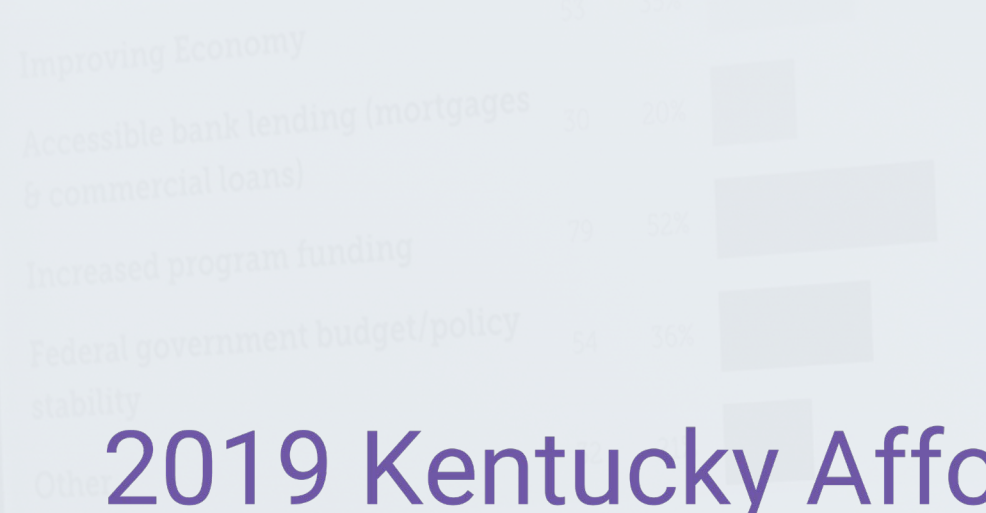


What trends do you expect over the next 1-2 years? (Please select up to 2 choices)



2019 Kentucky Affordable Housing Conference



Presented by



CoC & ESG Program Refresh

Presenters: Kathy Lykins and Jennifer Oberlin
HCA Technical & Quality Assurance Specialists

Moderator: Kenzie Strubank, Manager, Homeless Programs

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What trends do you expect over the next 1-2 years? (Please select up to 2)

**Session At
a Glance**

Program Overviews


**Homelessness Eligibility
& Toolkit Refresh**

**Common Compliance
Questions from the Field**

Q&A

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what trends do you expect over the next 1-2 years? (Please select up to 2 choices)



Overview of CoC and ESG Programs

Program Overview

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Overview
of CoC and
ESG
Programs

Ending Homelessness

Continuum of Care (CoC)

24 CFR 578

Emergency Solutions Grants
(ESG)

24 CFR 576

Overview of CoC and ESG Programs

Continuum of Care (CoC)

The CoC Program is designed to assist individuals (including unaccompanied youth) and families experiencing homelessness and to provide the services needed to help such individuals move into permanent housing, with the goal of long-term stability.

Some examples of CoC Program Components:

- Permanent Supportive Housing (PSH)
- Rapid Re-Housing (RRH)
- Supportive Services Only (SSO)

Overview of CoC and ESG Programs

Continuum of Care (CoC)

More broadly, it is designed to:

- Promote community-wide planning and strategic use of resources to address homelessness;
- Improve coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness;
- Improve data collection and performance measurement;
- Allow each community to tailor its programs to the particular strengths and challenges in assisting homeless individuals and families within that community.

Overview of CoC and ESG Programs

Continuum of Care (CoC)

- Not only a program designed to end homelessness
- CoC is geographical planning body
 - 24 CFR 578.7 details the responsibilities of the CoC
- Kentucky has three Continua of Care
 - Lexington CoC
 - Louisville CoC
 - Balance of State CoC (KY BoS CoC)

Overview of CoC and ESG Programs

Continuum of Care (CoC)

Initially created through McKinney-Vento as amended by HEARTH Act of 2009.

- First published in the Federal Register in 2012.
 - 24 CFR 578
- Updated version of the CoC Program Interim Rule was published in 2017.

Overview of CoC and ESG Programs

Continuum of Care (CoC)

- The updated CoC Program Interim rule incorporates the final rule on defining chronically homeless.
- <https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/>

Overview of CoC and ESG Programs

Emergency Solutions Grants (ESG)

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act, revising the Emergency Shelter Grants Program in significant ways and renaming it the Emergency Solutions Grants (ESG) program. The ESG Interim Rule took effect on January 4, 2012.

- (formerly the Emergency Shelter Grants Program)

Overview
of CoC and
ESG
Programs

Emergency Solutions Grants (ESG)

Examples of program components:

- Emergency Shelter (ES)
- Rapid Re-Housing (RRH)
- Prevention
- Street Outreach

**Brief
Overview
of CoC and
ESG
Programs**

Program Similarities

In alignment with our System Performance Measure goals (program data housed within our HMIS)

CoC & ESG Programs have some similarities...

Overview of CoC and ESG Programs

Elible Components Funded by Program:

ESG	CoC
<ul style="list-style-type: none">• Street Outreach• Shelter Operations• Shelter Services• Prevention• Rental Assistance - Rapid Re-housing• HMIS• Admin	<ul style="list-style-type: none">• Rapid Re-housing• Permanent Supportive Housing• Support Services• HMIS• Admin



What trends do you expect over the next 1-2 years? (Please select up to 2 choices)

Eligible Program Costs

Eligible Costs ESG RRH and CoC RRH:

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What trends do you expect over the next 1-2 years? (Please select up to 3)

Eligible Program Costs

Eligibility Criteria Summary for ESG and CoC Rapid Re-Housing

Criterion	Initial Evaluation		Re-Evaluation	
	ESG-RRH	CoC-RRH	ESG-RRH	CoC-RRH
Homeless Eligibility				
Literally homeless	√	√		
Imminent risk of homelessness		√		
Homeless under other Federal Statutes		√		
Fleeing/attempting to flee domestic violence	√*	√		
Income Evaluation Required			√	
Need (amount and type of assistance)	√	√	√	√
Lacking Resources & Support Networks			√	√
*Eligible only if also literally homeless.				

Note: Eligible per statute but not per KY BoS CoC.

Eligible Program Costs

ESG & CoC RRH Eligible Costs Summary		
	ESG – RRH	CoC - RRH
Rental Assistance	<ul style="list-style-type: none"> • Short-term Rental Assistance (up to 3 months) • Medium-term rental assistance (4 to 24 months) • Rental arrears (one-time payment of up to 6 months of rent arrears, including late fees on arrears) 	<ul style="list-style-type: none"> • Short-term Rental Assistance (up to 3 months) • Medium-term rental assistance (4 to 24 months)
Rental Assistance Type	<ul style="list-style-type: none"> • Tenant-based rental assistance • Project-based rental assistance 	<ul style="list-style-type: none"> • Tenant-based rental assistance only

ESG & CoC Eligible Costs Summary Continued

	ESG – RRH	CoC - RRH
Eligible Costs	<p>Housing Relocation and Stabilization Services</p> <p>Financial Assistance Costs</p> <ul style="list-style-type: none"> • Rental Application Fees • Security deposits (up to 2 months) • Last month’s rent • Utility deposits and payments (up to 24 months, including up to 6 months in arrears) • Moving costs <p>Service Costs</p> <ul style="list-style-type: none"> • Housing search and placement • Housing stability case management • Mediation • Legal services • Credit repair 	<p>Financial assistance (eligible under rental assistance)</p> <ul style="list-style-type: none"> • Security deposits (up to 2 months) • First and last month’s rent • Property damage <p>Supportive services (eligible under rental assistance)</p> <ul style="list-style-type: none"> • Case management • Child care • Education Services • Employment assistance and job training • Food • Housing search and counseling services, including mediation, credit repair, and payment of rental application fee • Legal Services • Life skills training • Mental health services • Moving costs • Outpatient health services • Outreach services • Substance abuse treatment services • Transportation • Utility deposits

Eligible Program Costs

Rental Assistance Overview		
	ESG – RRH Rental Assistance (24 CFR part 576.104)	CoC – RRH Rental Assistance (24 CFR part 578.37(a)(1)(ii))
Housing Standards	Units must pass HUD Habitability Standards	Units must pass HUD Housing Quality Standards
Fair Market Rent (FMR)	Rental assistance may cover up to the FMR for a unit	Rent reasonableness is the applicable rent standard
Rent Reasonableness	Units must comply with HUD’s rent reasonableness standards	Units in a <i>structure</i> must comply with HUD’s rent reasonableness standards
Lease Requirements	<ul style="list-style-type: none"> • A written lease between the owner and the program participant is required for TBRA and PBRA • For program participants living in housing with PBRA, the lease must have an initial term of one year. There is no minimum lease period for TBRA. • The only exception to the written lease requirement is in the case of rental assistance provided solely for rental arrears. 	Program participants receiving TBRA must sign a lease of at least one year that is renewable (for a minimum term of one month) and terminable only for cause.



What trends do you expect over the next 1-2 years? (Please see...

Eligible Program Costs

Rental Assistance Overview – Continued Written Standards

	ESG – RRH Rental Assistance (24 CFR part 576.104)	CoC – RRH Rental Assistance (24 CFR part 578.37(a)(1)(ii))
Written Standards	<p>Recipients and subrecipients must develop and implement written policies and procedures for:</p> <ul style="list-style-type: none"> • Determining and prioritizing which eligible families and individuals will receive RRH assistance • Determining the amount or percentage of rent and utilities each program participant must pay • Determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time 	<p>Recipients and subrecipients must establish and consistently follow policies and procedures established for:</p> <ul style="list-style-type: none"> • Determining and prioritizing which eligible families and individuals will receive RRH assistance • Determining the amount or percentage of rent each program participant must pay • Determining the maximum amount or percentage of rental assistance that a program participant may receive • Determining the maximum number of months that a program participant may receive rental assistance • Determining the maximum number of times that a program participant may receive rental assistance • Determining the extent to which a program participant must share the cost of rent

Homeless Eligibility

HUD Homeless & Chronic Homeless Definition:

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Homeless Eligibility

Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none">(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u>(iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
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Homeless Eligibility

Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: <ul style="list-style-type: none">(i) Residence will be lost within 14 days of the date of application for homeless assistance;(ii) No subsequent residence has been identified; <u>and</u>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
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Homeless Eligibility

Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none">(i) Are defined as homeless under the other listed federal statutes;(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
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Homeless Eligibility

Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: <ul style="list-style-type: none">(i) Is fleeing, or is attempting to flee, domestic violence;(ii) Has no other residence; <u>and</u>(iii) Lacks the resources or support networks to obtain other permanent housing
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What trends do you expect over the next 1-2 years? (Please select up to 2 choices)

**Defining
Chronic
Homelessness**

**Chronic Homelessness:
Documentation Made Simple**

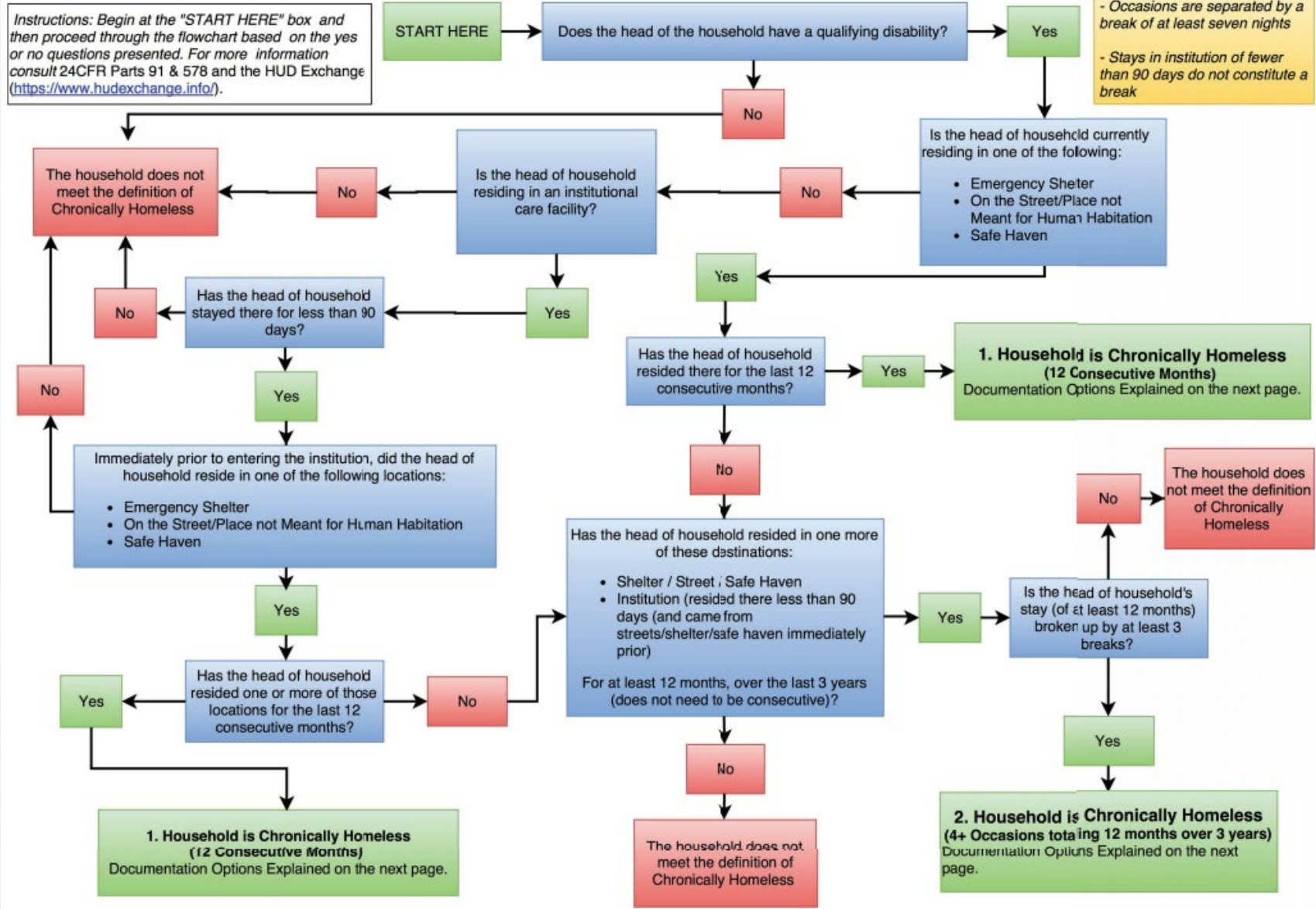
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Flowchart of HUD's Definition of Chronic Homelessness

Instructions: Begin at the "START HERE" box and then proceed through the flowchart based on the yes or no questions presented. For more information consult 24CFR Parts 91 & 578 and the HUD Exchange (<https://www.hudexchange.info/>).

Remember:
 - Occasions are separated by a break of at least seven nights
 - Stays in institution of fewer than 90 days do not constitute a break



Defining Chronic Homelessness

what trends do you expect over the next 1-2 years? (Please select up to 2)

Defining Chronic Homelessness

Chronic Homelessness

Definition requires two key components to establish eligibility

Disability +

Length of Time Homeless



Documenting Chronic Homelessness

Disability

Disability must be verified by a licensed medical/mental health professional.

Participants do not have to have disability benefits to be considered disabled.

- SSI/SSDI award letters can be used to confirm disability for CH purposes
- If participant does not have SSI/SSDI benefits, you would need a licensed practitioner to complete Verification of Disability form (CoC HCA Form #123)

Documenting
Chronic
Homelessness

Episodic Homelessness

The participant has been homeless for 12 months
consecutively

OR

The participant has had at least 4 separate
episodes of homelessness in last 3 years totaling
12 months (think $4 \times 3 = 12$)

Documenting Chronic Homelessness



Documentation Standards for Chronic Homelessness

Instructions: Based on your navigation of the flowchart on the previous page, locate the appropriate numbered situation on this page and follow the documentation standards noted. This tool summarizes the criteria for the new Chronically Homeless Definition. To review the exact language, please refer to 24 CFR Parts 91 & 578 and the HUD Exchange (<https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/>)

Situation	Documentation of Homelessness	Documentation of Disability
<p>1. Household is Chronically Homeless</p> <p>(12 Consecutive Months)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HMIS record or record from a comparable database; or <input type="checkbox"/> Written observation by an outreach worker of the conditions where the individual was living; or <input type="checkbox"/> Written referral by another housing or service provider; or <input type="checkbox"/> Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above. <p>If the head of household is currently staying in an institution where they have been for less than 90 days (and were in a shelter/street/safe haven immediately prior) their Institutional Stay can be documented by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discharge paperwork or written/oral referral from a social worker or appropriate official of the institutional facility, with start/end dates of client's residence, or <input type="checkbox"/> Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above. 	<p>Documentation of the head of household's disability, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written verification of the disability from a licensed professional; <input type="checkbox"/> Written verification from the Social Security Administration; <input type="checkbox"/> The receipt of a disability check; or <input type="checkbox"/> Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.
<p>2. Household is Chronically Homeless</p> <p>(4+ Occasions totaling 12 months over 3 years)*</p> <p><i>*May include institution stays of <90 days</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> HMIS record or record from a comparable database; or <input type="checkbox"/> Written observation by an outreach worker of the conditions where the individual was living; or <input type="checkbox"/> Written referral by another housing or service provider; or <input type="checkbox"/> Discharge paperwork or written/oral referral from a social worker or appropriate official of the institutional facility, with start/end dates of client's residence (for institutional stays of less than 90 days) <input type="checkbox"/> Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above. <p><i>* Each separate occasion MUST be documented (minimum of 3 breaks). 100% of the breaks can be documented by self-report.</i></p>	<p>Documentation of the head of household's disability, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written verification of the disability from a licensed professional; <input type="checkbox"/> Written verification from the Social Security Administration; <input type="checkbox"/> The receipt of a disability check; or <input type="checkbox"/> Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.



Documenting Chronic Homelessness

How to document

- HMIS
- Toolkit Forms
 - Form 100, Form 123

Documenting Chronic Homelessness

Recordkeeping Documentation Options Explained

3rd Party Documentation



Documentation from
HMIS/Comparable Database

*Records must show
entries/exits at Shelters.*

*An answer of "Yes" to the
question as to whether the
individual is chronically
homeless (Universal Data
Element 3.917) is not sufficient.*



Written observation by an
outreach worker
or
Written referral by another
housing or service provider



Documentation from
Institutions like Hospitals,
Correctional Facilities, etc.

*Must include records about
stay the length of stay,
signed by Clinician or other
appropriate staff.*

Self Certification



Signed certification by the individual seeking assistance describing how they meet the definition, which must be accompanied by the intake worker's documentation of the living situation and the steps taken to obtain evidence to support it.

Remember that for each Project:

- 100% of households served can use self-certification for 3 months of their 12 months,
- 75% of households served need to use 3rd Party documentation for 9 months of their 12 months, and
- 25% of households served can use self-certification as documentation for any and all months.



Documenting Chronic Homelessness

Some nuances to consider...

- Each individual occasion or episode of homelessness needs to be fully documented.
- Breaks can be documented by self-report

Documenting Chronic Homelessness

Some nuances to consider...

For each project:

- **100%** of households served can use self-certification for 3 months of their 12 month homelessness documentation
- **75%** of households served need to use 3rd party documentation for 9 months of their 12 months
- **25%** of households served can use self certification as documentation for any and all months



Documenting Chronic Homelessness

Some nuances to consider...

- Couch surfing is not literal homeless per HUD.
- Transitional housing is not considered homeless.
- 1 Night documented homeless may = 1 month homeless (if there is no documentation supporting a break in homelessness).

Documenting Chronic Homelessness

Some nuances to consider...

- All 12 months must have supporting documentation.
- A break in occasion or episode must be 7 days or more to be considered a break.
- Stays at institutions up to 90 days maintain someone's homelessness (as long as they were considered homeless at time of entry).
- If they stay 91 days or more it does not count toward their homelessness.



What trends do you expect over the next 1-2 years? (Please select up to 2 choices)

CoC & ESG Compliance Standards

KHC Compliance Toolkits

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CoC & ESG Compliance Standards

KHC Compliance Toolkits

The most up to date version is always posted on HCA's HelpDesk

<https://kyhmis.zendesk.com/hc/en-us>

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Homeless Eligibility Verification Checklist

Client Name _____

Directions: (1.) Circle the scenario that best describes the situation for the applicable category. (2.) Follow the steps for that specific situation. If the steps are not followed in order, due diligence must be documented. Exceptions to this requirement are noted for Category 4. (3.) Check the box(es) indicating which documents were obtained. (4.) The staff member completing the form should print name and then sign and date the bottom of the applicable page. (5.) Have supervisor (or equivalent) review the checklist and verifications. Upon review, the supervisor will initial and date indicating review and approval. (6.) Retain the applicable page of the Homeless Eligibility Verification Checklist and the verifications that were obtained in the participant file as verification of homeless eligibility status.

Category 1(i) An individual or family with a primary nighttime residence that is a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground. Category 1(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals). Category 1(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

What is the current nighttime residence? (circle one)	Documentation Required	Document(s) Attached (select)	Supervisor Initial/Date
The Street Category 1(i)	1 Third Party: a) Documentation from outreach worker on Form 101 or on the respective agency's letterhead with ALL of the information from Form 101. Forward Form 101 to third-party to use as template to ensure all required information is obtained.	<input type="checkbox"/>	
	b) Written referral from another housing or service provider on Form 102 or on agency letterhead with ALL of the information from Form 102. Forward Form 102 to third party to use as template to ensure all required information is obtained.	<input type="checkbox"/>	
	c) Oral: Documented statement obtained from third-party when written third-party is not available. Form 103 must be completed by agency staff. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable.	<input type="checkbox"/>	
	2) Intake Staff Observation: Intake staff observations must be documented on Form 104. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable.	<input type="checkbox"/>	
	3) Self Certification: A self certification by the individual seeking assistance must be completed on Form 105. Note: If all criteria in section 2 of Form 105 are not applicable to the applicant's situation, this applicant is not eligible under this category. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a, 1b and 2 were not obtainable.	<input type="checkbox"/>	
	Due Diligence: Form 110 completed by agency staff describing efforts to obtain third-party verification.	<input type="checkbox"/>	
Shelter Category 1(ii)	1 Third Party: a) HMIS Report; OR	<input type="checkbox"/>	
	b) Documentation from the emergency shelter's staff on Form 106 or on the respective agency's letterhead with ALL of the information from Form 106. Forward Form 106 to third party to use as template to ensure all required information is obtained;	<input type="checkbox"/>	
	c) Oral: Documented statement obtained from emergency shelter when written third-party is not available. Form 107 must be completed by agency staff. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable.	<input type="checkbox"/>	
	2) Self Certification: A self certification by the individual seeking assistance must be completed on Form 105. Note: If all criteria in section 2 of Form 105 are not applicable to the applicant's situation, this applicant is not eligible under this category. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable.	<input type="checkbox"/>	
	Due Diligence: Form 110 completed by agency staff describing efforts to obtain third-party verification.	<input type="checkbox"/>	

Staff Name Signature Date

CoC & ESG Compliance Standards

CoC & ESG Compliance Standards

What is the current nighttime residence? (circle one)	Documentation Required	Document(s) Attached (select)	Supervisor Initial/Date
Transitional Housing Category 1(ii)	1 Third Party: a) HMIS report; OR	<input type="checkbox"/>	
	b) Documentation from the transitional housing provider's staff on Form 108 or on the respective agency's letterhead with ALL of the information from Form 108 . Forward Form 108 to third party to use as a template to ensure all required information is obtained	<input type="checkbox"/>	
	c) Oral: Documented statement obtained from third-party transitional housing provider when written third-party documentation is not available. Form 109 must be completed by agency staff. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable.	<input type="checkbox"/>	
	Due Diligence: Form 110 completed by agency staff describing efforts to obtain third-party verification.	<input type="checkbox"/>	
	AND for PSH projects only, verify the status of the individual(s) prior to entering TH use one of the following methods		
	Category 1(i) The Street; or	<input type="checkbox"/>	
	Category 1(ii) Shelter	<input type="checkbox"/>	
Hotel/Motel Category 1(ii)	1 Third Party: a) Documentation from charitable organization, federal, state or local government or hotel/motel staff on Form 111 or on the respective agency's letterhead with ALL of the information from Form 111 . Forward Form 111 to third party to use as a template to ensure all required information is obtained; OR	<input type="checkbox"/>	
	b) Oral: Documented statement obtained from third-party entity providing hotel/motel assistance when written third-party documentation is not available. Form 112 must be completed by agency staff. If you are using this method, you must also complete Form 110 documenting the reason verification through method 1a was not obtained.	<input type="checkbox"/>	
	2) Self Certification: A self certification by the individual seeking assistance must be completed on Form 105 . Note: If all criteria in section 2 of Form 105 are not applicable to the applicant's situation, this applicant is not eligible under this category. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a 1b were not obtainable.	<input type="checkbox"/>	
	Due Diligence: Form 110 completed by agency staff describing efforts to obtain third-party verification.	<input type="checkbox"/>	
Institution Category 1(iii)	1 Third Party: a) Discharge paperwork from the institution.	<input type="checkbox"/>	
	b) Documentation from institution on Form 113 or on the respective agency's letterhead with ALL of the information from Form 113 . Forward Form 113 to third party to use as a template to ensure all required information is obtained.	<input type="checkbox"/>	
	c) Oral: Documented statement obtained from institution when written third-party documentation is not available. Form 114 must be completed by agency staff. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable.	<input type="checkbox"/>	
	2) Self Certification: A self certification by the individual seeking assistance must be completed on Form 105 . Note: If all criteria in section 2 of Form 105 are not applicable to the applicant's situation, this applicant is not eligible under this category. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a, 1b and 1c were not obtainable.	<input type="checkbox"/>	
	Due Diligence: Form 110 completed by agency staff describing efforts to obtain third-party verification.	<input type="checkbox"/>	
	AND to verify the status of the individual(s) prior to entering the institution use one of the following methods		
	Category 1(i) The Street; or	<input type="checkbox"/>	
	Category 1(ii) Shelter	<input type="checkbox"/>	

Staff Name	Signature	Date

CoC & ESG Compliance Standards

Category 2 An individual or family who will imminently lose their primary nighttime residence, provided that: (a) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (b) no subsequent residence has been identified; and (c) the individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.		Document(s) Attached (select)	Supervisor Initial/Date
Which scenario describes the current living situation of the individual(s)? (circle one)	Documentation Required		
Landlord/ Tenant Eviction	Only Acceptable Verification: A court order resulting from an eviction action that requires the individual or family to leave their residence within 14 days after the date of their application for homeless assistance; or the equivalent notice under applicable state law - Forcible Detainer .	<input type="checkbox"/>	
	AND		
For individuals and families whose primary nighttime residence is a hotel or motel room not paid for by charitable organizations or federal, state, or local government programs for low-income individuals.	Form 115 completed by the applicant. <i>Note: If all criteria on Form 115 are not applicable to the applicant's situation, this applicant is not eligible under this category.</i>	<input type="checkbox"/>	
	AND		
The owner or renter of the housing in which they currently reside will not allow them to stay for more than 14 days after the date of application for homeless assistance.	Only Acceptable Verification: An oral statement by the individual or head of household to the intake worker who must record the statement on Form 116 .	<input type="checkbox"/>	
	AND must be found credible by one of the following methods		
	1) A written certification by the owner or renter on Form 117 or a signed written statement from the owner or renter with ALL of the information on Form 117; OR	<input type="checkbox"/>	
	2) Oral: An oral statement from the owner or renter which is recorded by the intake worker on Form 118 . If you are using this method, you must also complete Form 110 documenting the reason verification through method 1 was not obtained; OR	<input type="checkbox"/>	
	3) Form 110 completed by agency staff describing efforts to obtain the owner's or renter's verification.	<input type="checkbox"/>	
	AND		
	Form 115 completed by the applicant. <i>Note: If all criteria on Form 115 are not applicable to the applicant's situation, this applicant is not eligible under this category.</i>	<input type="checkbox"/>	

Staff Name	Signature	Date

CoC & ESG Compliance Standards

Category 4 An individual or family who (a) is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (b) has no other residence; and (c) lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other housing.

Which scenario describes the agency where the individual(s) is presenting for assistance?	Documentation Required	Document(s) Attached (select)	Supervisor Initial/Date
Victim Service Provider (VSP)	VSP Client Statement Certification: A certification by the individual/head of household seeking assistance documented by the individual or intake staff must be completed on Form 120 . <i>Note: If <u>all</u> criteria on Form 120 are not applicable to the applicant's situation, this applicant is not eligible under this category.</i>	<input type="checkbox"/>	
Non-VSP	Non- VSP Client Statement Certification: A certification by the individual/head of household seeking assistance documented by the individual must be completed on Form 121 . <i>Note: If <u>all</u> criteria on Form 121 are not applicable to the applicant's situation, this applicant is not eligible under this category.</i>	<input type="checkbox"/>	
	Where the safety of the individual or family would not be jeopardized, the situation must be verified by		
	A written observation by the intake worker on Form 121 . The written referral or observation need only include the minimum amount of information necessary to document that the individual or family is fleeing, or attempting to flee domestic violence, dating violence, sexual assault, and stalking. OR	<input type="checkbox"/>	
A written referral by a housing or service provider, social worker, legal assistance provider, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for domestic violence, dating violence, sexual assault, or stalking, or other dangerous or life threatening condition. The written referral or observation need only include the minimum amount of information necessary to document that the individual or family is fleeing, or attempting to flee domestic violence, dating violence, sexual assault, and stalking. This may be completed on Form 122 .	<input type="checkbox"/>		

Staff Name	Signature	Date



What trends do you expect over the next 1-2 years? (Please select up to 2)

CoC & ESG Compliance Standards

- Income and Benefit Verifications
- Rent Reasonableness
- VAWA
- Conflict of Interest

CoC & ESG Compliance Standards

Personnel Activity Reports

An acceptable PAR will meet the following criteria:

- Reflects an after-the-fact determination of the actual activity of the employee.
- Accounts for the total activity for which the employee is compensated (accounts for the full work day/ work week)
- Is signed by the employee and a responsible supervisory employee who has firsthand knowledge of the employee's activities

CoC & ESG Compliance Standards

Personnel Activity Reports

- Is completed and signed each pay period
- Is supported by records indicating the total number of hours worked each day
- If used for meeting match, is completed in the same manner as salaries and wages claimed for reimbursement from the grant
- Lists the category, the eligible activity, the total time spent on the activity, the grant the activity was conducted for, the client for whom the task was being conducted (if applicable) and adequate details describing the activity

CoC & ESG
Compliance
Standards

Personnel Activity Reports

REMEMBER:

PARS must be reflective of the actual time billed to the grant, therefore the hours reported on the PAR for the grant multiplied by the hourly rate of pay plus fringe should be the equivalent of funds requested from the grant.

CoC & ESG Compliance Standards

Agency Name: West Sixth Client Services
 Employee Name: Jimbo Jefferson
 Date: 22-Dec-14

Category	Eligible Activity	Detail	Client(s)	Time Spent	Grant
HMIS	Data Entry	Entering new client information into HMIS	PQ	1	COC PH
HMIS	Data Entry	Entering client exit information into HMIS	BB	1	ESG
Leasing	Administration	Completing rent reasonableness comparison for client proposed unit	DM	1	COC PH
Supportive Services	Life Skills	Conducted budgeting and nutrition training session with 3 permanent housing clients	DM, L, RAC	1	COC PH
Supportive Services	Case Management	Securing services, assisting client with completion of KTAP application	DM	0.5	COC PH
Street Outreach	Engagement	Delivering meals and blankets to Southtown street city	JB, JH	1	ESG
Agency task	N/A	Covering phones	N/A	0.5	General
Rehousing	Case Management	Initial Evaluation	JD	1	ESG
Stabilization	Case Management	Initial Evaluation	JD	1	ESG
Leave Time	Vacation	N/A	N/A	1	
				Total Hours worked:	8

Hours per source:

COC PH:	3.5	General:	0.5	Holiday:	
ESG:	3	CSBG:		Vacation:	1
HOPWA:		Food Bank:		Sick:	

Employee Signature: Jimbo Jefferson Date: 12/22/2014

Supervisor Signature: Ambet Alebas Date: 12/22/2014

CoC & ESG Compliance Standards

Personnel Activity Reports

Frequent mistakes made on PARS:

- Not reporting the full work day
- Failure to designate the applicable grant
- Bundling clients and/or activities into unclearly designated categories
- Failure to identify an eligible client
- Reporting activities conducted for one funding source to a different funding source
- Designating an activity to an incorrect category
- Reporting holiday's and other paid time off in full for the same time reported as worked
- Not obtaining required signatures
- Not reporting and/or prorating holiday, vacation, or sick leave time



Grant
Management
& Flexibility

CoC & ESG Grant Management Tips

#KAHC19

Grant Management & Flexibility

ESG

Actions that can be done with a simple notification to KHC for file documentation:

- Change in service area
- Change in populations to be served (both household type or sub-population)
- Moving money to/from individual budget line items within the component type

Grant Management & Flexibility

ESG

Actions that require approval from KHC, but not a grant modification:

- Moving funds from one component type to another (with the exception of moving money from the RRH Component)
- Changing the target number of clients/households to be served

Grant
Management
& Flexibility

ESG

Action that require KHC management approval and/or grant modification:

- Reducing the amount of match commitment
- Moving money from RRH component
- Spending funds past the deadline established in the funding agreement

Grant Management & Flexibility

CoC

Actions that can be done with a simple notification to KHC for file documentation:

- Change in populations to be served both household type or sub-population (excluding CH)
- Moving money to/from individual budget line items within the same budget category

Grant Management & Flexibility

CoC

Actions that require approval from KHC, but not a grant modification:

- Moving funds from one budget category to another, if less than 10%
- Changing the target number of clients/households to be served
- Change in service area

Grant Management & Flexibility

CoC

Actions that require management approval and/or grant modification (*usually has to go to HUD for approval, so allow no less than 90 days prior to grant end date*):

- Moving money exceeding 10% from one budget category to another

Compliance Questions from the Field

Determining Participant Portion of Rent

Excluded Income vs. Included Income

https://www.hud.gov/sites/documents/DOC_35699.PDF

Utility Assistance Payments/Charts

→KHC issues every January

→PHA updates vary across state

Fair Market Rent

→HUD issues every October

Termination vs. Rehousing

→Housing First

<https://www.csh.org/qualitytoolkit/>



What trends do you expect...
over the next 1-2 years? (Please select up to 2 choices)

Session Q&A

Questions?

#KAHC19

Contact Us

ALWAYS submit a ticket on the KHC Housing Contract Administration HelpDesk:

<https://kyhmis.zendesk.com/hc/en-us>

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