAL STATISTICS**

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

**EDUCATION**

Highest level of education completed:

**LEGAL ISSUES**

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

**Substance Abuse History**

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

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**History of Abuse**

Have you ever experienced any of the following:

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

**By who?**

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

**By who?**

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

**By who?**

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

**By who?**

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

**By who?**

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

**Physical & Mental Health**

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

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

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

**Are you disabled?** Yes No

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

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

**Current Medications:**

Medication

Dosage

Prescribing Physician

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

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

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

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

If yes, please explain: \_\_\_\_\_

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

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

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

**Spirituality**

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

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

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

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

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

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

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

- Check if Resident refused to sign.**

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## Program Agreement

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

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

The Caseworker Staff will assist me:

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

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

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

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

### **My Responsibilities:**

- It is my responsibility to meet each week for a weekly meeting with my caseworker to discuss my progress and to schedule appointments with other social service agencies and professionals that are assisting me as necessary.
- Staff is present to assist you but, staff is not responsible for finding you housing. Staff provides tips and access to a phone or computer or apartment listings and other resources.

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



- It is expected that you will spend all or most of the day time hours pursuing housing options.
- I agree to provide information to my caseworker regarding any assistance/case management/services I am receiving from other agencies within the community.
- It is my responsibility to complete any written verification related to my Case Treatment Plan that may be suggested by my caseworker and submit it to my caseworker on time.
- If applicable it is my responsibility to attend all life skills classes and meetings that are required during my stay at The Salvation Army.
- I agree to submit my work schedule and paystub (or proof of income) to my caseworker upon employment and when/if I change employment or add employment.
- If applicable I agree that after I have resided here for 30 days and have obtained income I will pay \$10 per week to continue my stay here. I will pay this money to the Casework Supervisor on Fridays or Mondays (per hours and method posted on her door), the week after I have stayed. If I fail to do this, I may be asked to leave.
- I agree that I must show proof of my *savings* after employment to my caseworker each week by a mutually agreed upon method of savings.
- I agree to abide by the policies of The Salvation Army.

Please initial \_\_\_\_\_ Date \_\_\_\_\_

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





# EMPLOYMENT & INCOME STATEMENT

NAME \_\_\_\_\_

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

MY INCOME IS FROM:

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

(circle one) <b>Social Security/ SSDI/ SSI</b> <b>Total Amount</b> _____ <b>Verification</b>
---

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

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

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

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

X \_\_\_\_\_

**Client Signature**

X \_\_\_\_\_

**DATE**

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Department of Corrections  
**Chart Document Sheet**

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

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

SSN:	Date Entered:	Caseworker Signature
Date Entered TSA		
Intake Paperwork Completed:		
<b>KYHMIS:</b> (                    )		
DOC Number (                    )		
Discharge Type: MRS or Parole		
Home Placement or No Home Placement		
CTP Completed:		
CTP Signed by Caseworker Supervisor:		
Given Letter of Residency:		
Given General list and Resource Folder:		
Verification of Income Document in file:		

**PREA**

PREA Video Completed		
PREA Risk Assessment initial		
PREA Risk Assessment 30-day reevaluation		

**Client's Basic Information**

Previous Entry Date:	
Birth date:	
Previous Address:	
Phone Number:	
Emergency Contact:	
Emergency Contact Phone Number:	

**Exit Information**

Date exited Shelter:	Client List:
AREA:	



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

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

a participant in The Salvation Army Emergency Shelter hereby authorize:

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

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

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

-----

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

-----

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

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

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

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

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

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

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



# INITIAL SOCIAL WORK INTAKE

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

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

## CITIZEN STATUS AND VITAL STATISTICS

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

## EDUCATION

Highest level of education completed:

## LEGAL ISSUES

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

## Substance Abuse History

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

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



## History of Abuse

Have you ever experienced any of the following:

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

**By who?**

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

**By who?**

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

**By who?**

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

**By who?**

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

**By who?**

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

## **Physical & Mental Health**

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

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

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

**Are you disabled?** Yes No

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

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

### Current Medications:

Medication	Dosage	Prescribing Physician
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

If yes, please explain: \_\_\_\_\_

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

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

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

## Spirituality

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

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

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

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



THE SALVATION ARMY  
Parolees

**DOC Fee Statement**

**I agree that upon receiving income I will pay \$10 of my gross income per week to The Salvation Army for DOC fees. I agree to submit copies of each pay stub and work schedule to DRS and DOC Case Manager upon receipt.**

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

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





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

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

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

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

**Check if Resident refused to sign.**

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## Program Agreement

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

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

The Casework Staff will assist me:

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

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

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

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

### My Responsibilities:

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

Please initial \_\_\_\_\_ Date \_\_\_\_\_

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# EMPLOYMENT & INCOME STATEMENT

NAME \_\_\_\_\_

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

MY INCOME IS FROM:

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

(circle one) <b>Social Security/ SSDI/ SSI</b> <b>Total Amount</b> _____ <b>Verification</b>
---

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

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

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

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

X \_\_\_\_\_

X \_\_\_\_\_

**Client Signature**

**DATE**

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## JOB DESCRIPTION

Revised: March 2018

**EMPLOYEE:** Mary Okpebholo

**TITLE:** Director of Guest Services

**DEPARTMENT:** Human Services

**REPORTS TO:** Area & Associate Coordinators

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

**STATUS:** Exempt

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

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

### FUNCTION:

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

### JOB LOCATIONS:

Fayette County

Corps: 736 W. Main Street  
Lexington, KY 40508

### HANGER LODGE DUTIES

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

**FOOD SERVICE DUTIES**

1	Plan menus and snacks for the lodge residents, Early Learning Center, Boys and Girls Club, Asbury Students and Special Events
2	Purchase and order food supplies
3	Attend Food Shows
4	Purchase and/or order supplies related to food service
5	Set up for Corps Dinners, Special Events, Advisory Board Meetings, and Advisory Council Meetings
6	Keep the staff lounge and conference room properly stocked

**AUXILIARY BUILDING DUTIES**

1	Supervise staff and volunteers
2	Monitor supply inventory, in kind donations and statistics
3	Work with caseworkers to obtain needed items for clients
4	Distribute supplies from various vendors to proper departments

**CHRISTMAS DUTIES**

1	Participate in Christmas Planning Meetings
2	Purchase/order toys
3	Set up the Distribution Center
4	Oversee the Angel Tree and Adopt a Family sorting and distribution process
5	Train and monitor Volunteers

**WAYHOUSE DUTIES**

1	Responsible for the cleanliness of the building and security
---	--

**BOOTH UNIT DUTIES**

1	Responsible for the cleanliness of the building and security
---	--

**OTHER DUTIES**

1	Give tours
2	Responsible to set the security alarm. First responder if the alarm goes off
3	Perform all duties in a manner that reflects the core value of The Salvation Army in treating all people with dignity and respect.
4	Provide other services as required for the efficient functioning of The Salvation Army

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

**MINIMUM QUALIFICATIONS**

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

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

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

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

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

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

**AREA OF SPECIAL CONCERNS**  
 This position may require long work hours in an extremely active environment.

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

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

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

This job description is subject to change as programs evolve.

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

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# THE SALVATION ARMY

FOUNDED IN 1865 BY WILLIAM AND CATHERINE BOOTH

## EASTERN TERRITORIAL HEADQUARTERS

LEGAL DEPARTMENT  
440 WEST NYACK ROAD, P.O. BOX C-635  
WEST NYACK, NY 10994-1739  
<http://easternusa.salvationarmy.org>  
TELEPHONE (845) 620-7200  
FAX (845) 620-7753

March 4, 2022

To whom it may concern;

The Salvation Army in its Eastern Territory in the United States is one legal entity. Exemption was granted to The Salvation Army pursuant to Section 501(c)(3) of the Internal Revenue Code in June 1933. The Salvation Army confirms that our operations in Ohio are covered under our 501(c)(3) status. The corporate FEIN is 13-5562351 and our DUNS is 062517941, please use these numbers for all reporting purposes with our corporate address. The Salvation Army confirms that in compliance with 26 USC § 6033, subsection (a)(3)(A)(i), as a church, this unit is not required to file an IRS 990.

Under the Certificate of Incorporation and by-laws filed May 12, 1899, and pursuant to the provisions of Section 1 of Chapter 468 of the Laws of New York of 1899, the corporation is charged with general responsibilities regarding temporalities and property, real and personal, and the revenues therefrom, belonging to the corporation and shall administer the same in accordance with the discipline, rules and regulations, and usages of The Salvation Army or the governing body. The local branch, whether it be corps, community center, office or program center, is not an autonomous or separate entity. Therefore be advised that The Salvation Army corporate offices in West Nyack, New York claims responsibility as fiscal agent for The Salvation Army's operations in Ohio.

The Salvation Army, a New York not-for-profit corporation, has its corporate principal offices located at 440 West Nyack Road, West Nyack, NY 10994, and is duly authorized to conduct business in the state of Ohio, without limitation, acting by and through its office located at 736 W. Main Street, Lexington, OH 40508.

For legal purposes our corporate name is: The Salvation Army. I hereby certify that I am Secretary of The Salvation Army and that the above status has not been rescinded and remains in full force and effect as of the date of this letter.


Sincerely,

Michael J. Southwick  
Secretary  
Enc: 501c3 IRS letter

ATLANTA GA 39901-0001

In reply refer to: 0752774442  
Aug. 12, 2021 LTR 4168C 0  
13-5562351 000000 00

00024433  
BODC: TE

  
THE SALVATION ARMY  
TERRITORIAL HEADQUARTERS  
440 W NYACK RD  
WEST NYACK NY 10994-1753

003231

Employer ID number: 13-5562351  
Form 990 required: NO

Dear Taxpayer:

We're responding to your request dated Aug. 03, 2021, about your tax-exempt status.

We issued you a determination letter in June, 1933, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(i).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0752774442  
Aug. 12, 2021 LTR 4168C 0  
13-5562351 000000 00  
00024434

THE SALVATION ARMY  
TERRITORIAL HEADQUARTERS  
440 W NYACK RD  
WEST NYACK NY 10994-1753

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Teri M. Johnson  
Operations Manager, AM Ops. 3