

<b>Agency Name:</b>	Community Action Council for Lexington-Fayette, Bourbon, Harrison, and Nicholas Counties, Inc.
<b>Address:</b>	<i>Mailing:</i> PO Box 11610, Lexington, KY 40576 <i>Street:</i> 710 W. High St., Lexington, KY 40508
<b>Agency Representative:</b>	Sharon Price, Executive Director 859-233-4600, sharon.price@commaction.org
<b>Point of Contact Person:</b>	Marty Jones, Director, Housing Stability 859-233-4600, marty.jones@commaction.org
<b>Website:</b>	www.commaaction.org
<b>Program Title:</b>	Emergency Family Housing
<b>Total Funding Request:</b>	\$320,000
<b>Project Summary:</b>	<p>Since 2015, Community Action Council (the Council), through funding from the Office of Homelessness Prevention and Intervention (OHPI) and, more recently, LFUCG’s Extended Social Resource (ESR) program, has operated the Emergency Family Housing (EFH) program. EFH is one of only two emergency shelter programs among Lexington’s shelter network that allows two-parent and group families to remain together while facing the stresses and pressures associated with episodes of homelessness. EFH uses a distinctive shelter model that combines scattered-site units and short-term unit accommodations to provide emergency shelter annually for as many as 20 families. All participants receive intensive <b>case management</b> services to assist them as they seek permanent housing.</p>

## Community Action Council

**4.1 General Shelter Operations:** The Council has extensive experience in housing-related matters, including the provision of assistance to people experiencing homelessness. It currently operates multiple programs in permanent supportive housing, rapid rehousing, rental assistance, and street outreach serving households in Lexington-Fayette and 16 counties in the Region 6 Balance of State.

Over the last several years, the Council has partnered with LFUCG to provide emergency, non-congregate shelter services using short-term accommodations in local hotels during extreme winter weather. This has allowed the Council to expand its capacity, providing emergency shelter for nearly 400 individuals in more than 100 households. In FY2025-26, the Council provided shelter for 50 families, including 209 adults and 129 children.

*Population(s) Served.* The Emergency Family Housing (EFH) program provides emergency shelter services for up to **60 persons annually**, or approximately **20 two-parent and group families** meeting the definition of “family” under HUD’s Equal Access Rule. Prioritization is based on the following categories:

- Homelessness originating in Lexington-Fayette County
- Presence of infants, toddlers, and/or pregnant women in the household
- Children under age five
- Chronic medical needs
- Children under age 18

When considering multiple families who fall within the same category, families will be given priority based on:

- Veteran present in the household

- Meets the HUD definition of Chronically Homeless
- Household's length of homelessness

**Shelter Model:** The Council employs a **scatter-site model** in its approach to emergency housing. This non-traditional model is significantly more cost-effective than housing families in traditional brick-and-mortar shelter facilities. A 2009 Policy Brief from the Institute for Research, Training and Technical Assistance at Beyond Shelter suggests that the monthly cost of housing families in traditional shelters could be as much as two to three times as expensive as the Fair Market Rent (FMR) identified by the Department of Housing and Urban Development (HUD).

Additionally, the use of scatter-site apartments has been shown to stabilize families in crisis. Families can enjoy a sense of privacy and normalcy not found in shared or common spaces in traditional shelters, while also reducing the stigma often associated with shelter environments. In these respects, scatter-site units support families in maintaining stability and foster an internal sense of progress towards self-sufficiency.

**Basic Needs and Supportive Services:** The Council's EFH program ensures basic needs are met through coordinated service delivery. Program staff coordinates with community partners and families to ensure families have access to food, personal care items, and essential household supplies. Families may also receive assistance with accessing storage for personal belongings, transportation, referrals to clothing and food banks, and laundry services. These supports promote stability and reduce immediate barriers to securing permanent housing.

**Shelter Operating Hours.** All enrolled families have 24/7/365 access to their assigned units and are not required to vacate during daytime hours. Staff support is available during standard

business hours, with limited after-hours availability in specific circumstances. **Referrals are accepted Monday through Friday, 8:30 a.m.–5:00 p.m., with after-hours placements coordinated on a case-by-case basis with on-call staff and community partners.**

As a **participant in the Housing Triage System** (Lexington’s Coordinated System of Entry) and an operator of Street Outreach services funded through SAMHSA, the Council is well-positioned to quickly establish contact with families experiencing homelessness and is committed to ensuring quick and equitable access based on acuity.

**Person-Centered, Strengths-Based Approach:** The Council’s **person-centered, strengths-based** approach helps **meet families where they are** to address their **immediate and ongoing needs**. Staff work collaboratively with participants to identify strengths, reduce barriers and connect households with needed resources. This approach ensures families are supported in obtaining permanent housing as quickly as possible and that services are responsive to each household’s unique situation. Staff are trained in trauma-informed and culturally responsive practices.

**Policies, Procedures, and Participant Engagement:** During the intake process, EFH staff explain the program and ask families to complete the initial paperwork. Participants are given a **tenant briefing packet** that includes information on fair housing requirements, **general expectations** and **tenancy responsibilities**. The tenant briefing packet includes the **Participant Program Agreement, Program Goals, Values and Outcomes, and Participant and Community Complaints** procedures, which outline the Council’s efforts to **convey clear expectations and its commitment to treating participants with dignity and respect** (see attachments).

The briefing packet also provides information on how the Council **involves participants in the governance** of its Housing programs, including EFH. The Council achieves this aim by incorporating participant feedback into program operations through ongoing engagement, including interactions during case management sessions and informal feedback systems to ensure continuous program improvement.

**Accessibility and Cultural Competency:** An emphasis on **inclusion** and **outreach** is embedded in the Council's culture and its policies and procedures. Its tripartite board is composed of one-third representatives from communities with low income, the public sector, and the private sector. Staff are highly diverse and representative of the communities served.

To ensure **accessibility for persons with disabilities**, EFH arranges, as needed, short-term hotel accommodations in ADA-compliant accessible units and works with local landlords to secure **accessible housing options**. For individuals with **limited English proficiency**, the Council employs bilingual staff and contracts with Accipio Language Services when needed. Staff receive ongoing training in cultural competency and equitable delivery of services to ensure the program remains responsive to diverse household needs.

**Staffing:** The EFH program is supported by 1.15 FTE, including program oversight and direct case management. Program staff maintain an average caseload of five to nine households, depending on hotel utilization.

Mr. Marty Jones, Director of the Office of Housing Stability (DOHS), is primarily responsible for programmatic oversight, quarterly reporting and ensuring that the program continues to meet outcomes. He has a Master of Public Administration degree from the University of Kentucky.

Mr. Jones joined the Council in July 2010 and has come to play an integral leadership role in the

Council's housing programs throughout the Council's four-county service area and the Region 6 Balance of State.

Francia A. Gonzalez, Housing Case Management Specialist, is also a HUD-certified housing counselor with Community Ventures Kentucky, a 501(c)3 nonprofit organization focused on community and civic development. She has five (5) years of housing-related experience, including counseling individuals and families on budgeting, saving, credit building, obtaining and maintaining employment, childcare, and home maintenance and upkeep. In coordination with DOHS, Ms. Gonzalez works with local shelters and other partners to rapidly move families toward permanent housing solutions. Council partners she has worked with have included The Nest, God's Pantry, and New Vista.

**4.2 Rapid Resolution, Housing-Focused:** Staff begin discussing **diversion** at first contact through completion of a **prescreening tool and conversation guides** designed to identify safe alternatives to shelter, including **financial assistance, mediation, and housing navigation** supports, and to determine EFH eligibility. The Council's diversion strategies include **motivational interviewing** and information-gathering to assess each household's current living situation, whether it can be sustained and for how long, and possible alternative arrangements, such as temporarily staying with friends or family.

Diversion efforts include **mediation** with landlords or family members, connection to **mainstream resources**, and flexible financial assistance, when available. Staff provide referrals and assistance in connecting to other community resources, such as **employment, child care**, legal documents, behavioral and physical **health services, Legal Aid/Fair Housing Council**, or **veteran-specific** assistance.

When diversion is not an option, staff complete a comprehensive intake process at program entry, explaining EFH program expectations and assisting the family in completing initial paperwork. Within the **first 14 days** of entering the program, staff work with the family to develop an **individualized, housing-focused plan**. This plan identifies barriers, outlines the steps needed to obtain permanent housing, and initiates the **housing search** process. Staff immediately begin working with families to reduce barriers, such as utility/rental arrears, unemployment, soft skills development, and the high cost of childcare, to link participants with available housing resources as quickly as possible.

As part of a comprehensive, strengths-based strategy grounded in trauma-informed practices, staff assist participants in accessing **mainstream resources** and other public benefits to increase access to available income support. Staff also assist households in obtaining **vital records** and other eligibility documentation, enrolling in job training and employment programs, and accessing educational opportunities. Transportation assistance is also provided, as needed, to support the housing search process and help individuals access employment and other resources.

Staff and families participate in **case management** at least weekly (Monday-Friday during regular business hours) to discuss housing options and assess progress toward goals.

Participation is voluntary yet strongly encouraged and tailored to the unique needs and goals of each household.

For households remaining in shelter **beyond 14 days**, staff complete the Vulnerability Index–Service Prioritization Decision Assistance Prescreen Tool (**VI-SPDAT**) and enter them into the **Lexington Housing Triage System**. The VISPDAT assists staff in developing individualized goals and housing plans, including developing **safety plans** for those fleeing domestic violence.

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

The EFH program maintains strong partnerships with community providers, including New Vista, Greenhouse17, Jubilee Jobs, and Fayette County Public Schools, to support rapid transitions to permanent housing. While EFH primarily serves two-parent and group families, staff are trained to assess and respond to safety risks associated with **fleeing intimate partner violence**. When such needs are identified, the Council works closely with providers to ensure participants receive appropriate, trauma-informed services and safety planning support.

**4.3 Low-Barrier:** The Council is committed to a **low-barrier program model** to meet the needs of two-parent and group families seeking emergency shelter as a family unit. The Council welcomes self-defined and kinship families and allows all family members to remain together while in shelter. Families are not required to contribute funds and/or labor as a condition of shelter, nor are they required to participate in classes or programs. Similarly, **drug testing is not a condition** for program entry or to continue receiving services. Participation in supportive services is voluntary and designed to address each household's goals and needs.

The Council works closely with OHPI, OneDoor Lexington, local shelters, housing providers, and social service agencies to ensure **flexible and predictable access** for families. EFH intake

and housing navigation supports are coordinated with community-based outreach and the Housing Triage System processes to ensure equitable access and prioritization based on need. Participants are **not required to leave the shelter at any time**, and they maintain continuous access to their assigned units.

The Council leverages flexible funding sources, where available, to support low-barrier access, extended stays when necessary, and individualized service delivery. By leveraging all available resources, the Council can effectively respond to participant needs without imposing restrictive eligibility or participation requirements.

The EFH program sets **minimal and reasonable expectations** for participants. The tenant briefing packet outlines program expectations, and, by signing the Participant Program Agreement (PPA), families agree to: comply with housing requirements, maintain the shelter unit in a clean and safe condition, and communicate with staff regarding absences from the unit.

Staff enforces program expectations consistently and transparently, with oversight by the DOHS. Participants may only be exited from the program for **serious or repeated violations**, such as vacating the housing unit for more than five days without notification or engaging in behaviors that place the health and safety of fellow tenants, service providers, or property at significant risk. Final decisions regarding **termination** involve EFH staff and supervisors and, when applicable, property owners/managers. All participants are informed of their **right to appeal**, and the process is clearly defined in the tenant briefing packet and reinforced during intake.

The Council partners with the Lexington Humane Society, property owners and landlords, and local storage facilities to accommodate **pets and personal belongings**, ensuring families do not have to give up their family pets or possessions to access shelter.

The EFH program is committed to maintaining a **low-barrier model** through its limited denial and restriction policy. In the past 12 months, **no households were denied access to shelter or services due to safety concerns**, and **no households were terminated for rule violations**, reflecting the Council's focus on engagement and stability. In the rare event that denials, restrictions, and terminations occur, all decisions are made on a **case-by-case basis** with supervisory oversight to ensure consistency. Households are informed at intake and reminded throughout their stay of their **right to appeal** and the formal process for doing so.

#### **4.4 Actual Results**

The Council submits the required CoC APR for January 1, 2025, to December 31, 2025, with this application, and acknowledges that LFUCG will evaluate program performance based on KYHMIS data.

Between January 1-December 31, 2025, the median stay in the EFH program was 35 days, with 49 percent or 91 individuals exiting to permanent housing. One hundred percent of households accessed available case management services and 48 adults increased their household income by program exit.

#### **4.5 Budget**

**Funding Sources:** The Council is fully cognizant of the costs associated with operating housing and homelessness programs and will continue to aggressively seek additional funding, including ESG, CDBG, CSBG and others, to sustain and grow the program. The Council's grant-writing team in the Office of Sustainability regularly coordinates with the DOHS to identify potential grants and other funding opportunities. EFH partners with Red Roof Inn, Bluegrass Extended Stay, Lexington Housing Authority, local landlords, Hope Center, Salvation Army, Arbor Youth

Services, Kentucky Counseling Center, New Vista, Lexington Humane Society, and others to help make this approach possible.

Proposed leverage includes

- (1) Rental Rates - The difference between the Fair Market Rent (FMR) and the actual rental rate of approximately four (4) EFH units, representing a cost savings of up to **\$35,535**.
- (2) Client Benefits – In-kind contributions through programs such as Community Services Block Grant for security or utility deposits and first month’s rent, outreach support through the Coordinated System for Treatment and Services program funded through the Substance Abuse Mental Health Services Administration (SAMHSA), or contributions from partners for short duration hotel stays. These benefits also include the cost of child care for at least two households with young children through Head Start Preschool/Early Head Start programs. These contributions are calculated at **\$80,410** based on average costs and historical program operations.

Leveraging available funding ensures that EFH guests can access all available resources and provides crucial support as the family exits to permanent housing and towards self-sufficiency.

	<b>TOTAL</b>
***Number of individual beds available:	<b>28</b>
***Number of units available for families, if applicable:	<b>28</b>
Funds requested from LFUCG:	<b>\$320,000</b>
Average daily census for individuals based on KYHMIS data:	<b>36</b>
Average daily census for families based on KYHMIS data:	<b>9</b>
Total annual budget for shelter (all funding sources):	<b>\$435,945</b>
% LFUCG investment (LFUCG Request/Total Budget * 100):	<b>73.4%</b>

## **Budget Narrative**

The Council is requesting funding in the amount of \$245,406 to provide emergency non-congregate overnight shelter for two-parent and group families experiencing homelessness. Costs are itemized below.

**TOTAL FUNDING REQUEST: \$320,000**

**1. Staff Salaries—\$54,899 - to support the following positions:**

- *Housing Case Management Specialists – 1.0 FTE*
- *Administrative Assistant – 0.1 FTE*
- *Supportive Housing Manager – 0.03 FTE*
- *Director of Housing and Homeless Services – 0.03 FTE*

**2. Staff Fringe Benefits—\$27,089 for the following benefits:**

- *FICA – \$4,570 paid at the cost of 7.65 percent of gross wages for employees’ Social Security (FICA).*
- *Workers Compensation – \$284 paid at state rates for varying classes. Workers’ Compensation is budgeted at a percentage of gross wages based upon the classification of the employees operating within the program and according to the Council’s average historical cost.*
- *Disability Insurance – \$227 paid at 0.39 percent of gross wages according to the Council’s average historical costs.*
- *Accrued Leave – \$4,835 paid to employees for annual and sick leave time accrued in accordance with the leave accrual schedule.*
- *Pension- \$4,779 paid at approximately 8.0 percent of employees’ salaries toward employees’ retirement*
- *Health Insurance - \$12,102 paid based upon plan selection.*
- *Life Insurance- \$292 paid at 0.096 percent of gross wages*

**3. Consultant Services – Not Applicable**

**4. Space / Facilities - \$109,689, including:**

- *Rent - \$78,000 to provide five scatter-site, master-leased apartment units to operate emergency shelter service for two-parent and group families. Calculated at an average cost is \$1,300 per month for 12 months per unit for five units.*

- *Utility Expenses* - \$6,000 to pay for utility expenses at non-congregate rental units master-leased by the Council for use in this program. Calculated at up to \$83.33 per month for 12 months at six units master-leased by the Council.
- *Short-Term Hotel* - \$25,689 for emergency short-term hotel accommodation at an average cost of ~\$95 per night for as many as 270 nights

**5. Operating Expenses - \$20,700** to support the following:

- *In-area Travel* - \$4,500 to support in area travel expenses at a cost of \$0.725 per mile and use of shared fleet vehicles for food delivery and participant transportation. Calculated at ~517 miles/month\*12 months\*\$0.725/mile
- *Office Supplies* - \$200 to provide basic office supplies
- *Household Supplies* - \$4,000 to provide basic household supplies, such as cleaning items, basic kitchenware, and other items upon program entry.
- *Contracts* - \$11,000 to hire professional cleaning services to deep clean scatter-site units between transitions of beneficiaries. This line item also includes funding to hire contractors and cover any repairs needed as a result of participant actions or neglect.
- *Training Expense*- \$1,000 to provide professional development to support program operations.

**6. Direct Client Benefits - \$60,778** to support the following expenses:

- *Client Benefits* - \$60,778 to provide funding to support client benefits such as transportation expenses, furniture, moving costs, security deposits, and utility deposits. Estimated at up to ~\$2,532/household\*24 households

**7. Other** –\$46,845 to provide for other expenses, including insurance and bonding, software license, building repair and maintenance, postage and freight, meeting, information technology services, communications, and facilities.

- Includes \$39,360 for *indirect expenses*, which cover a portion of costs related to administrative functions such as Accounting, Human Resources, and the Office of the Executive Director (as approved by the HHS Indirect Cost Rate Agreement). This expense is calculated at the rate of 12.3 percent of direct expenses based on actual current operations.

**TOTAL PROGRAM BUDGET - \$320,000**

**FY2027 LFUCG EXTENDED SOCIAL RESOURCE (ESR) LINE-ITEM BUDGET**

Community Action Council

FY2026-27 Emergency Family Housing Program Budget

**1. STAFF SALARIES**

Full-Time (FTE): **1.15 FTE**

Part-Time

**PROGRAM STAFF SALARIES TOTALS**

<b>A</b>	<b>B</b>	<b>C</b>
<b>Total ES Budget</b>	<b>LFUCG Funding</b>	<b>Non-city Funding</b>
\$54,899	\$54,899	\$0
<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
<b>\$54,899</b>	<b>\$54,899</b>	<b>\$0</b>

**2. STAFF FRINGE BENEFITS**

FICA

Worker's Compensation

Pension

Health Insurance

Life Insurance

Disability Insurance

Accrued Leave

**TOTAL FRINGE BENEFITS (49% of total pay)**

\$4,570	\$4,570	\$0
\$284	\$284	\$0
\$4,779	\$4,779	\$0
\$12,102	\$12,102	\$0
\$292	\$292	\$0
\$227	\$227	\$0
<u>\$4,835</u>	<u>\$4,835</u>	<u>\$0</u>
<b>\$27,089</b>	<b>\$27,089</b>	<b>\$0</b>

**3. CONSULTANT SERVICES**

Not Applicable

**TOTAL CONSULTANT SERVICES**

<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**4. SPACE/FACILITIES**

Short-Term Rental (Apartments)

Short-Term Rental (Hotel)

Utility Expenses

**TOTAL SPACE/FACILITIES**

\$113,535	\$78,000	\$35,535
\$29,109	\$25,689	\$3,420
<u>\$6,000</u>	<u>\$6,000</u>	<u>\$0</u>
<b>\$148,644</b>	<b>\$109,689</b>	<b>\$38,955</b>

**5. OPERATING EXPENSES**

In-Area Travel

Household Supplies

Office Supplies

Contracts

Training

**TOTAL OPERATING EXPENSES**

\$4,500	\$4,500	\$0
\$4,000	\$4,000	\$0
\$200	\$200	\$0
\$11,000	\$11,000	\$0
<u>\$1,000</u>	<u>\$1,000</u>	<u>\$0</u>
<b>\$20,700</b>	<b>\$20,700</b>	<b>\$0</b>

**6. DIRECT CLIENT BENEFIT**

**TOTAL DIRECT CLIENT BENEFIT**

<u>\$137,768</u>	<u>\$60,778</u>	<u>\$76,990</u>
<b>\$137,768</b>	<b>\$60,778</b>	<b>\$76,990</b>

**7. OTHER**

**TOTAL OTHER EXPENSES**

<u>\$46,845</u>	<u>\$46,845</u>	<u>\$0</u>
<b>\$46,845</b>	<b>\$46,845</b>	<b>\$0</b>

**TOTAL FY2027 PROGRAM BUDGET**

<b>\$435,945</b>	<b>\$320,000</b>	<b>\$115,945</b>
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**COMMUNITY ACTION COUNCIL  
FOR  
LEXINGTON-FAYETTE, BOURBON, HARRISON AND NICHOLAS COUNTIES**

**OPERATIONS MEMORANDUM**

**Subject:** Affirmative Action Plan

**Number:** A-1990-G

**Change No:** 2

**Replaces:** Affirmative Action  
Policy A-1990-G

**Effective Date:** Immediately

**Reference:** N/A

**Expiration Date:** None

**Approval:** Board of Directors

**Type:** Policy

**Date:** January 24, 2018

**DISTRIBUTION:**

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

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

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

**BACKGROUND**

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

**RESPONSIBILITIES**

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

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

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

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

**AFFIRMATIVE ACTION PLAN**

I. INTRODUCTION

A. PURPOSE AND SCOPE OF PLAN

This Affirmative Action Plan is designed to:

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

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

B. POPULATION OF COUNTIES – SEE ATTACHMENT

C. STATEMENT OF COMPLIANCE

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

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

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

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

#### D. MASTER PURPOSE

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

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

## II. ADMINISTRATION

### A. BOARD OF DIRECTORS

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

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

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

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

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

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

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

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

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

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

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

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

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

#### B. PERSONNEL COMMITTEE

The functions of the Personnel Committee shall be:

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

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

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

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

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

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

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

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

#### C. STAFF EQUAL OPPORTUNITY CHAIRPERSON

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

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

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

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

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

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

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

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

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

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

#### D. EQUAL OPPORTUNITY COUNSELOR

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

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

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

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

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

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

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

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

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

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

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

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

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

#### A. DEFINITION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### IV. VENDOR COMPLIANCE

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

#### V. PARTICIPATION AND SERVICE DELIVERY

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

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

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

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

#### VI. INSTITUTIONAL CHANGE

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

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

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

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

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

## VII. DISSEMINATION OF EQUAL OPPORTUNITY PROGRAM

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

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

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

## VIII. EQUAL OPPORTUNITY POLICY – PERSONNEL ACTIONS

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

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

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

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

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

## IX. GRIEVANCE AND APPEAL PROCEDURES

### A. POLICY

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

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

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

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

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

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

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

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

## X. DISCRIMINATION COMPLAINT PROCEDURES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## AFFIDAVIT

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

1. His/her name is \_\_\_\_\_ and he/she is the individual submitting the proposal or is the authorized representative of \_\_\_\_\_, the entity submitting the proposal (hereinafter referred to as "Proposer").

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

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

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

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

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

**Continued on next page**

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

Further, Affiant sayeth naught.

DP Price

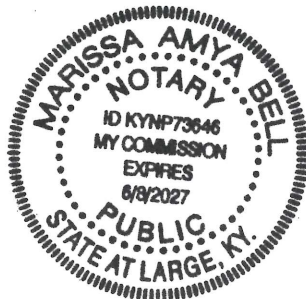
STATE OF Kentucky

COUNTY OF Fayette

The foregoing instrument was subscribed, sworn to and acknowledged before me  
by Sharon Price on this the 24<sup>th</sup> day  
of April, 2020

My Commission expires: June 8, 2027

Marissa Amya Bell  
NOTARY PUBLIC, STATE AT LARGE



# EQUAL OPPORTUNITY AGREEMENT

## Standard Title VI Assurance

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

## The Law

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

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

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

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

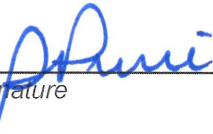
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The Lexington-Fayette Urban County Government practices Equal Opportunity in recruiting, hiring and promoting. It is the Government's intent to affirmatively provide employment opportunities for those individuals who have previously not been allowed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

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

Bidders

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

  
\_\_\_\_\_  
Signature

Community Action Council  
\_\_\_\_\_  
Name of Business

**WORKFORCE ANALYSIS FORM**

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

Categories	Total	White (Not Hispanic or Latino)		Hispanic or Latino		Black or African-American (Not Hispanic or Latino)		Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)		Asian (Not Hispanic or Latino)		American Indian or Alaskan Native (not Hispanic or Latino)		Two or more races (Not Hispanic or Latino)		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Administrators																	
Professionals																	
Superintendents																	
Supervisors																	
Foremen																	
Technicians																	
Protective Service																	
Para-Professionals																	
Office/Clerical																	
Skilled Craft																	
Service/Maintenance																	
<b>Total:</b>																	

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

*(Name and Title)*

*Revised 2015-Dec-15*



## **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

04.24.24  
Date



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Program Goals, Values, and Outcomes**

<b>Subject:</b>	<b>Program Goals, Values, and Outcomes</b>
Objective:	Understanding goals and outcomes of the program and how and to whom they are to be reported.
Applies to:	This policy applies to the Emergency Family Housing program, its participants, and staff members.
Drafted by:	Office of Housing Stability
Effective Date:	12/8/2015
Updated:	6/1/2024
Alignment:	Lexington-Fayette Urban County Government, U.S. Housing and Urban Development

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
1.	To assist families in accessing all available resources to assist them in transitioning as quickly as possible into a stable, permanent housing situation.	Housing Case Management Specialist (HCMS); Supportive Housing Coordinator (SHC); Director, Housing Stability (DHS)	Each program year
2.	To provide emergency housing services for two-parent and group families that are not otherwise eligible for shelter programs currently operating in the Lexington-Fayette County community.  The Council will strive to ensure that participants feel safe both physically and emotionally. Further, the Council will treat participants and their belongings with dignity, and staff will take time to know the strengths of each participant while assisting in the process of securing housing.	HCMS; SHC; DHS	Each program year
3.	The results of the goals for the program year are reported quarterly to LFUCG. The desired are as follows: <ul style="list-style-type: none"> <li>• Average length of stay is 30 days or less</li> <li>• 90% of families exit to Permanent Housing</li> <li>• Less than 10% of families return to homelessness within 6 months</li> <li>• 60% of families obtain a job and/or increase household income</li> </ul>	DHS	Quarterly



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Eligible Participants and Prioritization**

<b>Subject:</b>	<b>Eligible Participants and Prioritization for EFH</b>
<b>Objective:</b>	Definition and documentation of eligibility and prioritization criteria for entrance into the Emergency Family Housing Program
<b>Applies to:</b>	This policy applies to the Emergency Family Housing program, its participants, and staff members.
<b>Drafted by:</b>	Office of Housing Stability
<b>Effective Date:</b>	12/8/2015
<b>Updated:</b>	6/1/2024
<b>Alignment:</b>	Lexington-Fayette Urban County Government, U.S. Dept. Housing and Urban Development, McKinney-Vento Homeless Act

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
1.	<p>For the Emergency Family Housing Program (EFH), a two-parent or group family must be homeless and not otherwise eligible for or unable to access services in Lexington’s existing shelter network. Priority will be given to families whose homelessness originated in Lexington-Fayette County, and then according to these categories in the following order:</p> <ul style="list-style-type: none"> <li>• Infants, toddlers and pregnant women</li> <li>• Children under five</li> <li>• Chronic Medical needs</li> <li>• Children under 18</li> <li>• All other eligible families</li> </ul> <p>When considering multiple families who fall within the same category, families will be given priority in the following order:</p> <ul style="list-style-type: none"> <li>• Veteran present in the household</li> <li>• Meet the HUD definition of Chronically Homeless</li> <li>• Length of Homelessness</li> </ul>	Emergency Family Housing Coordinator	During Intake
2.	<p>A family is considered to be chronically homeless if an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition listed below, including a family whose composition has fluctuated while the head of household has been homeless. An individual is considered to be chronically homeless if they</p> <ul style="list-style-type: none"> <li>• Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and</li> </ul>		



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Eligible Participants and Prioritization**

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
	<ul style="list-style-type: none"> <li>• Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and</li> <li>• Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;</li> <li>• An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility;</li> </ul>		
3.	Documentation of homelessness can come from a referral site or by self-declaration. Referrals for homeless persons may come from 2-1-1, shelters, churches, social service agencies and organizations, transitional housing, outreach or service workers, mental health organizations, police, health organizations, motels, etc.		
4.	<p>Upon referral, the EFH Coordinator will complete the application and intake process with the family. The family will then be placed on the prioritization list based on the priority category they fall into if no space is available in the program.</p> <p>An applicant must be eligible for EFH, but all applications will be accepted. No applicant will be denied housing or services based on race, religion, color, sex, age, national origin, handicap, marital status, sexual orientation, political affiliation or belief.</p>	EFH Coordinator	During Intake
5.	The prioritization list will be updated as needed due to program vacancies. Applicants that are no longer eligible or interested in EFH shall be moved from the prioritization list and placed on the removed list with a reason for the removal.	EFH Coordinator	Upon entry into the program



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Enrollment and Required Documentation**

<b>Subject:</b>	<b>Enrollment and Required Documentation</b>
<b>Objective:</b>	Enrollment and documentation in file for participants
<b>Applies to:</b>	This policy applies to the Emergency Family Housing program, its participants, and staff members.
<b>Drafted by:</b>	Office of Housing Stability
<b>Effective Date:</b>	12/8/2015
<b>Updated:</b>	6/1/2024
<b>Alignment:</b>	Lexington-Fayette Urban County Government, U.S. Dept. Housing and Urban Development

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
1.	Staff completing an intake will conduct a screening using the EFH Pre-Screening questions. These questions are intended to identify possible options besides emergency shelter for the household and whether EFH is the appropriate shelter resource. Regardless of the responses, staff must complete the Housing Assistance Application with each household who wishes to apply for EFH.	Housing Case Management Specialist (HCMS)	Upon Intake
2.	<p>After eligibility is established and it is determined a unit or hotel room is available, participants will be enrolled in EFH. At the time of enrollment, participants will complete enrollment forms with the HCMS and then move into the shelter unit. The unit into which the household moves will depend upon the availability of EFH units and the size and composition of the household. Documentation of homelessness eligibility and participant’s disability will also be entered in the file and the documents uploaded in HMIS. The household will be entered into the EFH project in HMIS within two days of moving into the unit/hotel room.</p> <p>If there are no available units or hotel rooms, then the family will be placed on the prioritization list. If the family is living on the street, staff will assist the participant in finding emergency shelter or other locations to sleep for the night. In addition, staff will assist the family in addressing any other immediate needs, such as food, clothing, etc.</p>	HCMS	Within 2 days of intake or move/check-in



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Enrollment and Required Documentation**

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
3.	Participant files for the EFH Program should include the following: <ul style="list-style-type: none"> <li>• Participant File Checklist</li> <li>• Application</li> <li>• Castinet Release</li> <li>• HMIS Release</li> <li>• HMIS Entry Form for all family members</li> <li>• Copy of ID, SS Card/Birth Certificate for all family members</li> <li>• Homeless self-certification form</li> <li>• Confidentiality Agreement</li> <li>• Transportation Release</li> <li>• Conflict of Interest</li> <li>• Receipt of Briefing Packet</li> <li>• Hotel/Motel Agreement (if applicable)</li> <li>• Participant Program Agreement</li> <li>• Gift Card Acknowledgement (if applicable)</li> <li>• Services Log</li> <li>• Referrals Log</li> <li>• VI-SPDAT</li> <li>• Housing Assessment</li> <li>• RRH Triage Tool</li> <li>• Full SPDAT</li> <li>• Job Search form</li> <li>• Budgeting Form</li> <li>• HMIS Exit Form</li> <li>• Exit Summary</li> <li>• Case Notes</li> <li>• 3 Month Follow-up</li> <li>• 6 Month Follow-up</li> </ul>	EFH Coordinator	



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Individual Housing Plans and Weekly Meetings**

<b>Subject:</b>	<b>Individual Housing Plans and Weekly Meetings</b>
Subject:	Individual Housing Plan for each household in Emergency Family Housing, which addresses individual goals in areas such as housing, employment, income and health.
Objective:	To ensure participants' can quickly and successfully obtain housing.
Applies to:	This policy applies to the Emergency Family Housing program, its participants, and staff members.
Drafted by:	Office of Housing Stability
Effective Date:	6/1/2024
Updated:	
Alignment:	Lexington-Fayette Urban County Government, U.S. Dept. Housing and Urban Development, McKinney-Vento Homeless Act

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
1.	The Individual Housing Plan should be completed in collaboration with the participant. The plan should include goals along with specific action steps needed to achieve the goals as well as the responsible parties and the suggested timeline for achievement of the goals. The goals should be related to obtaining housing as quickly as possible.	Supportive Housing Coordinator (SHC), Housing Case Management Specialist (HCMS)	At program entry and updated no less than every 3 months
2.	Meetings with the household at the unit or in their hotel room are to be no less than once a week. Progress toward the goals can be documented in terms of services provided and outcomes. Revisions can be made to any of the goals and/or action steps, as needed.	SHS, HCMS	Ongoing, but no less than every 3 months
3.	Case notes are to be written each time you meet with the participant discussing progress toward goals, and services provided to the participant. Case notes should document the participant's and HCMS's involvement in reaching his/her goals. Case notes should be documented within HMIS in the Client Profile section.	SHS, HCMS	Ongoing
4.	The HCMS shall conduct informal weekly unit inspections. The informal inspection will be conducted during the weekly meetings and any issues identified should be addressed at that time, documented in case notes and a follow-up conducted at a later date	HCMS	Ongoing



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**HMIS Data Entry and Reporting for Emergency Family Housing**

<b>Subject:</b>	<b>HMIS Data Entry and Reporting for Emergency Family Housing</b>
<b>Objective:</b>	To outline data entry into the HMIS system; list the report and due dates; and assign completion of both to designated staff
<b>Applies to:</b>	This policy applies to the Emergency Family Housing program, its participants, and staff members.
<b>Drafted by:</b>	Office of Housing Stability
<b>Effective Date:</b>	6/1/2024
<b>Updated:</b>	
<b>Alignment:</b>	Lexington-Fayette Urban County Government, U.S. Dept. Housing and Urban Development, McKinney-Vento Homeless Act

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
1.	Our agreement with the funder requires that participant data be entered into the HMIS reporting system. The data entered is then used to file monthly and annual reports with the funder. A release of information must be obtained from the participant.		
2.	<p>Upon enrollment, participant information will be entered into the HMIS system by the HCMS. The data should be entered using the “Enter data as” function. Select the appropriate program before entering any information for a participant. The participant will be entered into the HMIS system within 3 days of enrollment. When entering participant data, eligibility documents should be uploaded as attachments within the Client Profile tab.</p> <p>For the initial Entry/Exit, the income, non-cash benefits, health insurance and disability information must be entered by clicking the HUD Verification link for each section. A yes or no answer is required for all items within each section for the HUD verification to be complete. If you are completing an annual assessment for an existing participant this verification will be completed within the interims section.</p> <ul style="list-style-type: none"> <li>The HCMS will also be responsible for updating participant income and non-cash benefits at recertification and if income changes in between certifications. This update will be completed using</li> </ul>	Supportive Housing Manager (SHM); Housing Case Management Specialist (HCMS)	Upon enrollment Ongoing



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**HMIS Data Entry and Reporting for Emergency Family Housing**

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
	<p>“Interims” which can be accessed by selecting the entry/exit tab and selecting Interims on that screen. The previous income or non-cash benefit entry should be ended the day of the recertification, and a new entry starts the same day if income is the same at recertification. If the income is different the new entry will begin the day after the ending date for the previous income or non-cash benefit amount. When exiting the participant from HMIS once he/she leaves the program, information should be updated in the exit assessment for all household members. The HCMS will print the entry/exit assessment to verify the participant has been exited.</p>		
3.	<p>The funder requires quarterly submission of the Annual Progress Report or APR. The Director of OHHS will complete the APR and submit it to the Chief Financial Officer and Executive Director for approval. Following their approval, the report will be submitted to the funder.</p>	<p>Director, Office of Housing Stability (DOHS)</p>	<p>Within 90 days of the program end date</p>
4.	<p>Both the BOS and Lexington CoCs require monthly HMIS reporting relating to data quality. The Supportive Housing Manager and Director of OHHS are responsible for ensuring the timely submission of these reports.</p>	<p>DOHS</p>	<p>Monthly</p>



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Termination Procedures for Emergency Family Housing**

<b>Subject:</b>	<b>Termination Procedures for Emergency Family Housing</b>
<b>Objective:</b>	For CAC staff and participants enrolled in the EFH programs to know possible reasons for termination from the program.
<b>Applies to:</b>	This policy applies to the Emergency Family Housing program, its participants, and staff members.
<b>Drafted by:</b>	Office of Housing Stability
<b>Effective Date:</b>	7/1/2018
<b>Updated:</b>	6/1/2024
<b>Alignment:</b>	Lexington-Fayette Urban County Government, U.S. Dept. Housing and Urban Development, McKinney-Vento Homeless Act

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
1.	<p>Community Action Council may terminate or refuse assistance to any participant for severe violations of program requirements; due to the ending of the program; or due to the ending of the agreement with the landlord. Causes for termination include non-compliance with program rules, or actions deemed serious enough for immediate termination. In addition, staff will exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant’s assistance is terminated only in the most severe cases.</p> <p><b><u>Non-Compliance with Program Rules</u></b></p> <ul style="list-style-type: none"> <li>• Violations of the rules or regulations applicable to the funding source, Participant Program Agreement or dwelling unit.</li> <li>• Failure to engage in case management services as evidenced by missing more than 2 scheduled appointments without prior notification and/or valid excuse (e.g. doctors note documenting illness).</li> </ul> <p><b><u>Immediate Termination</u></b></p> <ul style="list-style-type: none"> <li>• Serious or repeated interference with the rights of other residents.</li> <li>• Alteration, repair, sale, damage, destruction or other disposition of the premises or any part thereof.</li> </ul>	Housing Case Management Specialist (HCMS); Supportive Housing Manager (SHM), Director, Housing Stability (DOHS)	Upon occurrence



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Termination Procedures for Emergency Family Housing**

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
	<ul style="list-style-type: none"> <li>• Weapons or illegal drugs seized in the unit by a law enforcement officer.</li> <li>• Any fire on the Council and landlord premises caused by the participant's, household members or guests' actions or neglect.</li> <li>• Engaging in threatening or violent behavior or criminal activity that threatens the health, safety or right to peaceful enjoyment of the premises by other residents and the Council's and landlord's employees.</li> <li>• Abandonment of the unit.</li> <li>• Other action or activity deemed serious in nature.</li> </ul>		
2.	<p><b><u>Occurrences</u></b>  Occurrences are instances of non-compliance received by participants for violating the program requirements listed above. Occurrences for non-compliance will be issued to a participant after each instance.</p> <p>If one or more violations listed above occur, the Housing Case Management Specialist will notify the participant that they have violated the terms of their participation in the program and will request a meeting with the participant in order to complete an "Occurrence of Non-Compliance" form (Form C-5a). During this meeting, the HCMS and participant will develop a compliance plan outlining the steps necessary to address the occurrence. Staff will address any barriers, challenges or if additional supportive services are required. The compliance plan will be conveyed verbally and in writing to the participant and will be signed by the participant and HCMS. A copy will be given to the participant and the original placed in the participant's file.</p>	HCMS	Upon occurrence
3.	<p>For each of these causes mentioned above, the following process for termination is to be followed:</p> <p>The HCMS will notify the SHC, which will then submit a memo requesting eviction and immediate termination from the program to the DOHS, including <b>Form C-5b</b> and any other documentation to justify the request. The DOHS will review the request and determine if there is sufficient cause for termination. He/she may consult with the HCMS and SHM before proceeding. Depending upon whether he/she determines termination is warranted, the DOHS will approve or disapprove the request.</p>	HCMS; SHM; DOHS; Executive Director	Upon occurrence



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Termination Procedures for Emergency Family Housing**

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
	<p>If the termination request is approved, the DHHS will notify the HCMS and SHM of the decision. The DHHS will then send written notice of termination to the participant and cc the Executive Director, SHM, HCMS and property owner. The notice shall be given 30 calendar days in advance of the termination date except for instances listed above as grounds for immediate termination. If upon receipt of the notice the participant objects to the decision, he or she may appeal the decision. The request for appeal should follow the Council's Right of Appeal process (see Operations Memo D-1984-A) and must be made prior to the date of termination indicated in the notice. All appeals should go to the Executive Director. Upon the final determination of termination, the participant, HCMS and the DHHS will be notified. If the program participant still objects, further appeals will be handled with parties outside of Community Action Council.</p>		
4.	The HCMS will update the participant's status in empowOR.	HCMS	Upon occurrence
5.	When a participant leaves the program, either voluntarily or involuntarily, the HCMS will complete the Participant Exit Summary and update the participant's status in HMIS.	HCMS	Upon occurrence



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Education for Homeless Children and Youths**

<b>Subject:</b>	<b>Education for Homeless Children and Youths</b>
<b>Objective:</b>	Ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the individuals with Disabilities Education Act, and McKinney-Vento education services for families experiencing homelessness.
<b>Applies to:</b>	This policy applies to the Emergency Family Housing program, its participants, and staff members.
<b>Drafted by:</b>	Office of Housing Stability
<b>Effective Date:</b>	7/1/2018
<b>Updated:</b>	6/1/2024
<b>Alignment:</b>	Lexington-Fayette Urban County Government, U.S. Dept. Housing and Urban Development, McKinney-Vento Homeless Act

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
1.	<p>All participants with a child/children age 0-5 shall be given information about enrolling in the most appropriate CAC early childhood education model, local HS or preschool program if CAC HS program is not available in the area.</p> <p>The HCMS will assist as needed with a smooth transition into kindergarten for any child of a participant who is enrolled in a CAC early childhood program and is eligible. In order to ensure this, the HCMS and applicable staff will develop a center transition plan to ensure collaborative activities and efforts throughout the year to include the following as needed:</p> <ul style="list-style-type: none"> <li>• Provide information to parents on how to foster the development of their child.</li> <li>• Provide opportunities for parents to observe large group, small group and individual activities.</li> <li>• Provide follow-up assistance and activities to reinforce program activities at home.</li> <li>• Ensure updated 12 month income and medical documents are obtained for new program when applicable.</li> <li>• With the cooperation of the child’s parent, notify the school of the child’s planned enrollment prior to the date of enrollment.</li> </ul>	Housing Case Management Specialist (HCMS), Relevant Office of Child Develop (OCD) staff; First Steps and Local Education Agency (LEA)	Upon Enrollment



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Education for Homeless Children and Youths**

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
	<p>In addition, the HCMS will ensure the following are included in the center transition plan in order to meet the needs of children with disabilities:</p> <ul style="list-style-type: none"> <li>• Refer parents to groups of parents of children with similar disabilities who can provide helpful peer support.</li> <li>• Inform parents of their rights under Individuals with Disabilities Education Improvement Act (IDEIA).</li> <li>• Inform parents of resources, which may be available to them from the Supplemental Security Income Program and the Early and Periodic Screening, Diagnosis and Treatment Program, and assist them with initial efforts to access such resources.</li> <li>• Identify needs (caused by the disability) of siblings and other family members.</li> <li>• Provide information in order to prevent disabilities among younger siblings.</li> <li>• Build parent confidence, skill and knowledge in accessing resources and advocating meeting the special needs of their children.</li> </ul> <p>Further, the HCMS, in cooperation with CAC staff, will :</p> <ul style="list-style-type: none"> <li>• Provide education and training to families about their child (ren)’s educational rights and responsibilities so that they learn to advocate for their children in the next program setting.</li> <li>• Initiate and conduct transitional team meeting(s) for children</li> <li>• Encourage parents to take an active role in their child’s transition</li> <li>• Ensure the transfer of children’s relevant records to the school or next program setting in which a child will enroll (see Procedure C2.2)</li> <li>• Document all transitional meetings, family contacts and referrals in Child Plus.</li> </ul>		
2.	<p>For participants with school age children, staff will assist and ensure that all children are enrolled in school by:</p> <ul style="list-style-type: none"> <li>• Verifying the parent/guardian’s statement that the children are enrolled and attending school by contacting the school indicated</li> </ul>	HCMS	As needed



**OFFICE OF HOUSING STABILITY**  
 Emergency Family Housing Program Procedures  
 Education for Homeless Children and Youths

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
	<ul style="list-style-type: none"> <li>• Contacting the LEA representative responsible for compliance with McKinney-Vento and notifying them of the homeless children and of any children in the family who are not enrolled and/or attending</li> <li>• Collaborating with the LEA and family to enroll the children in school if necessary</li> <li>• Collaborating with the LEA and school to ensure children with diagnosed disabilities receive appropriate services</li> <li>• • Assessing transportation needs and notifying the LEA of any circumstances in which the family will require particular accommodations</li> </ul>		
3.	Staff shall document all assistance and activities in case notes which shall be maintained in the participant's file.	HCMS	As needed



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Reasonable Accommodations and Emergency Requests**

<b>Subject:</b>	<b>Reasonable Accommodations and Emergency Requests</b>
<b>Objective:</b>	To outline provisions for reasonable accommodations and emergency transfers.
<b>Applies to:</b>	This policy applies to the Emergency Family Housing program, its participants, and staff members.
<b>Drafted by:</b>	Office of Housing Stability
<b>Effective Date:</b>	4/5/2011
<b>Updated:</b>	6/1/2024
<b>Alignment:</b>	Lexington-Fayette Urban County Government, U.S. Dept. Housing and Urban Development, McKinney-Vento Homeless Act, Section 504 of the Rehabilitation Act, VAWA Act

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
1.	<p>In accordance with state and federal requirements, Community Action Council provides reasonable accommodations for people with disabilities. Accommodations are provided on a case-by-case basis.</p> <p>A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces.</p> <p>Community Action Council will provide reasonable accommodations unless in doing so the accommodation would result in a fundamental alteration in the nature of the program or an undue financial and administrative burden. In such cases Community Action Council will make another accommodation that would not result in a financial or administrative burden. The accommodation request can be denied if the request was not made by or on behalf of a person with a disability or if there is no disability-related need for the accommodation.</p>	Supportive Housing Manager (SHM), Housing Case Management Specialist (HCMS), Director, Office of Housing Stability (DOHS)	



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Reasonable Accommodations and Emergency Requests**

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
2.	Applicants and participants should submit verbal or written requests for reasonable accommodations. Requests must be accompanied with reliable disability related information that verifies that the individual has a disability that falls under the fair housing act; the request should describe the needed accommodation and must demonstrate identifiable relationship between requested accommodation and the individual's disability.	SHM, HCMS, DOHS	As requested
3.	Upon receiving the request for reasonable accommodation, staff should forward request and all supporting documentation to the Director of OHHS who will review the request, and as needed, consult with the Executive Director and CAC's attorney. The participant will receive notification of the decision from the Director by mail.	DOHS, Executive Director (ED)	As requested
4.	<p>A participant may request an emergency transfer if they are a victim of domestic violence, dating violence, sexual assault, or stalking, expressly request an emergency transfer and reasonably believe they are threatened with imminent harm from further violence by remaining in the unit; or, were sexually assaulted on the premises during the 90-calendar-day period prior to the emergency transfer request.</p> <p>An emergency request is to be completed by or on behalf of the victim on form HUD (5383) (<a href="https://kyhmis.zendesk.com/hc/en-us/articles/360013605934-Emergency-Transfer-Request-HUD-5383-">https://kyhmis.zendesk.com/hc/en-us/articles/360013605934-Emergency-Transfer-Request-HUD-5383-</a>). Third party documentation which supports the request may be submitted along with the form; however, it is not required.</p> <p>The Council cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. It will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to the availability and safety of another unit. If a participant reasonably believes a proposed unit would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the participant must meet the eligibility requirements of and agree to abide by the terms and conditions of the lease for that unit. If no safe and available units for which a participant is eligible can be identified within the Council's PSH service area, it will assist the participant in identifying other housing providers who may</p>	SHM, HCMS, DOHS	As requested



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program Procedures**  
**Reasonable Accommodations and Emergency Requests**

#	TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED
	<p>have units available. The Council can not, however, provide financial assistance outside of the service area.</p> <p>All information provided to the Council concerning the incident(s) of domestic violence, et al. mentioned above and the request for transfer will be kept confidential. The Council will only access the details as necessary to grant or deny VAWA protections or an emergency transfer. The information will not be disclosed to any other entity or individual, except when the participant has provided written consent for a time-limited release, it is required for use in an eviction proceeding or hearing regarding termination of assistance or as required by law.</p>		



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program**  
 EFH Program Expectations

**Program Participant Expectations**

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

**CAC Staff Expectations**

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

**Signatures**

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

Signature of Tenant	Date
Signature of Staff	Date



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program**  
**EFH Pre-Screening Questionnaire**

Participant Information				
Name of Participant:				
Contact Information:				
Housing Situation				
1. What is the zip code of your current/last permanent address? _____				
2. Can you tell me what caused your housing crisis? _____				
3. Where did you sleep last night? <i>(if somewhere unfit for human habitation—e.g. car, streets—skip to #8)</i>				
4. Is it a safe and appropriate location? <i>(if no skip to #6, if yes go to #5)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
5. Could you stay at the same location for a few days? <i>(if no go to #7; if yes, STOP and refer to general housing resources)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
6. What made the location unsafe? <i>(skip to #8)</i> _____				
7. Why won't you be able to stay at the same location you stayed at last night? <i>(go to #8)</i>				
8. Would you want to speak to someone regarding services that are specifically geared to domestic violence survivors, or do you need a confidential location to stay? <i>(if yes to either, provide # to crisis line 1-800-544-2022, if no go to #9)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
9. Is there another place you can think of where you'd feel safe/is appropriate and could stay for a few nights? <i>(if no other safe place, go to #10; if other safe place identified, STOP and refer to general housing resources)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
10. Have you or someone in your household ever served in the military?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
11. Can you tell me who is in your household/family? <i>(if single adult refer to Hope Center, Salvation Army or Community Inn; if parent with children check with Salvation Army to see if they have available beds. If not, refer to EFH; if adults only refer to winter shelter)</i>	<table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 20%; text-align: center;"># of Adults</td> <td style="border-bottom: 1px solid black; width: 20%; text-align: center;"># of Children</td> </tr> </table>		# of Adults	# of Children
	# of Adults	# of Children		
Staff Information				
_____ <b>Name of Staff Member Completing Screening</b>	_____ <b>Date of Screening</b>			



**OFFICE OF HOUSING STABILITY**  
**Emergency Family Housing Program**  
**EFH Winter Shelter Pre-Screen Questionnaire**

**Participant Information**

Head of Household Name _____	Head of Household Date of Birth _____
Household Composition: _____	
# of Adults _____	# of Children _____
Contact Information: _____	

**Housing Situation**

1. What is the zip code of your current/last permanent address? \_\_\_\_\_
2. Can you tell me what caused your housing crisis? \_\_\_\_\_
3. Where did you sleep last night?  
*(if unsheltered—e.g. car, streets—skip to #8)* \_\_\_\_\_
4. Is it a safe and appropriate location? *(if no skip to #6, if yes go to #5)*       YES     NO
5. Could you stay at the same location tonight?       YES     NO  
*(if no go to #7; if yes, STOP and refer to general housing resources)*
6. What made the location unsafe or inappropriate? *(skip to #8)* \_\_\_\_\_
7. Why won't you be able to stay at the same location you stayed at last night? *(go to #8)*
8. Would you want to speak to someone regarding services that are specifically geared to domestic violence survivors, or do you need a confidential location to stay?       YES     NO  
*(if yes to either, provide # to crisis line 1-800-544-2022, if no go to #9)*
9. Is there another place you can think of where you'd feel safe/is appropriate and could stay for a few nights?       YES     NO  
*(if no other safe place, go to #10; if other safe place identified, STOP and refer to general housing resources)*
10. Have you or someone in your household ever served in the military?       YES     NO
11. Does anyone in your household have severe health condition and/or mobility impairment?       YES     NO

- If single or multiple adults refer to the Hope Center, Salvation Army or Winter Shelter.
- If households with children check with Salvation Army to see if they have available beds. If not, refer to EFH WWS.
- If over the age of 60 with severe health condition and/or mobility impairment refer to Bluegrass Cares Navigators.

**Staff Information**

Name of Staff Member Completing Screening _____	Date of Screening _____
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COMMUNITY ACTION COUNCIL FOR  
LEXINGTON-FAYETTE, BOURBON, HARRISON  
AND NICHOLAS COUNTIES INC.

EMERGENCY FAMILY HOUSING PROGRAM

PARTICIPANT PROGRAM AGREEMENT

Head of Household Name: \_\_\_\_\_

Premises: \_\_\_\_\_ # of BR: \_\_\_\_\_

WITNESSED THAT:

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

I. FAMILY COMPOSITION

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

NAMES	RELATIONSHIPS
_____	_____
_____	_____
_____	_____
_____	_____

II. TERM OF PROGRAM AGREEMENT

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

III. OCCUPANCY

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

IV. OBLIGATIONS OF THE COUNCIL

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

1. To notify the Landlord of the need for any maintenance or repair to the Premises to ensure it is in a decent, safe and sanitary condition.
2. To provide services to participants as described in the Individual Service Plan.
3. To assist in making accommodations for belongings, pets and other such items that cannot be stored or housed on the premises.



4. To ensure that participants feel safe both physically and emotionally.
5. To treat participants and their belongings with dignity.
6. To take time to know the strengths of each participant while assisting in the process of securing housing.
7. To notify the Participant of the specific grounds for termination of the Agreement should this occur.
8. To afford the Participant the opportunity to appeal the termination of the Agreement per the Council's grievance policy.
9. To assist in securing alternative shelter and/or housing upon termination of the Agreement.

## **V. OBLIGATIONS OF THE PARTICIPANT**

The Participant shall be obligated as follows:

- A. To actively participate in the Emergency Family Housing Program (EFH) as described in the Individual Service Plan (ISP) which includes meeting with program staff as scheduled and taking actions outlined in the ISP to secure housing.
- B. To comply with all obligations imposed on tenants by applicable provisions of state law and by Building and housing codes materially affecting health and safety.
- C. To keep the dwelling unit and such areas as may be assigned to Participant for Participant's exclusive use in a clean and safe condition; and to leave the premises upon vacating the premises, clean and in the same physical condition as when the Participant moved into the Premises, except for normal wear and tear, and to return the keys to the Council.
- D. To dispose of all ashes, garbage, rubbish, and other waste from the premises in a sanitary and safe manner.
- E. To use only as intended all electrical, plumbing, sanitary, heating, ventilating, air conditioning and other facilities and appliances.
- F. To refrain from and to cause household members and guests to refrain from destroying, defacing, damaging or removing any part of the premises or development or any furnishings provided by the Landlord or Council for the use of the participant.
- G. To conduct himself/herself and cause other persons who are on the premises with the Participant's consent to conduct themselves in a manner which is legal, orderly and which will not disturb Participant's neighbor's peaceful enjoyment of their accommodations and will be conducive to maintaining the development in a decent, safe and sanitary condition.
- H. The Participant, any member of the Participant's household, a guest, or another person under the Participant's control shall not engage in any criminal activity on the premises.
- I. To keep no animals in the Premises. This policy does not apply to animals owned by the Participant to assist persons with disabilities or those deemed as emotional support animals (however, such animals must be pre-approved by the Council).
- J. To permit the Landlord and/or Council entrance to the premises for the purpose of performing inventories and inspection, and performing routine maintenance, making improvements or repairs, or the provision of services related to the ISP.
- K. To promptly report to the Council any needed repairs to the Premises.
- L. Not to keep any unlicensed or inoperable motor vehicles in the development or to leave any motor vehicles raised off the ground on jacks, blocks, or by other means.
- M. Not to park, and to inform their guests not to park, on sidewalks, on those parts of the development which are not paved, or in any manner which would obstruct access to a dumpster.
- N. To not make repairs or alterations to the dwelling unit, its equipment or its appliances, including the installation of air conditioners, ceiling fans, clothes dryers, TV or radio antennas, wall paper,



wall tiles, contact paper, fences, the changing of door locks, or placing signs on, in, or about the dwelling unit, without the written permission of the Council.

- O. To keep paper, trash, cans, bottles, and other such debris picked up from the front, rear, and side yards of the rented premises.
- P. To cooperate with the Landlord in providing pest control and maintenance in the development.
- Q. To not perform any major repairs such as engine overhauls, transmission repairs, etc. nor to perform any oil changes or lubrication of any motor vehicles in the development.
- R. To take reasonable precautions to prevent fires and to refrain from storing or keeping flammable materials on the premises. To not disconnect, damage or otherwise obstruct any smoke or fire alarms installed in the dwelling unit and to report immediately to the Council upon becoming aware that a smoke or fire alarm is not properly operating.
- S. To notify the Council if the Participant and all members of the Participant's household will be absent from the dwelling for more than (24) hours.
- T. Possession of firearms and/or other weapons or illegal drugs on the Premises shall be grounds for eviction.

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

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

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

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

#### **VIII. TERMINATION OF THIS AGREEMENT:**

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

#### **IX. MISCELLANEOUS:**

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

This Agreement, and any regulations referenced herein, contains all the agreement and understandings



between the parties, pertaining to the Agreement and the Participant's use of the demised premises.

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

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

**IN WITNESS WHEREOF, the parties execute this Agreement on the \_\_\_\_\_**  
**day of \_\_\_\_\_, 20\_\_\_\_\_.**

**COMMUNITY ACTION COUNCIL**  
**BY \_\_\_\_\_**

**PARTICIPANT**  
**\_\_\_\_\_**

**WITNESSED BY: (Optional) \_\_\_\_\_**



COMMUNITY ACTION COUNCIL  
for Lexington-Fayette, Bourbon, Harrison and Nicholas Counties

## OPERATIONS MEMORANDUM

**Subject:** Participant and Community Complaints


**Number:** D-1984-A  
**Change No.:** 6  
**Replaces:** D-1984-A  
except Changes 3, 4 & 5

**Effective Date:** Immediately

**Expiration Date:** None

**Type:** Regulation  
Administrative Procedure

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

**Approval:**   
**Date:** 6.23.2008

### DISTRIBUTION:

Operations Manual Distribution List – "D"

All employees (via training sessions ensured by Assistant to Executive Director)

Charlene Manuel, CHFS/DCBS

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

### FILING INSTRUCTIONS:

#### A. Operations Manuals

1. Pen and Ink Change to the Manual Index (Operations Memorandum A-1986-F): Turn to Page 5 of the Index. Locate the entry "Procedures for Civil Rights Discrimination & Service Complaints." Revise this entry to read "Participant and Community Complaints D-1984-A," with the numbers "3, 4, 5 and 6" in the Changes column.

2. Locate the Operations Memorandum "Procedures for Civil Rights Discrimination & Service Complaints D-1984-A" in your Manual. (The cover page was issued on February 16, 1984. The Memorandum should be filed in Volume D by year and issue sequence.) Remove and destroy the cover page, pages 1 through 4, Attachment I (which is entitled "Right of Appeal"), Attachment II (which is a form letter on old Community Action letterhead) Attachment III (which is entitled "Transportation Denial Log") and both pages of Attachment V (which is an outdated listing of program services). **DO NOT REMOVE** Operations Memorandum D-1984-A, Change 3 which issued MTL #87, the revised Fair Hearing Procedures for the Kentucky Department for Community-Based Services, and Operations Memorandum D-1984-A, Change 4 which issued a policy clarification regarding the application of civil rights policies for persons who are HIV positive or have AIDS and related federal documents.

3. File this Change directly in front of Changes 3, 4 and 5.

#### B. Other recipients

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

## BACKGROUND

This Change revises the Council's complaint procedures in accordance with the applicable regulations and the Council's current organizational structure.

The Kentucky Department for Community-Based Services (DCBS) requires all programs and services that it funds adopt its procedures for "civil rights discrimination and service complaints." (Ref: Manual Transmittal Letter No. 87, dated 11/5/87) Presently, services funded from the Community Services Block Grant are provided in accordance with a contract with DCBS. A portion of the funds received by the Council's child care services are supported by DCBS subsidies to parents.

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

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

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

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

## PROCEDURES

### I. Variances and Exceptions

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

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

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

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

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

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



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

## II. Other Applicable Policies and Procedures

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

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

## III. Responsibility

The senior program managers, the Manager, Administrative Services, and the Executive Director are responsible for implementing these procedures at Community Action Council.

Program managers are responsible for ensuring:

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

Additionally, the Manager, Participant Support Services shall ensure that permanent signs containing the notice in Attachment I are prominently posted in all Community Action Council operated vehicles.

The Manager, Administrative Services, is responsible for ensuring that signs containing the notice in Attachment I are prominently posted at all Community Action Council and contractor agency ("partnership") facilities.

## IV. Participant Rights

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

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

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

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



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

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

1. Upon application for program assistance.

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

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

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

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

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

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

V. Complaint Process

The Council has established a two level complaint process. First, the complainant has the right to an evidentiary hearing at the local level to be conducted by the Council as described below. Second, should the complainant be dissatisfied with the decision rendered as a result of the local hearing, the complainant may be eligible to file an appeal to the Commissioner of the Kentucky Department for Community-Based Services. (See I. Variances and Exceptions, above.)

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

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

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

Civil Rights Complaints are appealed, in turn, to:

- the Staff E.O. Committee
- the Human Rights Committee of the Board of Directors

1. When requested, the Council will assist in preparing any needed documentation. At the same time, the participant or applicant will receive the information contained in paragraphs 2 through 9 on the complaint process:
2. A written request must be submitted to the Council within thirty (30) days of a denial notice. Any additional information which would lead to a favorable determination for the applicant should be submitted at that time.
3. The applicant or participant has the right to be present at the hearing and to represent him or herself or to have a representative of his/her choice present.
4. The applicant or participant has the right to receive copies of any portion(s) of his/her case file that will assist in preparation for the hearing.
5. The hearing will be scheduled within ten (10) days of receipt of a written request and the participant or applicant will be notified of that date and time. Notice shall be given at least seven (7) days prior to the hearing.
6. The Executive Director or his/her designated representative will chair the hearing committee.
7. The staff member(s) who made the determination will present the Council's case at the hearing.
8. No decision will be made during the hearing, however, written notification of final determination will be submitted to the participant or applicant within five (5) working days.
9. Notice of the right to appeal the decision, as applicable, will also be provided.

B. Appeals to the Department for Community-Based Services<sup>4</sup>

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

<sup>4</sup>See also, however, I. Variances and Exceptions

below.

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

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

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

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

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

ATTACHMENT I

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

Right of Appeal

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

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

Further information regarding your right to appeal is available from the Executive Director, (606) 233-4600.

Executive Director  
COMMUNITY ACTION COUNCIL  
P.O. Box 11610  
710 W. High Street  
Lexington, Kentucky 40576

ATTACHMENT II

[INSTRUCTIONS: PRINT THIS LETTER ON COMMUNITY ACTION COUNCIL'S LETTERHEAD OR A REASONABLE FACSIMILE OF THE LETTERHEAD.]

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

Dear Applicant:

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

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

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

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

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

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

\_\_\_\_\_  
[Name]  
[Title]  
[Telephone Number]

ATTACHMENT III

TRANSPORTATION DENIAL LOG

NAME OF APPLICANT	DATE OF REQUEST	REASON FOR DENIAL	PHONE #
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► Report Run History

Report ID	Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
246253	04/15/2026 04:43:42 PM (0.00 mins)	COCAPR	EFH APR for ESR app 2.0	Marty Jones	Community Action Council-EFH-ESR-ES-LEX	Marty Jones	Running
246143	04/15/2026 10:06:36 AM (0.10 mins)	COCAPR	EFH APR for ESR app	Marty Jones	Community Action Council-EFH-ESR-ES-LEX	Marty Jones	Completed
246138	04/15/2026 10:05:29 AM (0.32 mins)	COCAPR	EFH APR for ESR app	Marty Jones	Community Action Council-EFH-ESR-ES-LEX	Marty Jones	Completed
246109	04/14/2026 05:05:32 PM (0.15 mins)	COCAPR	EFH WX 2025-26	Marty Jones	Community Action Council-EFH Winter 2025/2026-OHPI-ES-LEX	Marty Jones	Completed
246054	04/14/2026 09:32:33 AM (0.07 mins)	COCAPR	PI enrollment	Marty Jones	Community Action Council-PI-CoC-RRH-LEX	Marty Jones	Completed

Showing 1-5 of 120

Report Options

Name	EFH APR for ESR app 2.0	
Description		
Provider Type	<input checked="" type="radio"/> Provider <input type="radio"/> Reporting Group	
Provider *	Community Action Council-EFH-ESR-ES-LEX (2373) <input type="radio"/> This provider AND its subordinates <input checked="" type="radio"/> This provider ONLY	
Program Date Range *	01/01/2025 to 12/31/2025	
Entry/Exit Types *	<input type="checkbox"/> Basic <input type="checkbox"/> Basic Center <input checked="" type="checkbox"/> Program Entry/Exit <input type="checkbox"/> HUD <input type="checkbox"/> PATH <input type="checkbox"/> Quick <input type="checkbox"/> Call <input type="checkbox"/> RHY <input type="checkbox"/> Standard <input type="checkbox"/> Transitional Living <input type="checkbox"/> Program Entry/Exit <input type="checkbox"/> VA <input type="checkbox"/> HPRP (Retired)	

CoC APR Report Results - Date Ran: 04/15/2026 04:43:42 PM - Report ID: 246253

4a - Project Identifiers in HMIS

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
Organization Name	Org. ID	Project Name	Project ID	HMIS Project Type	RRH Subtype	Coordinated Entry Access Point	Affiliated with a residential project	Project IDs of Affiliation	CoC Number	Geocode	Victim Service Provider	HMIS Software Name and Version Number	Report Start Date	Report End Date	Total Active Clients	Total Active Households											
Community Action Council-LEX	567	Community Action Council-EFH-ESR-ES-LEX	2373	Emergency Shelter - Entry Exit (HUD)		Yes			KY-502	211314	No	WellSky Community Services 5.17.03	2025-01-01	2025-12-31	184	48											

Showing 1-1 of 1

5a - Report Validations Table

Report Validations Table	Count of Clients for DQ	Count of Clients
1. Total Number of Persons Served	184	184
2. Number of Adults (age 18 or over)	89	89
3. Number of Children (under age 18)	94	94
4. Number of Persons with Unknown Age	1	1
5. Number of Leavers	161	161
6. Number of Adult Leavers	79	79
7. Number of Adult and Head of Household Leavers	79	79
8. Number of Stayers	23	23
9. Number of Adult Stayers	10	10

10. Number of Veterans	1	1
11. Number of Chronically Homeless Persons	11	11
12. Number of Youth Under Age 25	6	6
13. Number of Parenting Youth Under Age 25 with Children	6	6
14. Number of Adult Heads of Household	48	48
15. Number of Child and Unknown-Age Heads of Household	0	0
16. Heads of Households and Adult Stayers in the Project 365 Days or More	0	0

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

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Name (3.01)	0	0	0	0	0%
Social Security Number (3.02)	12	5	0	17	9%
Date of Birth (3.03)	1	0	0	1	1%
Race and Ethnicity (3.04)	0	0		0	0%
<b>Overall Score</b>				<b>17</b>	<b>9%</b>

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

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

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

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Destination (3.12)	0	0		0	0%
Income and Sources (4.2) at Start	0	0	0	0	0%
Income and Sources (4.2) at Annual Assessment	0	0	0	0	0%
Income and Sources (4.2) at Exit	0	0	0	0	0%

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

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate date this episode started (3.917.3) Missing	Number of times (3.917.4) DK/PNTA/missing	Number of months (3.917.5) DK/PNTA/missing	% of records unable to calculate
ES-EE, ES-NbN, SH, Street Outreach	89			0	0	0	0%
TH	0	0	0	0	0	0	0%
PH(all)	0	0	0	0	0	0	0%
CE	0	0	0	0	0	0	0%
SSO, Day Shelter, HP	0	0	0	0	0	0	0%

<b>Total</b>	<b>89</b>					<b>0%</b>
<b>6e - Data Quality: Timeliness</b>						
<b>Time For Record Entry</b>				<b>Number of Project Start Records</b>		<b>Number of Project Exit Records</b>
< 0 days				0		5
0 days				13		52
1 - 3 days				41		38
4 - 6 days				21		2
7 - 10 days				18		7
11+ days				35		57
<b>6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter</b>						
				<b># of Records</b>	<b># of Inactive Records</b>	<b>% of Inactive Records</b>
Contact (Adults and Heads of Household in Street Outreach or PATH-funded SSO)				0	0	0%
Bed Night (All clients in ES - NBN)				0	0	0%
<b>7a - Number of Persons Served</b>						
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>		<b>Unknown Household Type</b>
Adults	89	10	77			2
Children	94		94	0		0
Client Doesn't Know/Client Prefers Not to Answer	1	0	0	0		1
Data Not Collected	0	0	0	0		0
<b>Total</b>	<b>184</b>	<b>10</b>	<b>171</b>	<b>0</b>		<b>3</b>
For PSH and RRH - the total persons served who moved into housing	0	0	0	0		0
<b>7b - Point-in-Time Count of Persons on the Last Wednesday</b>						
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>		<b>Unknown Household Type</b>
January	66	6	60	0		0
April	21	6	15	0		0
July	29	3	26	0		0
October	26	3	23	0		0
<b>8a - Number of Households Served</b>						
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>		<b>Unknown Household Type</b>
Total Households	48	4	43	0		1
For PSH and RRH - the total households served who moved into housing	0	0	0	0		0
<b>8b - Point-in-Time Count of Households on the Last Wednesday</b>						
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>		<b>Unknown Household Type</b>
January	18	2	16	0		0
April	6	2	4	0		0

July	8	1	7	0	0
October	5	1	4	0	0
<b>9a - Number of Persons Contacted</b>					
	<b>All Persons Contacted</b>	<b>First Contact - NOT staying on the Streets, ES, or SH</b>	<b>First contact - WAS staying on Streets, ES, or SH</b>	<b>First contact - Worker unable to determine</b>	
Once	0	0	0	0	
2-5 Times	0	0	0	0	
6-9 Times	0	0	0	0	
10+ Times	0	0	0	0	
<b>Total Persons Contacted</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>9b - Number of Persons Newly 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>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	29		29	0	0
5 - 12	41		41	0	0
13 - 17	24		24	0	0
18 - 24	19	3	16		0
25 - 34	19	2	17		0
35 - 44	35	1	33		1
45 - 54	8	2	6		0
55 - 64	6	1	5		0
65 +	2	1	0		1
Client Doesn't Know/Client Prefers Not to Answer	1	0	0	0	1
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>184</b>	<b>10</b>	<b>171</b>	<b>0</b>	<b>3</b>
<b>12 - Race and Ethnicity</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
American Indian, Alaska Native, or Indigenous	5	0	4	0	1
Asian or Asian American	0	0	0	0	0

Black, African American, or African	86	4	80	0	2	
Hispanic/Latina/o	7	0	7	0	0	
Middle Eastern or North African	0	0	0	0	0	
Native Hawaiian or Pacific Islander	0	0	0	0	0	
White	76	6	70	0	0	
Asian or Asian American & American Indian, Alaska Native, or Indigenous	0	0	0	0	0	
Black, African American, or African & American Indian, Alaska Native, or Indigenous	0	0	0	0	0	
Hispanic/Latina/o & American Indian, Alaska Native, or Indigenous	0	0	0	0	0	
Middle Eastern or North African & American Indian, Alaska Native, or Indigenous	0	0	0	0	0	
Native Hawaiian or Pacific Islander & American Indian, Alaska Native, or Indigenous	0	0	0	0	0	
White & American Indian, Alaska Native, or Indigenous	0	0	0	0	0	
Black, African American, or African & Asian or Asian American	1	0	1	0	0	
Hispanic/Latina/o & Asian or Asian American	0	0	0	0	0	
Middle Eastern or North African & Asian or Asian American	0	0	0	0	0	
Native Hawaiian or Pacific Islander & Asian or Asian American	0	0	0	0	0	
White & Asian or Asian American	0	0	0	0	0	
Hispanic/Latina/o & Black, African American, or African	0	0	0	0	0	
Middle Eastern or North African & Black, African American, or African	0	0	0	0	0	
Native Hawaiian or Pacific Islander & Black, African American, or African	0	0	0	0	0	
White & Black, African American, or African	8	0	8	0	0	
Middle Eastern or North African & Hispanic/Latina/o	0	0	0	0	0	
Native Hawaiian or Pacific Islander & Hispanic/Latina/o	0	0	0	0	0	
White & Hispanic/Latina/o	0	0	0	0	0	
Native Hawaiian or Pacific Islander & Middle Eastern or North African	0	0	0	0	0	
White & Middle Eastern or North African	0	0	0	0	0	
White & Native Hawaiian or Pacific Islander	0	0	0	0	0	
Multiracial - more than 2 races/ethnicity, with one being Hispanic/Latina/o	1	0	1	0	0	
Multiracial - more than 2 races, where no option is Hispanic/Latina/o	0	0	0	0	0	
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0	
Data Not Collected	0	0	0	0	0	
<b>Total</b>	<b>184</b>	<b>10</b>	<b>171</b>	<b>0</b>	<b>3</b>	
<b>13a1 - Physical and Mental Health Conditions at Start</b>						
	<b>Total Persons</b>	<b>Without Children</b>	<b>Adults in HH with Children and Adults</b>	<b>Children in HH with Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
Mental Health Disorder	21	2	14	3	0	2
Alcohol Use Disorder	1	0	0	0	0	1
Drug Use Disorder	3	1	2	0	0	0
Both Alcohol and Drug Use Disorders	0	0	0	0	0	0

Chronic Health Condition	3	0	2	1	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	6	2	4	0	0	0
Physical Disability	7	4	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	142	4	49	88	0	1
1 Condition	32	4	23	4	0	1
2 Conditions	3	1	1	0	0	1
3+ Conditions	1	1	0	0	0	0
Condition Unknown	6	0	4	2	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0
<b>Total</b>	<b>184</b>	<b>10</b>	<b>77</b>	<b>94</b>	<b>0</b>	<b>3</b>

### 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	20	2	13	3	0	2
Alcohol Use Disorder	1	0	0	0	0	1
Drug Use Disorder	3	1	2	0	0	0
Both Alcohol and Drug Use Disorders	0	0	0	0	0	0
Chronic Health Condition	3	1	1	1	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	6	2	4	0	0	0
Physical Disability	7	4	3	0	0	0

### 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	118	3	41	73	0	1
1 Condition	31	5	21	4	0	1
2 Conditions	3	1	1	0	0	1
3+ Conditions	1	1	0	0	0	0
Condition Unknown	5	0	3	2	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0	0
Data Not Collected	3	0	1	2	0	0
<b>Total</b>	<b>161</b>	<b>10</b>	<b>67</b>	<b>81</b>	<b>0</b>	<b>3</b>

### 13c1 - Physical and Mental Health 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
Mental Health Disorder	1	0	1	0	0	0
Alcohol Use Disorder	0	0	0	0	0	0
Drug Use Disorder	0	0	0	0	0	0
Both Alcohol and Drug Use Disorders	0	0	0	0	0	0
Chronic Health Condition	1	0	1	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	0	0	0	0	0	0
Physical Disability	0	0	0	0	0	0

### 13c2 - Number of Conditions for Stayers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	20	0	7	13	0	0
1 Condition	2	0	2	0	0	0
2 Conditions	0	0	0	0	0	0
3+ Conditions	0	0	0	0	0	0
Condition Unknown	1	0	1	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0
<b>Total</b>	<b>23</b>	<b>0</b>	<b>10</b>	<b>13</b>	<b>0</b>	<b>0</b>

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

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	18	1	16	0	1
No	55	8	46	0	1
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	16	1	15	0	0
<b>Total</b>	<b>89</b>	<b>10</b>	<b>77</b>	<b>0</b>	<b>2</b>

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

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Within the past three months	2	0	2	0	0
Three to six months ago	2	0	2	0	0
Six months to one year	2	0	2	0	0
One year ago, or more	11	1	9	0	1
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	1	0	1	0	0
<b>Total</b>	<b>18</b>	<b>1</b>	<b>16</b>	<b>0</b>	<b>1</b>

### 15 - Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Place not meant for habitation	25	3	22	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	23	3	19	0	1
Safe Haven	0	0	0	0	0
<b>Subtotal</b>	<b>48</b>	<b>6</b>	<b>41</b>	<b>0</b>	<b>1</b>
<b>Institutional Situations</b>					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	1	1	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	1	1	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Situations</b>					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	15	0	15	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living in a friend's room, apartment, or house	6	0	6	0	0
Staying or living in a family member's room, apartment, or house	4	2	2	0	0
<b>Subtotal</b>	<b>25</b>	<b>2</b>	<b>23</b>	<b>0</b>	<b>0</b>
<b>Permanent Situations</b>					
Rental by client, no ongoing housing subsidy	14	0	13	0	1
Rental by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>14</b>	<b>0</b>	<b>13</b>	<b>0</b>	<b>1</b>
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
<b>Data Not Collected</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>89</b>	<b>10</b>	<b>77</b>	<b>0</b>	<b>2</b>

#### 16 - Cash Income - Ranges

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	35	0	30
\$1 - 150	0	0	0
\$151 - \$250	1	0	1
\$251 - \$500	2	0	2

\$501 - \$1000	13	0	12
\$1001 - \$1500	11	0	9
\$1501 - \$2000	8	0	6
\$2001 +	19	0	19
Client Doesn't Know/Prefers Not to Answer	0	0	0
Data Not Collected	0	0	0
Number of adult stayers not yet required to have an annual assessment		10	
Number of adult stayers without required annual assessment		0	
<b>Total Adults</b>	<b>89</b>	<b>10</b>	<b>79</b>

#### 17 - Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	31	0	29
Unemployment Insurance	1	0	1
Supplemental Security Income (SSI)	13	0	13
Social Security Disability Insurance (SSDI)	12	0	11
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)	1	0	1
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	1	0	1
Alimony and other spousal support	0	0	0
Other Source	2	0	2
Adults with Income Information at Start and Annual Assessment/Exit		0	79

#### 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)	30	0	26
Adults with Only Other Income	23	0	20
Adults with Both Earned and Other Income	1	0	3
Adults with No Income	35	0	30
Adults with Client Doesn't Know/Client Prefers Not to Answer information	0	0	0
Adults with Missing Income Information	0	0	0

Number of adult stayers not yet required to have an annual assessment		10	
Number of adult stayers without required annual assessment		0	
<b>Total Adults</b>	<b>89</b>	<b>10</b>	<b>79</b>
1 or More Source of Income	54	0	49
Adults with Income Information at Start and Annual Assessment/Exit		0	79

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

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

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

Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category But Had Less \$ at Exit Than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not Have the Income Category at Start and Gained the Income Category at Exit	Did Not Have the Income Category at Start or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Exit, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	27	0	2	50	79	2	3%
Average Change in Earned Income					1362			1362	
Number of Adults with Other Income	0	1	17	4	1	56	79	5	6%
Average Change in Other Income		-545		256	967			398	
Number of Adults with Any Income (i.e., Total Income)	0	1	42	5	1	30	79	6	8%
Average Change in Overall Income		-545		629	1567		52	786	

**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
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Earned Income	0	2	2	0%	8	17	25	32%	1	0	1	100%
Unemployment Insurance	0	0	0	0%	0	1	1	0%	0	0	0	0%
Supplemental Security Income (SSI)	0	1	1	0%	5	4	9	56%	1	0	1	100%
Social Security Disability Insurance (SSDI)	3	0	3	100%	6	1	7	86%	0	0	0	0%
VA Service - Connected Disability Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%
VA Non-Service-Connected Disability Pension	0	0	0	0%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	0	0	0	0%	0	2	2	0%	0	0	0	0%
General Assistance (GA)	0	0	0	0%	0	1	1	0%	0	0	0	0%
Retirement Income from Social Security	0	0	0	0%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	0	0	0	0%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	1	1	0%	0	0	0	0%
Alimony and other spousal support	0	0	0	0%	0	0	0	0%	0	0	0	0%
Other Source	0	0	0	0%	1	1	2	50%	0	0	0	0%
No Sources	2	3	5	40%	7	18	25	28%	0	0	0	0%
Unduplicated Total Adults	5	5	10		21	43	64		2	0	2	

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

	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)	43	0	38
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	3	0	3
TANF Child Care Services	1	0	1
TANF Transportation Services	2	0	2
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

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

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	44	0	39
1 + Source(s)	43	0	38
Client Doesn't Know/Client Prefers Not to Answer	0	0	0
Data Not Collected/Not stayed long enough for Annual Assessment	2	10	2
Total	89	10	79

#### 21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
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MEDICAID	162	0	139
MEDICARE	7	0	6
State Children's Health Insurance Program	0	0	0
Veteran's Health Administration (VHA)	0	0	0
Employer-Provided Health Insurance	0	0	0
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	0	0	0
State Health Insurance for Adults	0	0	0
Indian Health Services Program	0	0	0
Other	0	0	0
No Health Insurance	19	0	16
Client Doesn't Know/Client Prefers Not to Answer	0	0	0
Data Not Collected	0	0	3
Number of stayers not yet required to have an annual assessment		23	
1 Source of Health Insurance	161	0	139
More than 1 Source of Health Insurance	4	0	3

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

	Total	Leavers	Stayers
30 days or less	66	57	9
31 to 60 days	31	31	0
61 to 90 days	30	28	2
91 to 180 days	37	29	8
181 to 365 days	9	5	4
366 to 730 Days (1-2 Yrs)	11	11	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
<b>Total</b>	<b>184</b>	<b>161</b>	<b>23</b>

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

	Leavers	Stayers
Average Length	92	100
Median Length	58	100

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

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0

8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 90 days	0	0	0	0	0
91 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
<b>Total (persons moved into housing)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Average length of time to housing</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Persons who were exited without move-in</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	48	3	45	0	0
8 to 14 days	11	0	11	0	0
15 to 21 days	21	0	21	0	0
22 to 30 days	3	0	3	0	0
31 to 60 days	33	0	33	0	0
61 to 90 days	7	0	6	0	1
91 to 180 days	33	0	33	0	0
181 to 365 days	5	3	2	0	0
366 to 730 Days (1-2 Yrs)	3	0	3	0	0
731 days or more	17	4	12	0	1
<b>Total (persons moved into housing)</b>	<b>181</b>	<b>10</b>	<b>169</b>	<b>0</b>	<b>2</b>
Not yet moved into housing	0	0	0	0	0
Data Not Collected	3	0	2	0	1
<b>Total Persons</b>	<b>184</b>	<b>10</b>	<b>171</b>	<b>0</b>	<b>3</b>

**22f - Length of Time between Project Start Date and Housing Move-In Date by Race and Ethnicity**

	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/o	Multi-racial (does not include Hispanic/Latina/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Persons Moved Into Housing	0	0	0	0	0	0	0	0	0	0
Persons Exited Without Move-In	0	0	0	0	0	0	0	0	0	0
Average time to Move-In	0	0	0	0	0	0	0	0	0	0
Median time to Move-In	0	0	0	0	0	0	0	0	0	0

**22g - Length of Time Prior to Housing by Race and Ethnicity - based on 3.917 Date Homelessness Started**

	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/o	Multi-racial (does not include Hispanic/Latina/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Persons Moved Into Housing	5	0	85	7	0	0	74	1	9	0
Persons Not Yet Moved Into Housing	0	0	0	0	0	0	0	0	0	0
Average time to Move-In	1386	0	382	0	0	0	1386	0	0	0
Median time to Move-In	1386	0	203	0	0	0	1386	0	0	0

### 23c - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	7	0	5	0	2
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	26	4	21	0	1
Safe Haven	0	0	0	0	0
<b>Subtotal</b>	<b>33</b>	<b>4</b>	<b>26</b>	<b>0</b>	<b>3</b>
<b>Institutional Situations</b>					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	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
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Situations</b>					
Transitional housing for homeless persons (including homeless youth)	7	0	7	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	23	0	23	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment, or house)	9	0	9	0	0
Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	5	0	5	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
<b>Subtotal</b>	<b>44</b>	<b>0</b>	<b>44</b>	<b>0</b>	<b>0</b>
<b>Permanent Situations</b>					
Staying or living with family, permanent tenure	10	0	10	0	0
Staying or living with friends, permanent tenure	6	0	6	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Rental by client, no ongoing housing subsidy	27	0	27	0	0



Total	161	5	0	67	7	0	0	72	1	9	0
<b>24b - Moving On Assistance Provided to Households in PSH</b>											
		<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>					
Subsidized housing application assistance		0	0	0	0	0					
Financial assistance for Moving On (e.g., security deposit, moving expenses)		0	0	0	0	0					
Non-financial assistance for Moving On (e.g., housing navigation, transition support)		0	0	0	0	0					
Housing referral/placement		0	0	0	0	0					
Other (please specify)		0	0	0	0	0					
<b>24e - Sex</b>											
		<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>					
Female		30	2	28	0	0					
Male		9	1	8	0	0					
Client Doesn't Know/ Prefers Not to Answer		0	0	0	0	0					
Data not collected		145	7	135	0	3					
<b>Total</b>		<b>184</b>	<b>10</b>	<b>171</b>	<b>0</b>	<b>3</b>					
<b>25a - Number of Veterans</b>											
		<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>Unknown Household Type</b>						
Chronically Homeless Veteran		0	0	0	0						
Non-Chronically Homeless Veteran		1	0	1	0						
Not a veteran		88	10	76	2						
Client Doesn't Know/Client Prefers Not to Answer		0	0	0	0						
Data Not Collected		0	0	0	0						
<b>Total</b>		<b>89</b>	<b>10</b>	<b>77</b>	<b>2</b>						
<b>25b - Number of Veteran Households</b>											
		<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>Unknown Household Type</b>						
Chronically Homeless Veteran		0	0	0	0						
Non-Chronically Homeless Veteran		1	0	1	0						
Not a veteran		47	4	42	1						
Client Doesn't Know/Client Prefers Not to Answer		0	0	0	0						
Data Not Collected		0	0	0	0						
<b>Total</b>		<b>48</b>	<b>4</b>	<b>43</b>	<b>1</b>						
<b>25d - Age - Veterans</b>											
		<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>Unknown Household Type</b>						
18 - 24		0	0	0	0						
25 - 34		0	0	0	0						
35 - 44		0	0	0	0						

45 - 54	1	0	1	0
55 - 64	0	0	0	0
65 +	0	0	0	0
Client Doesn't Know/Client Prefers Not to Answer				
Data Not Collected				
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>

**25i - Exit Destination - Veterans**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	0	0	0	0	0
Safe Haven	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 Situations</b>					
Foster care home or foster care group home	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
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Situations</b>					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Rental by client in a public housing unit	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
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
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Permanent Situations</b>					
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0

<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Situations</b>					
No Exit Interview completed	0	0	0	0	0
Other	0	0	0	0	0
Deceased	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
<b>Data Not Collected</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons exiting to destinations that excluded them from the calculation	0	0	0	0	0
Percentage of persons exiting to positive housing destinations	0%	0%	0%	0%	0%

**25j - Subsidy Type of Persons Exiting to Rental by Client With An Ongoing Subsidy - Veterans**

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

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

	<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	4	2	2	0	0
Not Chronically Homeless	44	2	41	0	1
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>48</b>	<b>4</b>	<b>43</b>	<b>0</b>	<b>1</b>

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

	<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	11	4	7	0	0
Not Chronically Homeless	173	6	164	0	3
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0

Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>184</b>	<b>10</b>	<b>171</b>	<b>0</b>	<b>3</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	3	1	2		0
25 - 34	2	2	0		0
35 - 44	1	0	1		0
45 - 54	2	1	1		0
55 - 64	1	0	1		0
65 +	0	0	0		0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0		0
Data Not Collected	0	0	0		0
<b>Total</b>	<b>11</b>	<b>4</b>	<b>7</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			3	0	3
Alcohol Use Disorder			0	0	0
Drug Use Disorder			1	0	1
Both Alcohol and Drug Use Disorders			0	0	0
Chronic Health Condition			1	0	2
HIV/AIDS			0	0	0
Development Disability			3	0	3
Physical Disability			1	0	1
<b>27a - Age of Youth</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
12 - 17	0		0	0	0
18 - 24	6	0	6		0
Client Doesn't Know/Client Prefers Not to Answer					
Data Not Collected					
<b>Total</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>
<b>27b - Parenting Youth</b>					
		<b>Total Parenting Youth</b>	<b>Total Children of Parenting Youth</b>	<b>Total Persons</b>	<b>Total Households</b>
Parenting youth < 18		0	0	0	0
Parenting youth 18 to 24		6	7	14	4

**27d - Living Situation - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	2	0	2	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	0	0	0	0	0
Safe Haven	0	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Institutional Situations</b>					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	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
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Situations</b>					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Residential project or halfway house with no homeless criteria	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
Staying or living in a friend's room, apartment, or house	2	0	2	0	0
Staying or living in a family member's room, apartment, or house	0	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Permanent Situations</b>					
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
<b>Data Not Collected</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>

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

	Total	Leavers	Stayers
30 days or less	2	2	0
31 to 60 days	0	0	0
61 to 90 days	1	1	0
91 to 180 days	3	3	0

181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	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
<b>Total</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>0</b>
<b>27f1 - Exit Destination - Youth</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
<b>Homeless Situations</b>					
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
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	2	0	2	0	0
Safe Haven	0	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Institutional Situations</b>					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	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
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Situations</b>					
Transitional housing for homeless persons (including homeless youth)	1	0	1	0	0
Rental by client in a public housing unit	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
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
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
<b>Subtotal</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Permanent Situations</b>					
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	1	0	1	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Rental by client, no ongoing housing subsidy	2	0	2	0	0
Rental by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0

Owned by client, no ongoing housing subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>Other Situations</b>					
No Exit Interview completed	0	0	0	0	0
Other	0	0	0	0	0
Deceased	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
<b>Data Not Collected</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	3	0	3	0	0
Total persons exiting to destinations that excluded them from the calculation	0	0	0	0	0
Percentage of persons exiting to positive housing destinations	50%	0%	50%	0%	0%

#### 27f2 - Exit Destination - Subsidy Type of Persons Exiting to Rental by Client With An Ongoing Subsidy - Youth

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

#### 27g - Cash Income - Sources - Youth

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	2	0	2
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	2	0	2
Social Security Disability Insurance (SSDI)	1	0	1
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0

Temporary Assistance for Needy Families (TANF)	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	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit		0	6

**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)	2	0	2
Youth with Only Other Income	3	0	3
Youth with Both Earned and Other Income	0	0	0
Youth with No Income	1	0	1
Youth with Client Doesn't Know/Prefers Not to Answer Income Information	0	0	0
Youth with Missing Income Information	0	0	0
Number of youth stayers not yet required to have an annual assessment		0	
Number of youth stayers without required annual assessment		0	
<b>Total Youth</b>	<b>6</b>	<b>0</b>	<b>6</b>
1 or More Source of Income	5	0	5
Youth with Income Information at Start and Annual Assessment/Exit		0	6

**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	0	0	0	0%	0	2	2	0%	0	0	0	0%	0	0	0	0%
Unemployment Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	0	0	0	0%	1	1	2	50%	0	0	0	0%	0	0	0	0%
Social Security Disability Insurance (SSDI)	0	0	0	0%	1	0	1	100%	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%
VA Non-Service-Connected Disability Pension	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%

Temporary Assistance for Needy Families (TANF)	0	0	0	0%	0	2	2	0%	0	0	0	0%	0	0	0	0%
General Assistance (GA)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Retirement Income from Social Security	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Alimony and other spousal support	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Other Source	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
No Sources	0	0	0	0%	0	1	1	0%	0	0	0	0%	0	0	0	0%
Unduplicated Total Youth	0	0	0		1	5	6		0	0	0		0	0	0	

**27j - Average and Median Length of Participation in Days - Youth**

	Leavers	Stayers
Average Length	78	0
Median Length	83	0

**27k - Length of Time between Project Start Date and Housing Move-in Date - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 90 days	0	0	0	0	0
91 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
<b>Total (persons moved into housing)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Average length of time to housing</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Persons who were exited without move-in</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**27l - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started - Youth**

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

61 to 90 days	0	0	0	0	0
91 to 180 days	2	0	2	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
731 days or more	0	0	0	0	0
<b>Total (persons moved into housing)</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>
Not yet moved into housing	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total Persons</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>
<b>27m - Education Status - Youth</b>					
<b>Current school and attendance</b>				<b>At Project Start</b>	<b>At Project Exit</b>
Not currently enrolled in any school or education course				0	0
Currently enrolled but not attending regularly				0	0
Currently enrolled and attending regularly				0	0
Client Doesn't Know / Prefers Not to Answer				0	0
Data not collected				0	0
<b>For those not enrolled - most recent education status</b>					
K12: Graduated from high school				0	0
K12: Obtained GED				0	0
K12: Dropped out				0	0
K12: Suspended				0	0
K12: Expelled				0	0
Higher education: Pursuing a credential but not currently attending				0	0
Higher education: Dropped out				0	0
Higher education: Obtained a credential/degree				0	0
Client Doesn't Know/Prefers Not to Answer				0	0
Data not collected				0	0
<b>For those currently enrolled - current status</b>					
Pursuing a high school diploma or GED				0	0
Pursuing Associate Degree				0	0
Pursuing Bachelor Degree				0	0
Pursuing Graduate Degree				0	0
Pursuing other post-secondary credential				0	0
Client Doesn't Know/Prefers Not to Answer				0	0
Data not collected				0	0
<b>Total persons</b>				<b>0</b>	<b>0</b>