



WRITTEN STANDARDS

FOR THE PA-509 EASTERN PENNSYLVANIA CONTINUUM OF CARE

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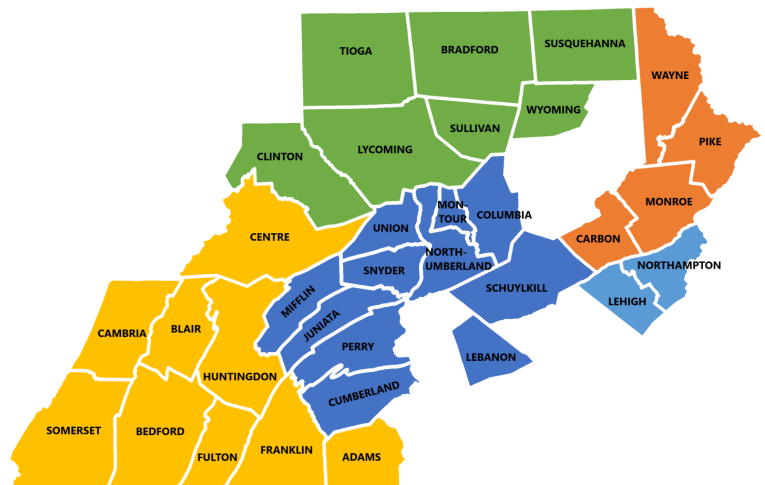
INTRODUCTION

This document contains written standards for organizations delivering housing and services to people experiencing or at risk for homelessness in a region of Pennsylvania defined by the United States Department of Housing and Urban Development (HUD) as the PA-509 Eastern Pennsylvania Continuum of Care. Compliance with these standards is required for all programs funded by HUD, including ESG grants administered on behalf of HUD by the Pennsylvania Department of Community and Economic Development (PA DCED) and direct entitlement communities operating within the Eastern PA Continuum of Care service area. Adherence to and successful implementation of these written standards is built into both project monitoring for ESG and CoC and the project evaluation and ranking process for annual CoC Program competitions.

The use of these standards is strongly encouraged for all programs funded through other federal, state, local and private grants to ensure an effective and coordinated systemic response to homelessness that is based on best practices in the sector and provides a uniform and equitable experience for all families and individuals experiencing homelessness or a housing crisis in every community.

As a network of service providers, funders, advocates, program participants, people with lived experience, and community partners, the Eastern PA Continuum of Care has a mission to end and prevent homelessness. The Eastern PA Continuum of Care is comprised of the following counties in Eastern Pennsylvania: Adams, Bedford, Blair, Bradford, Cambria, Carbon, Centre, Clinton, Columbia, Cumberland, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Somerset, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming.

Collectively, these 33 counties span nearly 21,000 square miles and include 11 cities, 672 townships and 337 boroughs. To learn more about the Eastern PA Continuum of Care, please visit <https://pennsylvaniacoc.org/easterncoc/>.



EASTERN PA CONTINUUM OF CARE WRITTEN STANDARDS

Projects Included in the Written Standards

The Written Standards set the minimal standards for the following Eastern PA Continuum of Care projects that help people who are either experiencing homelessness, unhoused, or at risk of eviction.¹

Project Type	Project Definitions
Coordinated Entry (CE) [funded by HUD CoC Program Supportive Services for Coordinated Entry (SSO-CE)]	Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible.
Homelessness Prevention (HP)	<p>Homelessness Prevention activities are designed to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human habitation. Component services and assistance generally consist of short-term and medium-term tenant-based or project-based rental assistance, rental arrears, rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, mediation, legal services, and credit repair.</p> <p>Homelessness prevention also refers to a specific CoC project type funded by either HUD Emergency Solutions Grant (ESG) programs. Funds are provided to individuals and families who meet the “at risk of homelessness” definition or who meet the criteria in paragraphs (2), (3), or (4) of the “homeless” definition in 24 CFR 576.2 and have an annual income below 30% of the median family income as determined by HUD, and lack the resources to obtain permanent housing.</p>
Street Outreach (SO)	Essential services related to reaching out to all unsheltered individuals and families experiencing homelessness within the CoC’s geographic area, including those least likely to request assistance. Services include connection to emergency shelter, housing, critical/crisis services, and urgent, non-facility-based care.

¹ All definitions from [CoC and ESG Virtual Binders: Glossary of Terms](#) unless otherwise footnoted.

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Project Type	Project Definitions
Emergency Shelter (ES)	Emergency shelter means any facility, the primary purpose of which is to provide a temporary shelter for people experiencing homelessness in general or for specific populations of those experiencing homelessness which does not require occupants to sign leases or occupancy agreements.
Rapid Re-Housing (RRH)	A permanent housing solution emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into housing.
Transitional Housing - Rapid Re-Housing (TH-RRH)	A Joint transitional housing (TH) and rapid re-housing (PH-RRH) component project includes two existing program components—TH and PH-RRH—into a single project to serve individuals and families experiencing homelessness.
Permanent Supportive Housing	A HUD CoC grant funded program component type providing indefinite leasing or rental assistance combined with supportive services for people with disabling conditions experiencing homelessness so that they may live independently.

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How to Use the Written Standards

The Written Standards are intended for use by Eastern PA Continuum of Care member organizations and their staff on a regular basis to ensure that project services are provided in a fair and equitable manner consistent with 1) federal laws, policies, and HUD-funded grant program requirements; 2) the Eastern PA Continuum of Care's mission, strategic goals, and core values; and, 3) best practices in trauma-informed, culturally responsive, and housing-focused case management.

Every section of the Written Standards is a self-contained "fact sheet" or "resource guide" for delivering one of the Eastern PA Continuum of Care project types defined in the table above when combined with the Eastern PA Continuum of Care policies for all project types documented in Appendix A. Please note, however, that the Written Standards are not a substitute for more comprehensive grant-funded program requirements. Service providers must still ensure that they are delivering project services in compliance with all applicable federal, state, or local grant program requirements (e.g., ESG, CoC, SSVF, HAP, etc.) as well as all applicable federal and state laws (including statutes, regulations, and executive orders). Notable examples of these laws include, but are not limited to:

- Fair housing and related laws ([click here for a current list](#))
- [The Pennsylvania Human Relations Act](#)
- [The Violence Against Women Act](#)

Every section of the Written Standards uses the following outline:

- Minimum standards for all Eastern PA Continuum of Care service providers.
- Additional standards for HUD ESG grant funded projects.
- Additional standards for HUD CoC grant funded projects.
- Links to sample tools, templates, and additional resources.

How to Get Help or Support for Using the Written Standards

Case Managers must be trained in the Eastern PA Continuum of Care's Written Standards within 60 days of their start date. The Eastern PA Continuum of Care will provide regular video conference trainings and virtual open office hours to help service providers learn and apply the Written Standards and ask questions. In addition, the Eastern PA Continuum of Care website will have a page dedicated to the Written Standards that will maintain a list of Frequently Asked Questions (FAQs) and provide contact information so that service providers can submit questions via email. The webpage will also contain links to recordings of previous trainings and registration links for upcoming trainings and office hours.

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Written Standards for Using the Pennsylvania Homeless Management Information System (PA HMIS)

Eastern PA Continuum of Care service provider organizations whose projects are funded through either ESG or CoC grant programs must utilize the Pennsylvania Homeless Management Information System (PA HMIS). Except for VAWA-funded organizations (see below), service providers whose projects are funded by other sources are strongly encouraged to utilize PA HMIS as well so that the Eastern PA Continuum of Care has comprehensive data and information on the causes, needs, gaps, and demographics of people experiencing homelessness throughout its service area. The Eastern PA Continuum of Care has designated PA DCED as the it's HMIS Lead Agency and EccoVia ClientTrack as its software platform.

HMIS is administered by the U.S. Department of Housing and Urban Development (HUD) through the Office of Special Needs Assistance Programs (SNAPS) as its comprehensive data response to the congressional mandate to report annually on national homelessness. It is used by all projects that target services to persons experiencing homelessness within SNAPS and the office of HIV-AIDS Housing. It is also used by other Federal Partners from the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Veterans Affairs and their respective programs to measure project performance and participate in benchmarking of the national effort to end homelessness.

The HMIS Data Standards were first published by HUD in 2004 as the HMIS Data and Technical Standards. HUD, in collaboration with its Federal Partners, has continued to update the HMIS Data Standards regularly thereafter. Each updated document supersedes the previously released HMIS Data Standards. A complete historical archive of previous data standards can be found on the HUD Exchange Data Standards page.

An HMIS software must be able to collect all the data elements defined within these HMIS Data Standards, support the system logic identified, and ensure that the visibility of data elements is appropriate to the Project Type and Funding Sources for any given project.

Comparable databases are required for use by providers of services for victims of domestic violence, as described in the Violence Against Women Act (VAWA).² To learn more, please read: https://safehousingpartnerships.org/sites/default/files/2017-08/CD101_CSNEDV.pdf.

In addition to any Written Standards in this document for PA HMIS participating organizations, these organizations must also comply with the most recent [HUD HMIS Data Standards Manual](#) and [PA HMIS Governance Charter](#). For more information on HMIS Written Standards, please visit: <https://pennsylvaniacoc.org/homeless-management-information-system/about-hmis>.

² <https://files.hudexchange.info/resources/documents/FY-2022-HMIS-Data-Standards-Manual.pdf>

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Providing a Meaningful Voice for People with Lived Experience

Per Interim Rule 578.75 (g)(1) & 578.75 (g)(2), CoC-funded service provider organizations must involve households with lived experience in the design, governance and operations of homeless housing organizations and their programs. Organizations must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors, or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or the provision of CoC Program assistance. In addition, service providers must, to the extent possible, involve households with lived experience through employment, volunteering, operating the project and/or providing supportive services. Persons with lived experience must have been homeless within the last seven (7) years or are currently program participants.

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HOMELESSNESS CATEGORIES, DEFINITIONS, FAQs, AND RECORDKEEPING REQUIREMENTS

The PA-509 Eastern Pennsylvania Continuum of Care was created through the McKinney-Vento Homeless Assistance Act as Amended by S.896 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. The HEARTH Act defines a Continuum of Care as having the following purpose:

To promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.³

The network of Eastern PA Continuum of Care projects to help people who are experiencing homelessness, unhoused, or at risk of homelessness are primarily funded through two United States Department of Housing and Urban Development (HUD) grant programs:

1. **Emergency Solutions Grants Program:** Eastern PA Continuum of Care service provider organizations may receive one or more Emergency Solutions Grants (ESG) from HUD. These grants are awarded competitively through annual grant competitions administered by HUD.
2. **Continuum of Care Grants Program:** Eastern PA Continuum of Care service providers may also receive one or more Continuum of Care (CoC) grants directly from HUD. These grants are awarded competitively through an annual fair and transparent community-based grant competition administered on behalf of the Eastern Pennsylvania Continuum of Care by PA DCED (the Collaborative Applicant) under direction of the elected Eastern PA Continuum of Care Governing Board and its Funding Committee.

While Eastern PA Continuum of Care service provider organizations may also receive funding from other federal, state, local, and private funders, the Eastern PA Continuum of Care is required to utilize the definitions of homelessness and related project eligibility criteria established in the HEARTH Act and enforced through HUD policy and funding requirements.

Unfortunately, these definitions are often more fixed and unyielding than those used by other federal agencies, local policymakers, and the public, which can lead to confusion and frustration about why certain households are eligible for Eastern PA Continuum of Care projects and others are not. However, to be in compliance with HUD requirements and remain competitive for ESG and CoC program grants, the Eastern PA Continuum of Care and its member agencies must utilize these definitions and eligibility criteria accurately and consistently.

The Eastern PA Continuum of Care utilizes the four categories and definitions (as well as

³ <https://www.govinfo.gov/content/pkg/FR-2012-07-31/pdf/2012-17546.pdf>

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recordkeeping requirements) required by HUD as written in the Code of Federal Regulations (CFR) and the Continuum of Care (CoC) Program interim rule. The CoC Program interim rule was first published in the Federal Register on July 31, 2012, and became effective August 30, 2012. An updated version of the CoC Program interim rule was published in the Federal Register on April 1, 2017.⁴

Category 1: Literally Homeless

Definition	<p>Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <p>(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</p> <p>(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></p> <p>(iii) Is exiting an institution where (s)he has 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.</p>
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⁴ <https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml>

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Frequently Asked Questions	<ol style="list-style-type: none"> 1. If a household is self-paying their own stay in a hotel or motel, are they literally homeless? No. A household staying in a hotel or motel paid for by themselves, a friend, or a family member does not meet the Category 1 definition of homelessness. 2. When is a house, apartment, single room occupancy (SRO), or mobile home considered a place not meant for human habitation? A place not meant for human habitation typically refers to cars, parks, sidewalks, abandoned buildings, camps, or on the street. However, a house, apartment, SRO, or mobile home may be considered a place not meant for human habitation if it is condemned and/or does not have access to utilities like electricity, water, or heat because the water or electric lines are broken or damaged beyond repair. However, if one or more utilities are shut off due to arrears or unpaid bills, then the house, apartment, SRO, or mobile home is meant for human habitation and the household is not considered literally homeless (though they may be eligible for utility assistance). 3. Is literal homelessness based on where the household resided/slept the night before contacting an Eastern PA Continuum of Care service provider (e.g., Coordinated Entry, Street Outreach, Emergency Shelter, etc.) or where the household intends to sleep the night of the contact? The night before. Literal homelessness is based on what HUD refers to as a “current living situation”. A household’s current living situation is where they spent the previous night, not where they think they are going to spend the next one.
Recordkeeping Requirements	<ol style="list-style-type: none"> 1. Written observation by the outreach worker; or 2. Written referral by another housing or service provider; or 3. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter. 4. For individuals exiting an institution- one of the forms of evidence above <u>and</u>: <ol style="list-style-type: none"> a. Discharge paperwork or written/oral referral or b. Written record of intake worker’s due diligence to obtain above evidence and certification by individual that they exited institution.

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Category 2: Imminent Risk of Homelessness

Definition	<p>Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <p>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</p> <p>(ii) No subsequent residence has been identified; <u>and</u></p> <p>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.</p>
Frequently Asked Questions	<ol style="list-style-type: none"> 1. Does a doubled-up household staying with friends or family but without a lease in their name (i.e., couch surfing) meet the definition of Category 2 Imminent Risk of Homelessness? Yes. Households that are "doubled up" or temporarily living with friends or family may be considered homeless under Category (2) of the Homeless Definition if the service provider can document that they meet all the criteria above. 2. How can a doubled-up household provide documentation since there is not a landlord-tenant relationship? HUD's homeless definition under Category 2 allows for the cases where the individual or family who must leave a unit will become homeless and is sharing housing with others (such as doubled-up situations) where there is not a landlord-tenant relationship. The individual or family seeking assistance may provide "an oral statement by the individual or head of household that the owner or renter of the housing in which they currently reside will not allow them to stay..." The intake worker must record the statement and certify that it was found credible. To be found credible, the oral statement must either be: <ol style="list-style-type: none"> a. verified by the owner or renter of the housing where the individual or family is living and documented by a written certification by the owner or renter or by the intake worker's recording of the oral statement or b. a written certification by the intake worker of his or her due diligence in attempting to obtain the owner or renter's verification and the service provider intake worker is unable to contact the owner or renter.

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Recordkeeping Requirements	<ol style="list-style-type: none">1. A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u>2. For individual and families leaving a hotel or motel- evidence that they lack the financial resources to stay; <u>or</u>3. A documented and verified oral statement <u>and</u>4. Certification that no subsequent residence has been identified <u>and</u>5. Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing.
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Category 3: Homeless Under Other Federal Statutes

Definition	<p>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> <p>(i) Are defined as homeless under the other listed federal statutes;</p> <p>(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</p> <p>(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u></p> <p>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.</p>
Frequently Asked Questions	<p>Can an ESG or CoC grant program funded project serve Category 3 households?</p> <p>For ESG-funded projects, the answer is yes. ESG grant recipients can use this category with adequate documentation to ensure that a household meets the eligibility criteria outlined in the definition above.</p> <p>For CoC-funded projects, the answer is no.</p>
Recordkeeping Requirements	<ol style="list-style-type: none"> 1. Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> 2. Certification of no PH in last 60 days; <u>and</u> 3. Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u>, 4. Documentation of special needs <u>or</u> 2 or more barriers.

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Category 4: Fleeing/Attempting to Flee Domestic Violence

Definition	<p>Any individual or family who:</p> <p>(i) is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized.</p> <p>(ii) Has no other safe residence; <u>and</u></p> <p>(iii) Lacks the resources to obtain other safe permanent housing.</p>
Frequently Asked Questions	<p>Do people fleeing or attempting to flee sexual assault, other forms of intimate partner violence, or human trafficking meet the HUD Category 4 definition of homelessness? Yes. Category 4, as outlined in the HEARTH Act, specifically addresses homeless status for survivors of domestic violence, dating violence, sexual assault, stalking, and human trafficking.</p>
Recordkeeping Requirements	<p>For victim service providers:</p> <ol style="list-style-type: none"> 1. An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. <p>For non-victim service providers:</p> <ol style="list-style-type: none"> 1. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> 2. Certification by the individual or head of household that no subsequent safe residence has been identified; <u>and</u> 3. Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain safe permanent housing.

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At Risk of Homelessness

For individuals and families who do not meet the definition of "homeless" under any of the categories established in the Homeless Definition final rule, the McKinney-Vento Act was amended to allow homeless prevention assistance to be provided to persons who are "at risk of homelessness." The following table provides a high-level overview of the criteria for defining individuals and families who may qualify as at risk of homelessness under three categories, including: 1) individuals and families; 2) unaccompanied children and youth; and 3) families with children and youth.⁵

Households that meet the definition of at risk of homelessness may be served by Coordinated Entry and ESG-funded Homelessness Prevention projects.

Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none">(i) Has an annual income below 30% of median family income for the area; <u>AND</u>(ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; <u>AND</u>(iii) Meets one of the following conditions:<ul style="list-style-type: none">(A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u>(B) Is living in the home of another because of economic hardship; <u>OR</u>(C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u>(D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u>(E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u>(F) Is exiting a publicly funded institution or system of care; <u>OR</u>(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan.
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⁵ <https://www.hudexchange.info/resource/1975/criteria-for-definition-of-at-risk-of-homelessness/>

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Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute.
Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

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DEFINITIONS AND ADDITIONAL CONSIDERATIONS FOR WORKING WITH SPECIAL POPULATIONS EXPERIENCING HOMELESSNESS

Beyond the categories, definitions, and recordkeeping requirements of homelessness that guide eligibility for Eastern PA Continuum of Care projects, there are several special populations that may be eligible for other housing and service projects based on their personal history, experience, demographic characteristics, or health needs.

Service providers must consider the unique needs and opportunities for people that identify with these populations based on the definitions and additional considerations that follow.

Furthermore, the Eastern PA Continuum of Care regularly provides training opportunities in working with special populations. Subscribe to the Eastern PA Continuum of Care email newsletter and Slack channel for more information on upcoming training opportunities.

Chronically Homeless Individuals and Families

A “chronically homeless” individual is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. To meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

What Is a Disabling Condition?

A disabling condition is one or more of the following:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 - Is expected to be long-continuing or of indefinite duration;
 - Substantially impedes the individual's ability to live independently; and
 - Could be improved by the provision of more suitable housing conditions.

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- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Additionally, if the client is a veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the social security act, they must be identified as having a disabling condition.⁶

Additional Considerations for Working with Chronically Homeless Individuals and Families

HUD has prepared three brief webinars to assist Eastern PA Continuum of Care service providers to understand how HMIS can be used to assist in identifying people who are experiencing chronic homelessness.

- [Capturing the information about a client's living situation in HMIS](#) needed to calculate their chronic homeless status. Every HMIS-participating project must record clients' living situation and disability status in HMIS at project entry and can simply record that information based on client self-response.
- [Using HMIS to document a client's chronic homeless status](#) for eligibility purposes. This is achieved by looking at a client's entries and exits in HMIS, rather than the self-reported data collected at each project entry.
- [Reporting on chronic homelessness](#) combines these two concepts by looking at self-reported data AND enrollment histories for each client to generate reports on the people experiencing chronic homelessness in your Continuum of Care.

⁶ <https://www.hudexchange.info/programs/hmis/fy-2022-hmis-data-standards/>

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LGBTQ Individuals

LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Questioning) individuals face a particular set of challenges, both in becoming homeless as well as when they are trying to avoid homelessness. LGBTQ persons face social stigma, discrimination, and often rejection by their families, which adds to the physical and mental strains/challenges that all homelessness persons must struggle with. Frequently, homeless LGBTQ persons have great difficulty finding shelters that accept and respect them. LGBTQ individuals experiencing homelessness are often at a heightened risk of violence, abuse, and exploitation compared with their heterosexual peers. Transgender individuals are particularly at physical risk due to a lack of acceptance and are often turned away from shelters; in some cases, signs have been posted barring their entrance.⁷

According to a recent study from Chapin Hall at the University of Chicago, LGBTQ young people are 120% more likely to experience homelessness than non-LGBTQ youth. Family conflict is the most common cause of all youth homelessness. For LGBTQ youth in particular, the conflict tends to be over their sexual orientation or gender identity. While rejection is the most frequently cited reason LGBTQ youth experience homelessness, it's not the only one. According to service providers, additional reasons include aging out of the foster care system, poverty, and conflict in the home. Often, it's not one thing that causes homelessness, but a combination of many.⁸

⁷ <https://nationalhomeless.org/issues/lgbt/>

⁸ <https://truecolorsunited.org/our-issue/>

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Additional Considerations for Working with LGBTQ Individuals

- Use inclusive language, not making assumptions about the gender identity of any person accessing their project. People must be asked what their pronouns are when they first access a service. If the wrong name or pronoun is used, staff must apologize, correct themselves and move forward. The CoC provides projects [Sample Organizational and Programmatic Policy Language and Resources to Promote Non-Discrimination and Inclusion throughout the Eastern PA CoC](#).
- Enter all information into PA HMIS and your own agency/program records using the client's chosen name and proper pronouns. If a person is transgender, use the name they have instructed you to use, not their "dead" name. When a person transitions and changes their name, the old version of themselves, including their old name, 'dies'. Referring to a person using their old or 'dead' name can be damaging to a trans person and can negatively affect their mental health.
- Some people, especially youth, might not be comfortable talking in detail about their gender identity, even if they've chosen to speak about it to staff in an organization. It is important to respect someone's right to confidentiality around their identity and understand the laws around information sharing. When working with a young person staff must ask how and with whom they would like their name and pronoun to be shared. It is important to build young people's confidence so that they are comfortable to share with others if that is what they want.

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People Fleeing Domestic Violence, Sexual Assault, or Trafficking

Domestic violence is consistently identified as a significant factor in homelessness. A staggering 92% of homeless women report having experienced severe physical or sexual violence at some point in their lives, and upwards of 50% of all homeless women report that domestic violence was the immediate cause of their homelessness. The intersection of homelessness and domestic violence is compounded for women of color, particularly Native American and African American women. Native American and Alaska Native Women face both a lack of housing and disproportionate rates of violence. African American survivors of violence are disproportionately impacted by discriminatory nuisance ordinances resulting in evictions and homelessness because of their victimization. Although safe housing can give a survivor a pathway to freedom, there are many barriers that prevent victims from maintaining or obtaining safe and affordable housing. Many survivors have faced economic abuse as part of the violence, meaning that they have not had access to the family finances, have been prohibited from working, and have had their credit scores destroyed by the abuser. Victims often face discrimination in accessing or maintaining housing based on the violent and criminal actions of perpetrators. Additionally, victims are limited in the locations and types of housing they can access because of their unique safety and confidentiality needs, and many housing/ homelessness assistance programs have barriers that inadvertently exclude victims of violence.⁹

The Domestic Violence Housing Technical Assistance Consortium (DVHTAC) created the [Safe Housing Partnerships](#) website to provide resources and guidance on the intersection of domestic violence and homelessness. We strongly encourage Eastern PA Continuum of Care member agencies to utilize the website in your program development and implementation. The DVHTAC is funded by a federal partnership between U.S. Department of Health and Human Services 'Family Violence Prevention Services Program, U.S. Department of Justice Office on Violence Against Women and Office for Victims of Crime, and HUD's Office of Special Needs Assistance Programs.

Human trafficking is a form of modern-day slavery. This crime occurs when a trafficker uses force, fraud, or coercion to control another person for the purpose of engaging in commercial sex acts or soliciting labor or services against his/her will. Force, fraud, or coercion need not be present if the individual engaging in commercial sex is under 18 years of age.¹⁰

What is a Victim Service Provider?

A Victim Service Provider (VSP) is defined as a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Providers include rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs. A VSP is a designation at the agency level,

⁹ https://nlihc.org/sites/default/files/AG-2019/06-02_Housing-Needs-Domestic-Violence.pdf

¹⁰ <https://humantraffickinghotline.org>

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not the project level.

To find your local domestic violence victim service provider, go to <https://www.pcadv.org/find-help/find-your-local-domestic-violence-program/>.

Eastern PA Continuum of Care service providers need to work closely with victims' service providers to address survivors' physical health, mental health, and safety concerns resulting from abuse by an intimate partner. The [Pennsylvania Coalition Against Domestic Violence](#) (PCADV) is an active Eastern PA Continuum of Care member agency and can provide Eastern PA Continuum of Care service providers with guidance, training, and technical assistance to meet the needs of survivors.

What is Domestic Violence?

The term 'domestic violence' includes felony or misdemeanor crimes committed by a current or former spouse or intimate partner of the victim under the family or domestic violence laws of the jurisdiction receiving grant funding and, in the case of victim services, includes the use or attempted use of physical abuse or sexual abuse, or a pattern of any other coercive behavior committed, enabled, or solicited to gain or maintain power and control over a victim, including verbal, psychological, economic, or technological abuse that may or may not constitute criminal behavior, by a person who—

- is a current or former spouse or intimate partner of the victim, or person similarly situated to a spouse of the victim;
- is cohabitating, or has cohabitated, with the victim as a spouse or intimate partner;
- shares a child in common with the victim; or
- commits acts against a youth or adult victim who is protected from those acts under the family or domestic violence laws of the jurisdiction.

What is Economic Abuse?

The term 'economic abuse', in the context of domestic violence, dating violence, and abuse in later life, means behavior that is coercive, deceptive, or unreasonably controls or restrains a person's ability to acquire, use, or maintain economic resources to which they are entitled, including using coercion, fraud, or manipulation to—(A) restrict a person's access to money, assets, credit, or financial information; (B) unfairly use a person's personal economic resources, including money, assets, and credit, for one's own advantage; or (C) exert undue influence over a person's financial and economic behavior or decisions, including forcing default on joint or other financial obligations, exploiting powers of attorney, guardianship, or conservatorship, or failing or neglecting to act in the best interests of a person to whom one has a fiduciary duty.

What is Technological Abuse?

The term 'technological abuse' means an act or pattern of behavior that occurs within domestic violence, sexual assault, dating violence or stalking and is intended to harm, threaten,

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intimidate, control, stalk, harass, impersonate, exploit, extort, or monitor, except as otherwise permitted by law, another person, that occurs using any form of technology, including but not limited to: internet enabled devices, online spaces and platforms, computers, mobile devices, cameras and imaging programs, apps, location tracking devices, or communication technologies, or any other emerging technologies.

What “Fleeing” Means

The Category 4 homelessness definition under the HEARTH Act states that survivors who are fleeing or attempting to flee domestic violence, sexual assault, dating violence, stalking, or human trafficking are eligible for HUD funded housing. Under this definition, survivors do not have to be literally homeless (i.e., living in a car, sleeping outside, in a place not meant for human habitation, or staying in an emergency or homeless shelter).

According to the National Network to End Domestic Violence, the concept of “fleeing” will look different for every survivor because each survivor’s situation is different. With guidance from a domestic or sexual violence advocate or housing provider, survivors can determine if their situation is “fleeing” and therefore, make them eligible for housing resources under Category 4. provider can ask to help establish eligibility:

- Did someone do something that made them feel unsafe in their current living situation?
- Do they feel like they need to leave the current living situation in order to stay safe?
- Did someone make them or ask them to do something that caused them to feel unsafe or in possible danger in order to continue to stay in their home or where they are currently residing?
- Do they feel unsafe to return to the home that they left? Are they worried about the safety of any children, dependents, or pets?

As domestic violence advocates know, “fleeing” is not an isolated event, nor a one-time event – once a survivor is in safe housing, often an abusive partner will continue to sabotage the survivor’s success and undermine safety through lengthy legal battles, custody arguments, financial abuse, stalking, etc.

For sexual violence survivors, there are many situations that can lead to the need to “flee.” A survivor may be experiencing ongoing sexual abuse in the home by a parent or partner or by a landlord or neighbor. It is important to recognize that there are also many situations where a sexual assault survivor has housing needs but is not “fleeing.” A survivor may have been assaulted in their home and not feel safe remaining there or they may have experienced the assault at work and not want to return to that employment, threatening their housing situation. It would be important for sexual violence advocates to know more about alternative housing funds to support survivors who are not “fleeing.”¹¹ In essence, fleeing is defined by the survivor, not by

¹¹ https://nnedv.org/wp-content/uploads/2020/08/Library_Policy_HEARTH_Creating_Access_for_Survivors.pdf

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a program.

What “Dangerous or Life Threatening” Means

HUD clarifies that the level of danger experienced by a survivor cannot not dictate eligibility under Category 4. Specifically, the phrase “dangerous or life-threatening,” as stated in the HEARTH Act, must not be used to qualify the extent of danger in order for the survivor to be considered homeless. Instead, HUD has specified that domestic and sexual violence in and of itself is considered “dangerous and life-threatening” when determining Category 4 eligibility. The survivor is the expert in their living situation and can define what they consider life-threatening and dangerous.¹²

Scenarios

The following are common “fleeing” scenarios provided by the National Network to End Domestic Violence. In all the following scenarios, a survivor would be eligible for HUD CoC Program-funded housing assistance under Category 4. Remember, a survivor does not have to be literally homeless to be eligible for CoC Program housing assistance under Category 4 – they could be on a lease, sleeping on a friend’s couch, or staying with family and still be considered “fleeing” domestic or sexual violence.

- A survivor with an infant and two older children is living with an abusive partner, who is also the children’s parent. The children are very afraid. The family owns their home, and both adults are on the mortgage. The survivor needs to leave the home immediately with their children and is in need of safe housing.
- A teenage boy is being sexually abused by an uncle who lives in his home with his family. The boy has a job but does not make enough money to support himself, and he attends high school. The survivor attempts to find friends to stay with, but eventually finds himself homeless and ends up accepting an invitation to stay with an older man. It is clear that the older man expects sex in exchange for housing.
- A woman is living in rent-controlled housing. She has a decent job at a local grocery store and makes slightly over minimum wage. Her landlord sees her at work and starts paying more attention to her. It is clear that she could not afford housing on her salary without rent control. One evening late at night, her landlord enters her apartment and coerces her by threatening to kick her out of her apartment if she doesn’t have sex with him. She does, and he continues to enter her apartment without permission, threatens her with eviction, and sexually assaults her.
- A woman has a Protection from Abuse (PFA) Order against her girlfriend. The survivor works at a hotel and has no option for childcare during her shift, so she brought her children to work with her. The survivor ended up returning to her abusive partner because if she continued to bring her children to work, she would be fired. Both the

¹² https://nnedv.org/wp-content/uploads/2020/08/Library_Policy_HEARTH_Creating_Access_for_Survivors.pdf

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survivor and her girlfriend are on the lease for the apartment, and she needs to obtain safe housing as soon as possible.

- A survivor left her home where she was continually being sexually assaulted by her husband and went to stay with a family member. She has employment with consistent income but can't afford a security deposit or first month's rent. She may also need an additional month of rent to get on her feet. She needs to leave her family's home immediately because her husband has been threatening her and her children.
- A survivor has been living with his abusive husband for a year. His husband threatens to kick him out if he doesn't do what the husband wants. Last winter, the survivor was forced to sleep outside in the cold after his husband locked him out of their house. He suffered from frostbite and is terrified to be locked out again.
- A survivor of human trafficking is arrested after her trafficker makes her hide his drug paraphernalia in her purse during a traffic stop. Upon release, she decides she does not want to return to her trafficker and looks for housing options. She does not identify as a domestic violence survivor because her trafficker is her "pimp" and not her boyfriend. Although he never physically abused her, he drugged her to force her into staying with him and to coerce her into sex. He refused to pay her for her sex work and instead kept the survivor on just enough heroin to prevent her from getting sick... unless she did not meet her "quota." While looking for housing, the survivor started sleeping at her sister's house, where her trafficker began coming around to harass her. She desperately wants to stay clean and does not want to return to the person who is trafficking her.

Safety Planning for People Fleeing Domestic Violence, Sexual Assault, or Trafficking

If program participants are in urgent need of domestic violence or sexual assault victim services, encourage and support them to contact the [National Domestic Violence Hotline](https://www.thehotline.org/) at 800.799.7233 (TTY 1.800.787.3224) or by texting START to 88788.

If program participants are in urgent need of human trafficking victim services, encourage and support them to contact the [National Human Trafficking Hotline](https://www.humantraffickinghotline.org/) at 1-888-373-7888 (TTY: 711) or by texting 233733.

Safety planning and considerations for survivors of domestic violence, sexual assault, and trafficking must be a policy, practice, and training component for all Eastern PA Continuum of Care service providers and projects. Survivors must be assisted in developing safety plans in partnership with local Victim Service Providers.

For guidance on creating a safety plan for domestic violence or sexual assault survivors, go to <https://www.thehotline.org/plan-for-safety/create-a-safety-plan/>.

For guidance on creating a safety plan for human trafficking survivors, go to <https://humantraffickinghotline.org/faqs/safety-planning-information>.

In addition, the Eastern PA Continuum of Care has a dedicated Eastern PA Continuum of Care

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Coordinated Entry DV Specialist to assist providers working with survivors who can assist in safety planning.

Finally, Eastern PA Continuum of Care service provider staff must participate at least annually in Eastern PA Continuum of Care Governing Board hosted ongoing trainings in working with DV survivors.

Emergency Transfer for People Fleeing Domestic Violence, Sexual Assault, or Trafficking Enrolled in Eastern PA Continuum of Care Housing Programs

In accordance with the [Violence Against Women Act](#) (VAWA), Eastern PA Continuum of Care homeless assistance programs providing housing or rental assistance must allow participants who are victims of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking to request an emergency transfer from the participant's current unit to another unit. This requirement applies to programs receiving Continuum of Care (CoC) funding, as well as Emergency Solutions Grant (ESG) funding.

A participant is eligible for an emergency transfer when any member of the household is a victim of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking, and reasonably believes that there is a threat of imminent harm from further violence if the participant remains within the same unit. As an additional protection for victims of sexual assault, the participant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer. The current version of the Eastern PA Continuum of Care Emergency Transfer Plan is available [here](#).

Protecting the Privacy of People Fleeing Domestic Violence, Sexual Assault, or Trafficking in PA HMIS

People fleeing domestic violence, sexual assault, or trafficking have the right to request anonymity and/or refuse to answer/share Personally Identifying Information (PII) in PA HMIS. Eastern PA Continuum of Care service providers must do everything possible to protect the privacy and confidentiality of people fleeing domestic violence or sexual assault.

All households, regardless of their fleeing status, have the right to choose not to share their information among providers within the Eastern PA Continuum of Care. In fact, all service providers are prohibited from denying assistance to program applicants and program participants if they refuse to permit the provider to share their information with other providers. However, some information may be required by the project, or by public or private funders to determine eligibility for housing or services, or to assess needed services, so it must be collected. In cases where a client does NOT consent to having their information shared, the information must still be collected by the service providers to determine whether the individual or family is eligible, but it must not be shared via the HMIS if the program participant objects. For instance, if a provider needs to verify the presence of a disability in the process of determining eligibility for PSH, the information itself must be collected but not shared via HMIS.

However, since all HUD Universal Data Elements for clients enrolled in ESG and CoC grant

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funded projects are required to use PA HMIS to manage client information, HUD has added some flexibility through the addition of the response "Client Refused" for almost every data element in the [HMIS Data Manual](#). Therefore, PA HMIS users must use "Client Refused" for any PII that the client wishes to have remain anonymous.

HUD standards prohibit VSPs from entering a person's identifiable information into HMIS. Instead, a VSP is required to collect Personal Identifying Information (PII) and other HUD-required data in a relational database that is comparable to HMIS, referred to as a comparable database.

If a provider is not a VSP based on the definition, but they receive funds from the Office of Violence Against Women (OVW) programs, Office for Victims of Crime (OVC) programs, or Family Violence Prevention and Services Act (FVPSA) for agency-wide or for agency administrative purposes, all projects operated by the agency, regardless of project type, are prohibited from entering PII into HMIS and they would use a comparable database instead. Review [When to Utilize a Comparable Database](#) for more information.¹³

¹³ <https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-VSP-Comparable-Database-and-Reporting-Requirements.pdf>

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People with COVID-19 or Other Infectious Diseases

Projects funded with HUD CoC, ESG, and/or ESG-CV grants are prohibited from requiring treatment or other prerequisite activities as a condition for receiving shelter, rental assistance, or other services provided with ESG-CV funds.

Site-based projects (e.g., ESG-funded congregate shelters, project-based PSH programs in which participants are living in the same building, etc.) must have testing, quarantine, and isolation protocols, policies, and procedures in place.

Additional Considerations for People with a COVID-19 or Other Infectious Disease

- Vaccination status must never be a factor in any housing prioritization.
- Projects funded with HUD CoC, ESG, and/or ESG-CV grants must have policies and procedures related to working virtually/remotely, including virtual case management, electronic document signature, etc.
- The COVID-19 pandemic has driven an increase in several risk factors for domestic violence (DV) and child abuse, including reduced access to resources and increasing stress, financial difficulties, and social isolation. In addition, state-mandated school closures and stay-at-home orders have limited the ability of teachers and other mandated reporters (who have accounted for as much as 20 percent of all reporting of abuse and neglect) to monitor the welfare of at-risk children. Additional pandemic-related risk factors are also increasing the risk of violence, isolation, and death of people from historically marginalized communities. DV hotlines and providers are seeing spikes in calls and outreach following the onset of the pandemic, and also worry that many escalating situations of abuse are going unreported due to quarantine-related isolation. Additional HUD guidance on ensuring the health and safety of survivors during COVID-19 may be found [here](#).

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People with Disabilities

The Eastern PA Continuum of Care complies with federal nondiscrimination laws which define a person with a disability to include any (1) individual with a physical or mental impairment that substantially limits one or more major life activities; (2) individual with a record of such impairment; or (3) individual who is regarded as having such an impairment.

In general, a physical or mental impairment includes, but is not limited to, examples of conditions such as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus (HIV), developmental disabilities, mental illness, drug addiction, and alcoholism.

Some impairments are readily observable, while others may be invisible. Observable impairments may include, but are not limited to, blindness or low vision, deafness or being hard of hearing, mobility limitations, and other types of impairments with observable symptoms or effects, such as intellectual impairments (including some types of autism), neurological impairments (e.g., stroke, Parkinson's disease, cerebral palsy, epilepsy, or brain injury), mental illness, or other diseases or conditions that affect major life activities or bodily functions.

The term "major life activities" includes those activities that are important to daily life. Major life activities include, for example, walking, speaking, hearing, seeing, breathing, working, learning, performing manual tasks, and caring for oneself. There are other major life activities that are not on this list. Major life activities also include the operation of major bodily activities, such as the functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems.

Under regulations implementing the Americans with Disabilities Amendments Act of 2008 some types of impairments will, in virtually all cases, be found to impose a substantial limitation on a major life activity resulting in a determination of a disability. Such impairments are "predictably assessed" as disabilities by the very nature of the impairment as substantially limiting a major life activity or major bodily function. Examples include deafness, blindness, intellectual disabilities, partially or completely missing limbs or mobility impairments requiring the use of a wheelchair, autism, cancer, cerebral palsy, diabetes, epilepsy, muscular dystrophy, multiple sclerosis, Human Immunodeficiency Virus (HIV) infection, major depressive disorder, bipolar disorder, post-traumatic stress disorder, traumatic brain injury, obsessive compulsive disorder, and schizophrenia. This does not mean that other conditions are not disabilities. It simply means that in virtually all cases these conditions will be covered as disabilities.

In general, the definition of "person with a disability" does not include current users of illegal controlled substances but does provide protections for individuals with drug or alcohol addiction. Individuals would also be protected under Section 504 and the ADA if a purpose of the specific program or activity is to provide health or rehabilitation services to such individuals.

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Reasonable Accommodations for People with Disabilities

A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with disabilities to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces, or to fulfill their program obligations. Please note that the ADA often refers to these types of accommodations as “modifications.”

Any change in the way things are customarily done that enables a person with disabilities to enjoy housing opportunities or to meet program requirements is a reasonable accommodation. In other words, reasonable accommodations eliminate barriers that prevent persons with disabilities from fully participating in housing opportunities, including both private housing and in federally assisted programs or activities. Housing providers may not require persons with disabilities to pay extra fees or deposits or place any other special conditions or requirements as a condition of receiving a reasonable accommodation.

Examples of reasonable accommodations include:

- Assigning an accessible parking space for a person with a mobility impairment
- Permitting a tenant to transfer to a ground-floor unit
- Adjusting a rent payment schedule to accommodate when an individual receives income assistance
- Adding a grab bar to a tenant’s bathroom
- Permitting an applicant to submit a housing application via a different means
- Permitting an assistance animal in a “no pets” building for a person who is deaf, blind, has seizures, or has a mental disability¹⁴

¹⁴ https://www.hud.gov/program_offices/fair_housing_equal_opp/reasonable_accommodations_and_modifications

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Recent and Undocumented Immigrants

Housing and service providers must not ask participants about their immigration status as part of eligibility screening or intake nor turn away immigrants experiencing homelessness or victims of domestic violence or human trafficking, on the basis of their immigration status, from certain housing and services necessary for life or safety – such as street outreach, emergency shelter, and short-term housing assistance (including Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing) funded through ESG and CoC Programs.¹⁵

Additional Considerations for Working with Recent and Undocumented Immigrants

The Housing and Community Development Act of 1980 enumerates certain eligible individuals for assistance and does not prohibit prorated assistance for eligible household individuals who are part of mixed-status families – families that have at least one eligible household member, as well as other ineligible household member(s). Those eligible for assistance under the Act are: (1) U.S. citizens and nationals; (2) lawful permanent residents; (3) VAWA self-petitioners; (4) asylees and refugees; (5) parolees; (6) persons granted withholding of removal/deportation; (7) victims of trafficking; (8) individuals residing in U.S. under compacts of free association with Marshall Islands, Micronesia & Palau; and (9) immigrants admitted for lawful temporary residence under the Immigration Reform & Control Act of 1986.

¹⁵ <https://www.hudexchange.info/resource/5123/hud-hhs-and-doj-joint-letter-regarding-immigrant-access-to-housing-and-services/>

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Unaccompanied Children Under 18 or Youth Aged 18 - 24

Research has found that homelessness among young people is a fluid experience. From couch surfing to sleeping on the streets or in a shelter, most youth do not become homeless by choice.

Specific subpopulations of youth and young adults face a higher risk for homelessness:

- Black youth face an 83% increased risk than their white peers.
- Hispanic youth face a 33% increased risk.
- LGBTQ youth were more than twice as likely to have experienced homelessness.
- Young parents—especially unmarried—had a three times higher risk than non-parenting peers.
- Youth with experiences of foster care, juvenile detention, jail, or prison.
- Youth who do not complete high school are 3.5 times more likely to experience homelessness than peers who completed a high school diploma.¹⁶

HUD's homeless assistance programs do not prohibit providers from providing assistance to youth who meet the criteria in HUD's definition of homelessness, whether they are unaccompanied children under 18 or youth aged 18 - 24. However, organizations serving unaccompanied children under the age of 18 need to be aware that there may be state and local laws or regulations that can affect program design or eligibility for these youth. Eastern PA Continuum of Care member organizations wishing to serve unaccompanied youth under the age of 18 are encouraged to contact the Pennsylvania and/or their county Department of Human Services to ensure compliance with state and local laws. Youth are not responsible for obtaining their own documentation. Instead, Eastern PA Continuum of Care service providers are responsible for documenting the youth's homeless status by verifying the information provided by the youth starting at the initial interview. Using contact information or documents provided by the youth, the intake worker needs to obtain the information indicated in the chart below.¹⁷

¹⁶ <https://nn4youth.org/learn/youth-homelessness/>

¹⁷ <https://files.hudexchange.info/resources/documents/Determining-Homeless-Status-of-Youth.pdf>

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DETERMINING HOMELESS STATUS OF YOUTH QUICK GUIDE		
Category	 Living situation	Types of Documentation <i>(responsibility of intake worker to obtain the highest level of documentation possible in each situation)</i>
Category 1 Literal Homelessness	<ul style="list-style-type: none"> Shelter including emergency shelter, transitional housing, or hotel or motel paid by government or charity Street or other place not meant for human habitation (ex. car, garage, park, abandoned building) An institution (ex. jail, hospital, juvenile detention) that the youth is exiting and where youth was resident for 90 days or less AND the youth resided in emergency shelter or place not meant for human habitation immediately prior to entering that institution 	<ul style="list-style-type: none"> Third party documentation, such as: <ul style="list-style-type: none"> HMIS or victim services provider database printed record Written statement by housing or services provider such as homeless liaison, street outreach worker, or shelter provider, or Intake worker direct observation recorded in the file, or Certification of homelessness by youth AND documentation of intake worker's attempts to verify information, or (If exiting institution) Discharge paperwork or a written or oral statement from staff of the institution with beginning and end dates of the time the youth spent in the institution OR certification by youth that they exited institution AND documentation of intake worker's attempts to verify information. Also documentation of shelter or place not meant for human habitation prior to entering institution. <p>NOTE: A youth asking for emergency shelter or street outreach can self-certify their homelessness. This could be a sign-in sheet for shelter with a certification on top that the people signing in are homeless. No further documentation or attempts to verify are required to access emergency shelter.</p>
Category 2 Imminent Risk of Homelessness	<ul style="list-style-type: none"> In own housing, but being evicted within 14 days A hotel or motel paid for by the youth, family or friends where the youth cannot stay for more than 14 days (often due to lack of ability to continue paying) With family or friends and being asked to leave within 14 days <p>Additionally, the youth must have no safe alternative housing, resources or support networks to maintain or obtain permanent housing.</p>	<p>Documentation that youth will lose their housing within 14 days:</p> <ul style="list-style-type: none"> Notice of eviction or equivalent legal document, or Proof of inability to continue to pay for hotel or motel, or Statement by youth that they cannot continue to stay at the place they have been AND written or oral verification from owner or renter of housing obtained by intake worker OR documentation of intake worker's attempts to verify information; and <p>Documentation that the youth has no safe alternative housing, no financial or other resources, and no family or other support networks. Youth can self-certify this.</p>
Category 3 Homeless Under other Federal Statutes	<p>Youth who do not qualify as homeless under the other 3 Categories but who:</p> <ul style="list-style-type: none"> Are homeless under other federal statutes including the Runaway & Homeless Youth Act Have not had their own place with a lease, ownership interest or occupancy agreement in the last 60 days Have moved two or more times in the last 60 days Can be expected to have continued housing instability because of a disability, substance use addiction, history of domestic violence or child abuse, or two or more barriers to employment 	<ul style="list-style-type: none"> Certification of homeless status by the non-profit, or state or local government entity, responsible for administering homeless assistance under other federal statutes, and Certification by the youth that they have not had a lease or other agreement for housing in the last 60 days with written documentation (e.g., from an outreach worker or homeless liaison) OR documentation of intake worker's attempts to verify information, and Certification by the youth that they have had two or more moves in the last 60 days with written documentation OR documentation of intake worker's attempts to verify information, and Documentation of special needs (e.g., copy of SSI check, third party verification, direct observation) or at least two barriers to employment <p>NOTE: HUD must approve CoC Program funded projects to serve youth under Category 3. ESG funded projects do not require HUD approval.</p>
Category 4 Fleeing Domestic Violence	<p>Youth fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house, including:</p> <ul style="list-style-type: none"> Trading sex for housing Trafficking Physical abuse Violence (or perceived threat of violence) because of the youth's sexual orientation <p>Additionally, the youth must have no safe, alternative housing, resources or support networks to maintain or obtain permanent housing.</p>	<p>For providers that are not victim service providers:</p> <ul style="list-style-type: none"> Statement by youth that they are fleeing because of domestic or other violence AND If the safety of the youth is not jeopardized, verification of the statement through written observation by the intake worker or staff at other organizations including law enforcement, housing or service provider, social worker, homeless liaison or legal assistance provider youth has sought assistance from OR documentation of intake worker's attempts to verify information and certification of the statement by the youth or intake worker <p>For victim service providers:</p> <ul style="list-style-type: none"> Statement by youth that they are fleeing domestic or other violence AND Certification of the statement by the youth or intake worker <p>All providers must obtain a youth's self-certification that the youth has no safe alternative housing, no financial or other resources, and no family or other support networks. The intake worker should obtain any available documentation or statements supporting the youth's certification.</p>

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Additional Considerations for Working with Unaccompanied Children or Youth Aged 18 - 24

- If at any point the youth does not want someone to be contacted because he or she fears for their safety – the intake worker must NOT contact the person and cannot document the youth's feelings and statements in the case file.
- If the intake worker can obtain documentation at any point during the youth's participation in the project, then the information cannot be added to the case file to back up intake documentation.

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Veterans

HUD estimates that 40,056 veterans are homeless on any given night in the United States. Over the course of a year, approximately twice that many experience homelessness. Only 7% of the general population can claim veteran status, but nearly 13% of the homeless adult population are veterans. In addition to the complex set of factors influencing all homelessness – extreme shortage of affordable housing, livable income, and access to health care – a large number of displaced and at-risk veterans live with lingering effects of post-traumatic stress disorder (PTSD) and substance abuse, which are compounded by a lack of family and social support networks. Additionally, military occupations and training are not always transferable to the civilian workforce, placing some veterans at a disadvantage when competing for employment.¹⁸

Veterans of color have the highest likelihood of being homeless. Native Hawaiian and Pacific Islander veterans are most at risk—106 out every 10,000 are homeless, despite their service to our country. American Indians and Black people have similarly elevated numbers.¹⁹

For program eligibility and HMIS data collection purposes, HUD defines a veteran as anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service.

- For members of the Army, Navy, Air Force, Marine Corps, and Coast Guard, active duty begins when a military member reports to a duty station after completion of training.
- For members of the Reserves and National Guard, active duty is any time spent activated or deployed, either in the United States or abroad.

Veterans also include anyone who was disabled in the line of duty during a period of active-duty training and anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

Eastern PA Continuum of Care service providers must work closely with dedicated veterans service provider organizations, including state and local departments of Veterans Affairs, Veterans Affairs Medical Centers and Hospitals, and Supportive Services for Veteran Families (SSVF) service providers, to provide veterans and their families with comprehensive homeless and supportive services to achieve permanent housing stability.

If a veteran head of household is deployed or otherwise on active duty, their partner or spouse may be the primary point of contact for Eastern PA Continuum of Care service providers, even if the veteran is identified as the Head of Household in PA HMIS.

¹⁸ <https://nchv.org/veteran-homelessness/>

¹⁹ <https://endhomelessness.org/5-key-facts-about-homeless-veterans/>

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Victims of Suspected or Disclosed Child or Elder Abuse

Mandated and Permissive Reporting of Child Abuse

The Eastern PA Continuum of Care does not require member organizations and their staff to report suspected or disclosed child abuse. However, individual member organizations may have employees who are considered mandated reporters under the Child Protective Services Law. Agencies should visit [Keep Kids Safe website](#) to determine if their employees are considered mandated reporters. Eastern PA Continuum of Care service provider staff who are trained/authorized mandated reporters must comply with all Commonwealth of Pennsylvania mandated reporter laws as well as any agency policies and procedures related to reporting child abuse.

Mandated reporters are certain adults, who are legally required to report suspected child abuse if they have reasonable cause to suspect that a child is a victim of child abuse.

Any Eastern PA Continuum of Care service provider staff member may choose to report suspected child abuse (known as permissive reporting), although not required by law. Permissive reporters can make a report at any time they suspect a child is the victim of child abuse. Permissive reporters may report anonymously. Anyone can report by telephone by calling Childline at 1-800-932-0313.

Eastern PA Continuum of Care member organizations that are not subject to the Child Protective Services Law (CPSL) are encouraged to train their staff in mandated reporting for child abuse at least once every three years. All Eastern PA Continuum of Care member organizations must have an agency level policy on mandated (and/or permissive) reporting for child abuse (even if the policy states that the agency does not participate in mandated reporting). For more information, please visit the Commonwealth of Pennsylvania *Keep Kids Safe* website at <https://www.dhs.pa.gov/keepkidssafe/Pages/default.aspx>.

Reporting Elder Abuse

The Eastern PA Continuum of Care does not require member organizations and their staff to report suspected or disclosed elder abuse.

Any Eastern PA Continuum of Care service provider staff member who believes that an older adult is being abused, neglected, exploited, or abandoned may call the elder abuse hotline. The hotline is open 24 hours a day. Statewide Elder Abuse Hotline: 1-800-490-8505.

Abuse reports can be made on behalf of an older adult whether the person lives in their home or in a care facility such as a nursing facility, personal care home, hospital, etc. The reporters may remain anonymous and have legal protection from retaliation, discrimination and civil or criminal prosecution.

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Common signs and symptoms of abuse may include:

- Isolation
- Weight loss
- Bruises or broken bones
- Increased confusion
- Unusual withdrawals from any account
- Signing over one's home to another

Eastern PA Continuum of Care member organizations are encouraged to train their staff in reporting elder abuse at least once every three years. All Eastern PA Continuum of Care member organizations must have an agency-level policy on mandated (and/or permissive) reporting for elder abuse (even if the policy states that the agency does not participate in mandated reporting). Eastern PA Continuum of Care service provider staff who are trained/authorized mandated reporters must comply with all Commonwealth of Pennsylvania mandated reporter laws as well as any agency policies and procedures related to reporting elder abuse.

For more information, please visit the Commonwealth of Pennsylvania *Report Elder Abuse* webpage at <https://www.aging.pa.gov/aging-services/Pages/Report-Elder-Abuse.aspx>.

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PROVIDING FAIR, EQUAL, AND EQUITABLE ACCESS TO EASTERN PA CONTINUUM OF CARE PROJECTS

The Eastern PA Continuum of Care is committed to fair, equal, and equitable access to housing and services for anyone experiencing homelessness in its 33-county service area in Eastern Pennsylvania. In addition to the standards and guidance that follows, providers must comply with the [Eastern PA CoC's Non-discrimination and Inclusion Policies](#), which promote programming that provide the highest quality of services, without bias, delivered in an equitable, trauma-informed manner.

Each provider must have a zero-tolerance policy prohibiting intentional discrimination regarding staff, clients, and the public based on actual or perceived race, ethnicity, color, sex, sexual orientation, gender identity and expression, religion, national origin, ancestry, disability, marital status, age, source of income, familial status, or domestic or sexual violence victim status, ensuring that all participants are afforded equal opportunities. In instances where the discrimination was an unintentional first offense, the CoC supports using the isolated instance as a teachable moment, both for personal and organizational growth.

Providers must not only have a policy against discrimination, but they must also take positive, concrete steps toward inclusion. To this end, providers must have inclusionary policies related to general programming, housing, and facilities (as applicable), and language (paperwork, names, and pronouns). The CoC recognizes that individuals have the right to be called by their chosen name and referred to by the gender pronoun that they designate and that matches their gender identity as they know themselves to be. The CoC has made available [Sample Organizational and Programmatic Policy Language and Resources to Promote Non-Discrimination and Inclusion throughout the Eastern PA CoC](#).

Programs must affirmatively provide equal access to their housing and supportive services in a nondiscriminatory manner that ensures that all persons are afforded equal opportunities. The CoC acknowledges that additional services/support may be needed to provide equal access to housing opportunities. For example, some populations may need additional assistance locating housing and executing a lease.

Anti-Discrimination Law and Policy Compliance

Eastern PA Continuum of Care member organizations must not discriminate based on any legally protected characteristic, including race, color, national origin, religion, sex, familial status, disability, age, or gender, nor based on LGBTQ status or marital status. Further, the Eastern PA Continuum of Care prohibits discrimination against any individual because they have been a victim of domestic violence, sexual assault, or trafficking. Of note:

- The Fair Housing Amendments Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- Title II of the Americans with Disabilities Act prohibits public entities from discriminating against individuals with disabilities in all their services, programs, and activities, which

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include housing and housing-related services such as housing search and referral assistance.

- Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

Per CoC Interim Rule 578.87(b) and ESG Interim Rule 576.406, federal funds cannot be used to provide for nor discriminate against participants based on religion or religious belief. Faith-based providers delivering CoC and ESG-funded programs must ensure that:

- Explicitly religious activities are performed and offered outside of programs or services funded the CoC or ESG program;
- Participation in any such religious activities must be voluntary for the program beneficiaries;
- CoC/ESG program funds do not support any religious activities, including activities that involve religious content, such as worship, religious instruction, or proselytization, or any manner prohibited by law; and,
- Program participants are not discriminated against based on religion or religious belief or lack of belief.

Anti-Harassment Law and Policy Compliance

Eastern PA Continuum of Care member organizations shall comply with the [HUD Quid Pro Quo and Hostile Environment Harassment and Liability for Discriminatory Housing Practices Under the Fair Housing Act](#) (24 CFR § 100). This rule formalizes standards for evaluating claims of quid pro quo and hostile environment harassment in the housing context. The rule does so by defining “quid pro quo harassment” and “hostile environment harassment” as conduct prohibited under the Fair Housing Act, and by specifying the standards to be used to evaluate whether particular conduct creates a quid pro quo or hostile environment in violation of the Act. Such standards will apply both in administrative adjudications and in cases brought in federal and state courts under the Fair Housing Act. This rule also adds to HUD’s existing Fair Housing Act regulations illustrations of discriminatory housing practices that may constitute illegal quid pro quo and hostile environment harassment.

Quid pro quo harassment refers to an unwelcome request or demand to engage in conduct where submission to the request or demand, either explicitly or implicitly, is made a condition related to: the sale, rental, or availability of a dwelling; the terms, conditions, or privileges of the sale or rental, or the provision of services or facilities in connection with the sale or rental; or the availability, terms, or conditions of a residential real estate-related transaction. An unwelcome request or demand may constitute quid pro quo harassment even if a person acquiesces in the unwelcome request or demand.

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Hostile environment harassment refers to unwelcome conduct that is sufficiently severe or pervasive as to interfere with: the availability, sale, rental, or use or enjoyment of a dwelling; the terms, conditions, or privileges of the sale or rental, or the provision or enjoyment of services or facilities in connection with the sale or rental; or the availability, terms, or conditions of a residential real estate-related transaction. Hostile environment harassment does not require a change in the economic benefits, terms, or conditions of the dwelling or housing-related services or facilities, or of the residential real-estate transaction.

Equal Access Based on Family Composition

[HUD's Equal Access Rule](#) defines family as follows:

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the following:

- A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or,
- A group of persons residing together, and such group includes, but is not limited to:
 - A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
 - An elderly family;
 - A near-elderly family;
 - A disabled family;
 - A displaced family; and,
 - The remaining member of a tenant family.

In general, this definition of “family” applies to both the ESG and CoC Program rules. However, the McKinney-Vento Act, as amended by the HEARTH Act, distinguishes individuals from families. Therefore, paragraph (1) of the definition of family under the Equal Access Rule is considered an individual under the CoC and ESG programs and the definition of family for these programs is defined as follows:

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.

What this means is that any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served together as such. Further, a recipient or subrecipient receiving funds under the ESG or CoC Programs cannot discriminate against a group of people presenting as a

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family based on the composition of the family (e.g., adults and children or just adults), the age of any member's family, the disability status of any members of the family, marital status, actual or perceived sexual orientation, or gender identity.²⁰

Equal Access Based on Gender Identity or Marital Status

Eastern PA Continuum of Care member organizations shall make housing available to all eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Providers will provide housing, services, and/or accommodations in accordance with the client's gender identity, determine eligibility without regard to actual or perceived sexual orientation, gender identity, or marital status, and will serve all persons regardless of actual or perceived barriers to services. All individuals will be placed in accordance with their gender identity in sex-segregated facilities. All individuals will be treated in accordance with their self-identified gender identity with their preferred names and pronouns.

Fair Housing Law and Policy Compliance

Eastern PA Continuum of Care member organizations must implement projects in a manner that affirmatively furthers fair housing, including to:

- Market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach.
- Provide participants with information on rights and remedies available under applicable federal, State, and local fair housing and civil rights laws.

Eastern PA Continuum of Care member organizations must comply with Fair Housing Amendments Act standards regarding the use of criminal records by providers of housing and real estate-related transactions.

HUD ESG and CoC Program Interim Rules do not require recipients to disqualify individuals or families based on criminal history, including sex offenders. HUD requires only that all program participants meet the minimum eligibility criteria and that recipients comply with all local and federal requirements. Eastern PA Continuum of Care service providers must serve individuals regardless of their criminal history. Choosing not to serve people with a criminal record with CoC or ESG Program funds is not consistent with a Housing First approach.

Only site-based projects may take exception to the criminal background of program participants. For site-based projects (e.g., emergency shelters), it is possible that an individual or family may be screened out based on a background check (e.g., if the individual is a registered sex offender and cannot live near children and the site has a household with children residing in it).

²⁰ <https://www.hudexchange.info/faqs/1529/how-is-the-definition-of-family-that-was-included/>

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However, HUD encourages recipients or subrecipients to work with the individual or family presenting for assistance to identify another appropriate housing placement.²¹

Further, while there is no statutory or regulatory prohibition against providers setting reasonable standards regarding criminal history, recipients must carefully consider whether these policies or practices have an unjustified disparate impact or discriminatory effect, which is a violation of the Fair Housing Act even when the provider had no intent to discriminate. Refer to the [Office of General Counsel Guidance on Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions](#) for additional information.

Housing First Approaches to Advancing Equal Access

Housing First is a proven approach in which all people experiencing homelessness are believed to be housing ready and are provided with permanent housing immediately and with few to no preconditions, behavioral contingencies, or barriers. Effectively implementing a Housing First approach involves prioritizing people with the highest needs and vulnerabilities, engaging more landlords and property owners, and making our projects client-centered spaces without barriers to entering and remaining in the project.

In addition to the standards and guidance that follows, Eastern PA Continuum of Care member organizations must comply with the Eastern PA Continuum of Care's [Housing First policy](#). Housing First requires Eastern PA Continuum of Care service providers to adhere to the following standards:

- Access to programs is not contingent on sobriety, minimum income requirements (with the exception of Homelessness Prevention under the Emergency Solutions Grant), lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.
- Programs or projects do everything possible not to reject an individual or family because of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of "housing readiness."
- People with disabilities are offered clear opportunities to request reasonable accommodations within applications, screening processes, and during tenancy. Building and apartment units include special physical features that accommodate disabilities.
- Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.
- Housing and service goals and plans are highly tenant driven.

²¹ <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-additional-requirements/fair-housing-and-equal-access/criminal-history/>

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- Supportive services emphasize engagement and problem-solving over therapeutic goals.
- Participation in services or compliance with service plans are not conditions of tenancy but are reviewed with tenants and regularly offered as a resource to tenants.
- Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Substance use in and of itself, without other lease violations, is not considered a reason for eviction.
- Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.
- Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.

Eastern PA Continuum of Care service providers must also comply with the following Housing First strategies.²² The Eastern PA Continuum of Care Governing Board provides ongoing trainings in these and other Housing First strategies.

- **Adopt Client-Centered Service Methods:** At its core, a Housing First approach must start where the program participant is and must ensure that individuals and families are provided with housing choices and with access to voluntary supportive services that are tailored to meet the unique needs of each individual or family presenting for services and that will assist program participants achieve their goals. The services offered must be determined through a collaborative process with the program participant and must focus on the program participant's preferences and goals. Because of this, the supportive services offered will likely change over time as the preferences and goals of the program participant change; however, program participants must not be required to participate in services and cannot be required to participate in disability-related services.
- **Engage Landlords and Property Owners:** To ensure units are readily available for program participants, Eastern PA Continuum of Care service providers must be identifying and recruiting landlords of units in the geographic area so that when an individual or family needs housing, potential units that those individuals or families may choose from have already been identified, speeding up the housing process. Landlord engagement can be undertaken by each homeless assistance provider or consolidated

²² <https://www.hudexchange.info/news/coc-competition-focus-housing-first/>

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so that one or a few organizations engage landlords on behalf of many providers.

- **Use Data to Quickly and Stably House Homeless Persons.** Programs that use a Housing First approach must be moving individuals and families quickly into permanent housing. Eastern PA Continuum of Care service providers can measure the quality of housing first approaches by evaluating the length of time it takes for programs to move households into permanent housing.

Additional Housing First resources:

- United States Interagency Council on Homelessness Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation
- [National Alliance to End Homelessness Housing First Fact Sheet](#)
- [Washington State Coalition Against Domestic Violence Housing First Toolkit](#)

Racial Equity Strategies for Advancing Equal Access

Black, Indigenous, and People of Color (BIPOC) are overrepresented among people experiencing homelessness. African Americans have remained considerably overrepresented among the homeless population compared to the U.S. population. According to 2013-2018 American Community Survey 5-year estimates, African Americans represented 4% of the population in the Eastern PA CoC, but they accounted for 18% of persons enrolled in Coordinated Entry October 1, 2018 - September 30, 2019 and 23% of persons enrolled in HMIS-participating Homeless programs July 1, 2018 - June 30, 2019. In contrast, for the same time periods, 90% of the population in the Eastern PA CoC was White while 60% of persons enrolled in Coordinated Entry and 69% of persons enrolled in HMIS-participating Homeless programs were White. For the same time periods, people identifying as Hispanic or Latinx (who can be of any race) represented 8% of the population in the Eastern PA CoC, but 12% of persons enrolled in Coordinated Entry and 19% of persons enrolled in HMIS-participating Homeless programs.

Racial equity is the condition that would be achieved if racial identity no longer statistically predicted how one fares. At a systems level, achieving equity means eliminating policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race. In the homelessness arena, equity would mean that people experiencing homelessness were represented at roughly the same rates reflected in local demographics.

Delivering equitable services requires providers to understand cultural inequities and to really hear their clients' stories. Meaningful engagement requires a foundation of understanding upon which to build. Staff orientation can be used to help new staff understand the differences in life circumstances that affect many people experiencing homelessness. One of the first steps toward creating racial equity is helping staff understand their implicit biases, then deliberately

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use an equity lens to guide their work.²³

Eastern PA Continuum of Care member organizations may reduce inequities in project access and outcomes by adopting the following strategies to advance racial equity:

- Disaggregate Homeless Management Information System (HMIS) project data by race and ethnicity, gender, household size, and the intersection of those demographics to identify where there are the greatest inequities in race, gender identity, and sexual orientation, or where underserved populations are located, and target resources to those areas.
- Develop or redesign policies, procedures, partnerships, and outreach efforts to address specific and negative impacts identified based on race, gender, sexual orientation, or age.
- Build relationships with people with lived experience (PWLE), BIPOC-led organizations, and racially and ethnically representative stakeholders, including culturally specific organizations. Reimagine program designs using their experiences as the guide. This includes understanding historical and current discrimination and racism within the homeless response system and within other systems that contribute to the disproportionate number of people of color experiencing homelessness.²⁴

Housing First and non-discrimination are essential elements of advancing racial equity. Eastern PA Continuum of Care member organizations must comply with its [Housing First](#) and [non-discrimination](#) policies.

Other racial equity and anti-racism resources for Eastern PA Continuum of Care members may be found [here](#). In addition, the Eastern PA Continuum of Care Governing Board provides ongoing trainings, reports, committee service opportunities, and events focused on advancing racial equity.

²³ <https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Staff-Orientation-to-Racial-Equity.pdf>

²⁴ <https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-5-Tips-to-Approaching-Rehousing-with-Racial-Equity.pdf>

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COORDINATED ENTRY WRITTEN STANDARDS

Coordinated Entry (CE) is a consistent, streamlined process for accessing the resources available from the Eastern PA Continuum of Care to ensure that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible.

Eligible Costs and Activities for Coordinated Entry

The Eastern PA Continuum of Care receives HUD CoC Program Supportive Services for Coordinated Entry (SSO-CE) grants to operate one Coordinated Entry System for its entire geographic service area.

Eligible costs and activities include:

- Supportive Services
- Project Administration

The Connect to Home: Coordinated Entry System of Eastern PA (CES) coordinates and manages access, assessment, prioritization, referral to emergency services, and enrollment into permanent housing from the By Name List (BNL) in PA HMIS. Five dedicated Regional Managers, a 211 Call Center Manager, and a Domestic Violence Coordinated Entry Specialist provide support and guidance to the CES across the Eastern PA Continuum of Care's regions (RHABs).

CES is accessible through a toll-free Call Center operated by PA 211, which provides a 24/7 live voice as well as a texting option and dedicated language translation and Deaf/Hard of Hearing services. In addition, CES Access Sites are operated by a wide variety of providers that deliver face-to-face screening and referral. Current CES Call Center contact information and Access Site locations, hours of operation, policies and marketing materials are available online [here](#).

Only Eastern PA Continuum of Care member organizations approved by the Eastern PA Continuum of Care Governing Board may conduct Coordinated Entry services. Furthermore, only staff members of these approved Eastern PA Continuum of Care member organizations who are trained in Coordinated Entry and granted additional privileges in PA HMIS are considered CE Specialists and authorized to conduct Coordinated Entry intake, assessment, and referral.

The Coordinated Entry Call Center is contracted by the Eastern PA Continuum of Care's HUD-funded CoC grant program Coordinated Entry project recipient. The Connect to Home Coordinated Entry Call Center is currently operated by PA 211.

Any Eastern PA Continuum of Care member organization may apply to the Eastern PA Continuum of Care Governing Board to become an official Coordinated Entry Access Site and employ one or more full-time or part-time trained CE Specialists providing CE intake,

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assessment, and referral services via walk-in, appointment, and/or phone.

The Eastern PA Continuum of Care Governing Board screens potential Access Sites based on the following criteria:

- Locations that are physically accessible or can make modifications such as adding ramps or elevators for persons who require them.
- Availability of public transportation and proximity to other frequently used resources such as local emergency shelters, drop-in centers, soup kitchens, and other crisis response service locations.
- Commitment to the Eastern PA Continuum of Care's mission, goals, and housing first philosophy.
- Capacity to provide CE services without additional funding from the Eastern PA Continuum of Care.

To learn more about becoming an official Coordinated Entry Access Site, please contact a CE Regional Manager or the Eastern PA Continuum of Care CE Consultant.

To learn more about CE Specialist training and ongoing professional development, please visit this [webpage](#).

In addition to the Written Standards below, ESG, ESG-CV, and CoC program grant recipients must comply with all HUD issued guidelines and waivers applicable to the fiscal year of the grant.

Household Eligibility for Coordinated Entry by Category of Homelessness

Category 1: Literally Homeless
Category 2: Imminent Risk of Homelessness
Category 3: Homeless Under Other Federal Statutes
Category 4: Fleeing/Attempting to Flee Domestic Violence "Domestic Violence" includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking).

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[At Risk of Homelessness](#)

Any household experiencing homelessness or at risk of homelessness in the thirty-three counties of the Eastern PA Continuum of Care service area (as defined by HUD Category 1-4 and At-risk definitions of homelessness) are eligible for Coordinated Entry services, including:

- Families. As defined by HUD, family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.
- Single adults.
- Emancipated and unaccompanied (runaway) youth under 18 years of age.
- Literally homeless households currently living unsheltered, in an emergency shelter, or living in a hotel/motel paid for by a charitable or government organization in communities outside of the thirty-three counties of the Eastern PA Continuum of Care service area (as defined by the HUD Category 1 or 4 definitions of homelessness) who are currently residents, or wish to become residents, of one of these thirty-three counties.

PA HMIS participating Eastern PA Continuum of Care service providers may not enroll a household into any HUD ESG or CoC funded project unless/until the household has received an appropriate Coordinated Entry intake from an official Eastern PA Continuum of Care Call Center or Access Site CE Specialist. *The only exception to this rule is that unsheltered households may be enrolled in an Emergency Shelter for up to 2 business days before receiving a Coordinated Entry intake to focus on crisis stabilization and/or if Coordinated Entry services are not available at the time of enrollment (i.e., on an evening, weekend, or federal holiday).*

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Minimum Standards for Coordinated Entry

1. Call Center and Access Site Coordinated Entry Specialists (CE Specialists) must strive to provide equal, respectful, trauma-informed, and culturally sensitive services to any eligible household in need of Coordinated Entry services, including:
 - a. Accommodating the language barriers of people who speak English as a Second Language (or do not speak English at all), as well as people who are deaf or hard of hearing, by connecting them to language line services or translators as best as possible.
 - b. Focusing on the safety needs and trauma experienced by people actively fleeing domestic violence, sexual assault, or human trafficking by offering a transfer (preferably warm) to an appropriate hotline, offering them the opportunity to enter their personal information in PA HMIS anonymously, and avoiding unnecessary questions about the details of their self-reported experience of fleeing.
 - c. Allowing a case manager or family member to participate in the intake process (but not answer questions directly), for people experiencing a mental health crisis, in early stages of substance use recovery, have intellectual/developmental disabilities, and/or are fleeing domestic violence, sexual assault, or human trafficking.
 - d. Permitting the partner or spouse of a veteran Head of Household to complete the Coordinated Entry intake on their behalf if they are actively deployed and/or otherwise unable to participate.
 - e. Being mindful of implicit or unconscious bias when working with people from racial, ethnic, gender, religious, or other cultural identities different from one's own.
 - f. Using client-centered, strengths-based approaches to helping each participant resolve their immediate housing crisis.

The Eastern PA Continuum of Care offers regular training in these and other topics. If a Coordinated Entry Specialist does not feel qualified, trained, or comfortable with these or other trauma-informed or culturally sensitive practices, they must inform a supervisor and/or a CE Regional Manager of their request for more training and information.

2. CE Specialists must comply with all current Coordinated Entry Policies and Procedures for every active Connect to Home Coordinated Entry project (which have unique intake, assessment, and referral procedures for households that meet the various HUD Category 1, 2, and 4 definitions of homelessness) as follows:
 - a. Read and utilize the most recent version of the Coordinated Entry Policies and Procedures Manual available for download [here](#), and [here](#). Policies and procedures are regularly updated to comply with annual HUD grant program

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guidelines, HUD HMIS Data Standards requirements, PA HMIS software updates, changing community needs (e.g., responding to the COVID-19 pandemic), emerging best practices, and Eastern PA Continuum of Care Governing Board policy decisions.

- b. Seek ongoing support for utilizing Coordinated Entry Policies and Procedures through Eastern PA Continuum of Care office hours, trainings, dedicated email blasts, and Slack channel message board threads, as well as by contacting the Eastern PA Continuum of Care CE Regional Managers and CE consultant. Questions and issues related to using PA HMIS must be submitted to the HMIS Administrator using the Help Ticket feature within PA HMIS.
3. CE Specialists must obtain a client's verbal consent to add their personal data and information into PA HMIS by asking the question, ""Do I have your permission to enter your information in our secured data system and share it with other homeless and/or homeless prevention service providers?" (As written in the [CE Policies and Procedures Manual](#)).
4. CE Specialists cannot deny participants the rights to: a) choose not to answer any question or b) request an anonymous Client ID record in PA HMIS (meaning a record containing no Personally Identifiable Information). Participants have the right to choose not to answer any question(s) asked during the Coordinated Entry intake process. For more information on creating an anonymous client record or CE intake in PA HMIS, CE Specialists must refer to the [CE Policies and Procedures Manual](#).
5. CE Specialists must enroll the Head of Household (unless that person is deployed on active military duty). HUD defines the Head of Household as the adult member of the family who is the head of the household for purposes of determining income eligibility and rent. All information about the household's living situation and housing or homeless service needs must be obtained by the CE Specialist directly from the Head of Household.
6. CE Specialists must determine whether a household meets the HUD Category 1, 2, 3, or 4 definitions of homelessness based on the head of household's self-disclosed current living situation. CE Specialists do not need to ask for proof of eligibility but must remind participants that the programs they are going to be connected with do have recordkeeping requirements. Click [here](#) to read the full HUD homelessness definitions, criteria, and recordkeeping requirements.
7. CE Specialists must use the following definitions and guidelines to help determine whether a household meets the HUD definition of Category 1, 2, 3, and/or 4. Note that **a household's current living situation refers to the place where the household lived or slept (their nighttime residence) the evening prior** to speaking with a CE Specialist, not where the head of household believes they might/will sleep the night they are speaking with a CE Specialist (i.e., "tonight").

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HUD Category and Definition	HUD Guidelines
<p>Category 1: Literally Homeless</p> <p>Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ol style="list-style-type: none"> 1. Has a primary nighttime residence that is a public or private place not meant for human habitation; or 2. 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); or 3. Is exiting an institution where (s)he has 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. 	<ul style="list-style-type: none"> → An individual or family only needs to meet one of the three subcategories to qualify as Homeless Category 1: Literally Homeless. → Jails, correctional facilities, hospitals, and inpatient treatment centers are examples of institutions. A person can be considered homeless if the stay is 90 days or less and they met the definition of homelessness prior to entering the institution. → Individuals and families residing in hotels and motels may be eligible under either Homeless Category 1 or 2 depending upon how the costs of the hotel or motel are being paid. If less than 51% of the costs are paid for by a charitable organization or federal, state, or local government program for low-income individuals, the household may be eligible under Category 2 if they lack the resources and support networks to continue residing in the hotel or motel.

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HUD Category and Definition	HUD Guidelines
<p>Category 2: Imminent Risk of Homelessness</p> <p>An individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ol style="list-style-type: none"> 1. Residence will be lost within 14 days of the date of application for homeless assistance; 2. No subsequent residence has been identified; and 3. The individual or family lacks the resources or support networks needed to obtain other permanent housing. 	<ul style="list-style-type: none"> → Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent. → Individuals and families residing in hotels and motels may be eligible under either Homeless Category 1 or 2 depending upon how the costs of the hotel or motel are being paid. If less than 51% of the costs are paid for by a charitable organization or federal, state, or local government program for low-income individuals, the household may be eligible under Category 2 if they lack the resources and support networks to continue residing in the hotel or motel.
<p>Category 3: Homeless Under Other Federal Statutes</p> <p>Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ol style="list-style-type: none"> 1. Are defined as homeless under the other listed federal statutes; 2. Have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application; 3. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and 4. Can be expected to continue in such status for an extended period of time due to special needs or barriers. 	<ul style="list-style-type: none"> → Individuals and families that qualify as homeless under Category 3 may be served by the ESG grant program if they meet required eligibility criteria for certain ESG components. → CoC grant funded projects are not eligible to serve Category 3 without special authorization from HUD.

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HUD Category and Definition	HUD Guidelines
<p>Category 4: Fleeing/Attempting to Flee Domestic Violence</p> <p>Any individual or family who:</p> <ol style="list-style-type: none"> 1. is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized.; 2. Has no other safe residence; and 3. Lacks the resources or support networks to obtain other safe permanent housing. 	<p>→ “Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking).</p>

8. CE Specialists must use the following definitions to determine whether a household meets the HUD definition of at risk of homelessness for the purpose of determining whether to conduct a CE intake and referral to appropriate homelessness prevention projects serving at risk populations. The status “at risk” of homelessness applies to ESG grant recipients carrying out homeless prevention activities. An individual or family who:
- a. Has an annual income below 30 percent of Median Family Income (MFI) for the area, as determined by HUD; and,
 - b. Does not have sufficient resources or support networks, (e.g., family, friends, faith-based or other social networks), immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition in this section²⁵; and,
 - c. Meets one of the following conditions:
 - i. Has moved because of economic reasons two or more times during the

²⁵ A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under Section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), Section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), Section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e– 2(6)), Section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), Section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or Section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)). A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under Section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

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- 60 days immediately preceding the application for homelessness prevention assistance;
- ii. Is living in the home of another because of economic hardship;
 - iii. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
 - iv. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
 - v. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;
 - vi. Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - vii. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.
9. CE Specialists must attempt to engage participants experiencing or at imminent risk of homelessness and seeking Emergency Shelter in a brief *assisted rapid resolution* conversation (sometimes called Diversion) during the Coordinated Entry Intake process. Assisted rapid resolution, simply put, takes the form of a problem-solving conversation between a CE Specialist and a person seeking crisis services about whether they have any options - usually staying with friends or family or resolving a conflict with a landlord - before taking the step of entering shelter. Until the Eastern PA Continuum of Care publishes an assisted rapid resolution guide or toolkit (forthcoming), CE Specialists must strive to be attentive listeners and solution-oriented thinkers who ask open-ended questions to help people identify housing options they hadn't considered or resolve housing problems that previously seemed intractable.²⁶ More information on leading a successful assisted rapid resolution conversation can be found [here](http://www.evidenceonhomelessness.com/resources/system-wide-diversion-or-assisted-rapid-resolution/).
10. If, during a CE intake or follow-up with a client enrolled in a CE project take any of the following actions, the CE Specialist must document the action(s) in separate CE client notes in the Client's record in PA HMIS. However, the note must not include any details the Client may have disclosed about the situation that triggered the CE Specialist to take

²⁶ <http://www.evidenceonhomelessness.com/resources/system-wide-diversion-or-assisted-rapid-resolution/>

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this action.

- a. The CE Specialist successfully diverts the participant from an emergency shelter referral as the result of an assisted rapid resolution conversation.
 - b. The CE Specialist files a mandated report of suspected or disclosed child or elder abuse to the appropriate state or local authority because of information discovered during the course of a CE intake or follow-up event.
 - c. The CE Specialist transfers/hands off the client to 911 or a domestic violence, sexual assault, or human trafficking hotline or victims service provider.
11. CE Specialists must make every attempt to connect or refer participants to mainstream benefits and community-based emergency services as needed (e.g., food, clothing, SNAP benefits, warming/cooling stations, etc.). These connections and referrals do not need to be recorded in the participant's client record in PA HMIS.
12. Heads of households already enrolled in CE projects have the right to contact CE Specialists to request information about the current status of an emergency service referral or their BNL status. As documented in the [CE Policies and Procedures Manual](#), CE Specialists must first ask the participant if their current living situation has changed (and, if yes, update their CE project enrollment and CE client notes as appropriate). CE Specialists must then briefly inform the participant that their referral is still pending without disclosing any details about their actual place on the BNL.
13. Under no circumstances must a CE Specialist disclose the actual Housing Assessment Tool score to a participant, nor anyone else, including their family members, or their human service case manager(s).
14. CE Specialists must use the current version of the CE Referral Partner Matrix to identify and make referrals to emergency services (through direct referral in PA HMIS to HMIS participating projects) or by providing provider contact information to participants to non-HMIS participating projects. The Matrix is updated at least monthly to reflect changes in emergency service project availability, eligibility criteria, and contact information. The current version of the Matrix is available for download [here](#) or can be provided upon request from a CE Regional Manager or the Eastern PA Continuum of Care CE Consultant.
15. Client grievances must be handled by CE Specialists as follows:
 - a. If the grievance is either with the CE Specialist or another staff member employed by their agency, the CE Specialist must follow their own organization's grievance policy and procedures.
 - b. If the grievance is with a CE Specialist or CE Regional Manager employed by another Connect To Home Coordinated Entry, Eastern PA Continuum of Care emergency service, or Eastern PA Continuum of Care housing provider, the

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client must be informed that they can submit a written grievance to the current Chair of the Eastern PA Continuum of Care Coordinated Entry Committee, whose name and email address may be found [here](#).

16. Appropriate program staff (or a representative from CoC/ ESG funded agencies) attend mandatory Eastern PA Continuum of Care trainings. A representative from CoC/ESG funded programs must regularly attend Eastern PA Continuum of Care and local Regional Homeless Advisory Board (RHAB) membership meetings. CoC-funded projects lose points on the Eastern PA Continuum of Care renewal scoring process for lack of compliance. Staff are encouraged to join committees of the full Eastern PA Continuum of Care and the RHAB.
17. Both the CoC and ESG programs require participation of homeless persons on the board of directors or other policy decision-making bodies (CoC: § 578.75(g)(1-2) and ESG: § 576.405). CoC-funded service provider organizations must involve households with lived experience in the design, governance and operations of homeless housing organizations and their programs. Organizations must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors, or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or the provision of CoC Program assistance. In addition, service providers must, to the extent possible, involve households with lived experience through employment, volunteering, operating the project and/or providing supportive services. Persons with lived experience must have been homeless within the last seven (7) years or are currently program participants.

Use of the Housing Assessment Tool (HAT) in Coordinated Entry

The Eastern PA Continuum of Care fields the Housing Assessment Tool during Coordinated Entry intake for households experiencing literal homelessness (HUD Category 1 and 4 definitions).

The purpose of the HAT is to:

- Identify underlying causes of homelessness to inform decisions about connections and referrals to appropriate emergency services and housing programs.
- Help Rapid Re-Housing and Permanent Supportive Housing providers enroll households into their programs based on need and vulnerability since the demand for these programs far outweighs the supply of beds, subsidies, case management services, and affordable housing units in most communities throughout the Eastern PA Continuum of Care.

A household's HAT score is not intended to:

- Be the only or even most important piece of information used by RRH and PSH project

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service providers to decide which households to enroll from the BNL. Instead, program eligibility criteria, Eastern PA Continuum of Care prioritization standards (see Written Standards for RRH and PSH later in this document), and the unique needs of each household must be used to determine enrollment.

- Ever be used by emergency service providers (like homelessness prevention or emergency shelter projects) to prioritize households for enrollment.
- Ever be disclosed or told directly to the participant.

PA HMIS also has a customized anonymous Housing Assessment Tool workflow option to be used whenever a participant requests that their Personally Identifiable Information (PII) remain confidential and anonymous, which is especially important for participants actively fleeing domestic violence.

Implementation of the Push System By Name List

Effective September 2024, the Eastern PA CoC Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) providers will request and receive referrals from Coordinated Entry By Name List (BNL) placement and prioritization for the CoC's Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) programs.

The purpose of PA-509 Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry By Name List Push Referral is to ensure that households eligible for CoC-funded programs are connected with appropriate housing and services as quickly and effectively as possible to reduce the length of time they experience homelessness.

Households will be “pushed” from the By Name List (BNL) in PA HMIS from Coordinated Entry Regional Managers to HUD CoC and ESG Grant Program funded housing and service providers based on a combination of the following:

- Housing Needs Assessment Score (VI-SPDAT or Housing Assessment Tool)
- Case Conferencing
- Written Standards for Prioritization by Project Type (e.g., RRH, PSH, etc.)

Push By Name List Procedures

1. CoC-participating housing providers are required to inform the appropriate Coordinated Entry Regional Manager (RMs) when they have openings in their CoC-funded Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) programs, either

a) by submitting a Housing Request Form
(<https://forms.gle/jNGsRvNuEXeoyMXi9>)

b) during BNL case conferencing meetings.

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2. Within two (2) business days of receiving notification of a program opening, RMs will refer one (1) eligible household to the provider from the BNL through a referral in PA HMIS.
3. Housing providers will have up to five (5) business days to attempt to enroll the household referred (at least three (3) separate attempts to contact the households should be made). The provider must record the referral result in PA HMIS using the organization's Provider Dashboard.
4. Housing providers must notify the RM by email within seven (7) business days after receiving the referral as to whether each referred household is either: a) engaged, b) enrolled, c) not eligible, or d) unable to be contacted. RMs will be responsible for updating the CE Status of households on the BNL based on information provided by the housing provider until a household exits from the Coordinated Entry enrollment. If the status changes from engaged to enrolled or from enrolled to unsuccessful, the provider must send the RM an email informing them of this change within two (2) business days. If the referral is unsuccessful, the email should include a brief explanation of why the household was not enrolled.
5. If the referred household cannot be enrolled in the program, the RM will provide another eligible household based on prioritization status for each open RRH or PSH program opening until a successful enrollment is made.
6. If a Head of Household contacts the housing provider after seven (7) business days, the provider can either (a) enroll the household if a new referral has not yet been engaged or enrolled or (b) inform the Head of Household that the opening has been filled but that they are still on the By Name List.
7. If over time the housing provider routinely rejects referrals for households who should be eligible, the RM may choose to inform the CoC's Coordinated Entry and/or Funding Committees about this issue.
8. CoC-participating housing providers are expected to have at least one (1) staff member attend By Name List case conferencing meetings within the region they serve.

Resources for compliance with these Written Standards may be found in Appendix B of this document.

Performance Benchmarks for Coordinated Entry

1. Number of services referrals to Street Outreach, Homelessness Prevention, Emergency Shelter, and Transitional Housing.
2. Number of successful assisted rapid resolution/diversions from Emergency Shelter.
3. Number of complete (all questions answered unless participant refuses) Coordinated Entry

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project intakes for Category 1, Category 2, and Category 4 households experiencing homelessness.

4. Percent of households exiting Coordinated Entry projects into permanent housing situations.
5. Timeliness and accuracy of data quality in PA HMIS as measured by the Annual Performance Report (APR).

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STREET OUTREACH WRITTEN STANDARDS

As defined in the Federal Code 24 CFR 576.101, Street Outreach provides essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility- based care to unsheltered people experiencing homelessness who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

Eligible Costs and Activities for Street Outreach

Eligible costs and activities include:

- Engagement
- Case Management
- Emergency Health Services
- Emergency Mental Health Services
- Transportation
- Services for Special Populations
- Homeless Management Information System (HMIS)
- Project Administration

In addition to the Written Standards below, HUD ESG, ESG-CV, and CoC program grant recipients must comply with all HUD issued guidelines and waivers applicable to the fiscal year of the grant.

The Eastern PA Continuum of Care also has member organizations delivering Street Outreach through the U.S. Department of Health & Human Services 'Administration for Children & Families Runaway and Homeless Youth (RHY) grant program. RHY providers have their own guidelines, waivers, HMIS Data Standards, and eligibility criteria. Since these projects are not funded by HUD, RHY Written Standards are not included in this document. However, Eastern PA Continuum of Care member organizations are encouraged to work closely with RHY funded projects to ensure a continuity of care for homeless and runaway youth in the Eastern PA Continuum of Care service area.

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Household Eligibility for Street Outreach by Category of Homelessness

[Category 1: Literally Homeless](#)

[Category 4: Fleeing/Attempting to Flee Domestic Violence](#)

Minimum Standards for Street Outreach

1. Per 24 CFR § 576.500(b), both CoC and ESG program grant recipients must maintain and follow written intake procedures to ensure compliance with the homeless definition in § 576.2. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. However, lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates on which entries are made.
2. Street Outreach case managers must locate, identify, and build relationships with unsheltered people experiencing homelessness for the purpose of providing immediate support, intervention, and connections to Coordinated Entry as well as mainstream and community services.
3. Case managers are required to record CE Referral Outcome Information within 2 business days of processing a referral, including the acknowledgement date, processing date, result, and any comments that may be helpful to CE Specialists in making additional referrals for the client.
4. Street Outreach case managers are required to enroll, manage, and exit their clients in PA HMIS. Other street outreach providers are strongly encouraged to do so.
5. Street Outreach case managers are required to accept referrals from the Eastern PA Continuum of Care Coordinated Entry System (but not exclusively). Other street

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outreach providers are strongly encouraged to do so.

6. Street Outreach must be conducted with a minimum of two (2) trained persons whenever possible; street outreach case managers working alone will always let someone know where they will be.
7. For verification of literal homelessness, case managers must attempt to meet people where they are currently living or in a community setting (warming/cooling station, public library, public park, local coffee shop, etc.).
8. Case managers attempt an assisted rapid resolution conversation to help unsheltered households find a temporary living situation as an alternative to emergency shelter (but shelter enrollment is always preferred to any household living on the street or another place not intended for habitation).
9. If an assisted rapid resolution conversation is unsuccessful, a case manager must attempt to help the household enroll into Coordinated Entry to receive a referral to emergency shelter and placement on the By Name List (BNL) in PA HMIS for a potential housing project enrollment.
10. Case managers must provide participants with access to basic needs, including personal identification, health care services, mainstream benefit enrollments, food, clothes, hygiene items, etc.
11. Case managers must make referrals to appropriate community and mainstream resources, including, but not limited to income supplements/benefits such as Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP), legal assistance, credit counseling, mediation, open communication, negotiations, lease amendments, and subsidized childcare. When making these referrals, it is the case manager's responsibility to follow-up on receipt of assistance. However, a participant may choose not to follow up on or participate in any referred services or programs.
12. Case managers will work with unsheltered households until their housing crisis: has been resolved, they have been enrolled in a shelter or housing project, the participant no longer wishes to be engaged, or no contact has occurred for over one (1) year. Case managers must conduct an annual assessment with participants that remain in contact for over one (1) year.
13. If an unsheltered family with one or more children under 18 years old must be encountered by a case manager, the case manager may choose to contact Childline at 1-800-932-0313 if they suspect child abuse or neglect.
14. If an unaccompanied minor is encountered by a case manager, they must attempt to immediately place the minor in an emergency shelter. If shelter is refused or not available, the case manager must contact both 911 and Childline at 1-800-932-0313.

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15. Case managers must create or update PA HMIS client records or case notes within 72 business hours of contact with an engaged or enrolled project participant.
16. In partnership with physical health professionals, Street Outreach provider organizations will connect unsheltered households to emergency health services, including direct outpatient treatment of medical conditions by licensed medical professionals in community-based settings (e.g., streets, parks, and campgrounds) to those eligible participants for whom other appropriate health services are inaccessible or unavailable within the area.
17. In partnership with mental health professionals, Street Outreach provider organizations will make referrals to direct outpatient treatment of mental health conditions by licensed professionals in community-based settings (e.g., streets, parks, and campgrounds) for those eligible participants for whom other appropriate health services are inaccessible or unavailable within the area.
18. Case managers must have direct communications with their clients/program participants at least once a month. The frequency of case management services depends on the unique needs and situation of every program participant. The frequency of direct contact may increase due to the household's homeless status, acute needs, and overall lack of housing stability. In-person meetings with clients are preferred when safe to do so and at a location of the client's choosing.
19. Case managers must practice a person-centered approach which ensures that the person who has experienced homelessness has a major say in identifying goals and service needs, and that there is shared accountability. The goal of case management is to empower people, draw on their strengths and capabilities, and promote an improved quality of life by facilitating timely access to the necessary supports, thus reducing the risk of homelessness and/or enhancing housing stability.
20. Appropriate program staff (or a representative from CoC/ ESG funded agencies) attend mandatory Eastern PA Continuum of Care trainings. A representative from CoC/ESG funded programs must regularly attend Eastern PA Continuum of Care and local Regional Homeless Advisory Board (RHAB) membership meetings. CoC-funded projects lose points on the Eastern PA Continuum of Care renewal scoring process for lack of compliance. Staff are encouraged to join committees of the full Eastern PA Continuum of Care and the RHAB.
21. Both the CoC and ESG programs require participation of homeless persons on the board of directors or other policy decision-making bodies (CoC: § 578.75(g)(1-2) and ESG: § 576.405). CoC-funded service provider organizations must involve households with lived experience in the design, governance and operations of homeless housing organizations and their programs. Organizations must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors, or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any

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project, supportive services, or the provision of CoC Program assistance. In addition, service providers must, to the extent possible, involve households with lived experience through employment, volunteering, operating the project and/or providing supportive services. Persons with lived experience must have been homeless within the last seven (7) years or are currently program participants.

Resources for compliance with these Written Standards may be found in Appendix B of this document.

Performance Benchmarks for Street Outreach

1. Number of unsheltered households enrolled in Street Outreach and entered in PA HMIS.
2. Percent of referrals accepted (leading to project enrollment) from Coordinated Entry through PA HMIS.
3. 100% of participants exit to temporary (Emergency Shelter or Transitional Housing) or permanent housing destinations.
4. 70% of participants Percent of households connected to mainstream resources.
5. 95% of participants connected to health insurance.
6. 90% of participants' length of stay is less than 365 days.
7. 50% of adults increase their cash income from all sources.
8. 18% of adults increase their earned income.
9. 33% of adults increase their non-employment cash income.
10. 100% of data recorded in HMIS for the following categories: Personally Identifiable Information, Destination, Income and Sources at Entry, Income and Sources at Annual Assessment, and Income and Sources at Exit.
11. 100% of Adult Stayers have Required Annual Assessment completed within 60 days (30 days prior to 30 days after) their Anniversary date in the program.
12. 100% of Entry Assessments recorded in HMIS within 10 days of project enrollments.
13. 100% of Exit Assessments recorded in HMIS within 10 days of project exit.

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HOMELESSNESS PREVENTION WRITTEN STANDARDS

ESG and ESG-CV-funded Homelessness Prevention services provide housing relocation and stabilization services and short-term and medium-term rental assistance as necessary to prevent the individual or family from moving to an emergency shelter, a place not meant for human habitation, or another place described in paragraph (1) of the homeless definition.²⁷

Eligible Costs and Activities for Homelessness Prevention

Eligible costs and activities include:

- *Rental assistance*: rental assistance and rental arrears;
- *Financial assistance*: rental application fees, security and utility deposits, utility payments, last month's rent, moving costs; and,
- *Services*: housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services and credit repair.

Rental assistance can either be:

- *Tenant-Based*: program participants select a housing unit in which to live (may be within a specified service area) and receive rental assistance.
- *Project-Based*: recipients or subrecipients identify permanent housing units that meet ESG requirements and enter into a rental assistance agreement with the owner to reserve the unit and subsidize its rent so that eligible program participants have access to the units.

The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in their current housing or move into other permanent housing and achieve stability in that housing. In most cases, households do not need all these expenses to be paid for with HP assistance.

In addition to the Written Standards below, HUD ESG, ESG-CV, and CoC program grant recipients must comply with all HUD issued guidelines and waivers applicable to the fiscal year of the grant.

Household Eligibility for Homelessness Prevention by Category of Homelessness

²⁷ <https://www.govinfo.gov/content/pkg/CFR-2018-title24-vol3/xml/CFR-2018-title24-vol3-part576.xml#seqnum576.2>

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<u>Category 2: Imminent Risk of Homelessness</u>
<u>Category 3: Homeless Under Other Federal Statutes</u>
<u>Category 4: Fleeing/Attempting to Flee Domestic Violence</u> “Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking).
<u>At Risk of Homelessness</u>

Note that eligible households that meet Category 3, 4, or At-Risk definitions do **not** also have to meet the Category 2 definition of imminent risk (14 days or less from becoming literally homeless).

ESG program funded Homelessness Prevention projects require an income determination at intake to ensure participants meet income eligibility requirements of 30% or less of Area Median Income (AMI).

ESG-CV program funded Homelessness Prevention projects require an income determination at intake to ensure participants meet income eligibility requirements of 50% or less of Area Median Income (AMI).

<p>Note: The total period for which any program participant may receive ESG program funded Homelessness Prevention or Rapid Re-Housing services must not exceed 24 months during any 3-year period. The recipient may also set a maximum dollar amount and maximum period for which a program participant may receive any of the types of assistance or services described within the regulatory maximums.</p>

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Prioritization for Homelessness Prevention

The Eastern PA Continuum of Care has adopted its own Homelessness Prevention assessment tool to prioritize households eligible for services based on severity of need, including factors related to health, safety, income, ability, and veteran status, among others. ESG and ESG-CV funded Homelessness Prevention case managers are required to complete the assessment in PA HMIS as part of program enrollment to prioritize households for assistance when there are more households than can be served at any given time. Prioritization is then based on the assessment score, with higher scoring households receiving priority.

HMIS-participating Eastern PA Continuum of Care Homelessness Prevention service providers funded by other public and private grants (e.g., ERAP, PHARE, Home4Good, HAP, SSVF, philanthropic, etc.) must comply with prioritization standards established by their funding source, if required.

Minimum Standards for Homelessness Prevention

1. Per 24 CFR § 576.500(b), both CoC and ESG program grant recipients must maintain and follow written intake procedures to ensure compliance with the homeless definition in § 576.2. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. However, lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates on which entries are made.
2. Homelessness prevention case managers must provide participants with the least amount and shortest duration of both case management services and rental assistance needed to help them maintain permanent housing stability.
3. Case managers cannot enroll a household into any HUD ESG, ESG-CV, or CoC funded project unless/until the household has received an appropriate Coordinated Entry intake from an official Eastern PA Continuum of Care Call Center or Access Site CE Specialist.
4. Case managers are required to record CE Referral Outcome Information within 2 business days of processing a referral, including the acknowledgement date, processing date, result, and any comments that may be helpful to CE Specialists in making additional referrals for the clients.

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5. Individuals and families experiencing homelessness cannot be required to receive treatment or perform any other prerequisite activities as a condition for receiving rental assistance or other services.
6. ESG and ESG-CV funded Homelessness Prevention service providers and case managers cannot make direct payments to program participants.
7. Case managers must verify a program participant's income prior to enrollment and on a quarterly basis. Documentation of the participant's income and expenses, including how the participant is contributing to housing costs, if at all, shall be maintained in the participant's file.
8. Participants must exit the program in the shortest time possible after they have obtained enough income through employment and/or public benefits to pay 100% of their rent on their own. Participants must not receive housing subsidies for more than 12 months unless they have significant barriers to income. Significant barriers to income include poor employment history, no high school diploma/GED, a serious mental or physical health condition, recent or current experience of domestic violence, criminal background and/or being a head of household under 18 years old.
9. Participant income, even if zero, must be entered into PA HMIS during Entry, Annual, and Exit Assessments as follows:
 - a. When a participant has income, but does not know the exact amount, a "Yes" response must be recorded for both the overall income question and the specific source, and the income amount must be estimated.
 - b. Income must be documented for the Head of Household and any other adult household members.
 - c. Income received by or on behalf of a minor child must be recorded as part of household income under the Head of Household. Income must be recorded at the participant-level for heads of household and adult household members.
 - d. Income data must be recorded only for sources of income that are current as of the information date (i.e., have not been specifically terminated). For example, if a participant's employment has been terminated and the participant has not yet secured new employment, the response for Earned income would be "No."
10. Security deposits may be returned to the ESG-funded service provider organization or the participant based on each program's policies and procedures.
11. Each participant must pay the maximum amount of rent per month that they can afford.
12. Case managers must recertify a program participant every three (3) months.
13. Case managers must assure compliance with the following standards for combining ESG Financial or Rental Assistance with Other Subsidies (§ 576.105(d) and §

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576.106(c):

- a. No financial or rental assistance can be provided to a household receiving the same type of assistance from another public source for the same time period (except 6 months of the tenant's portion of arrears).
- b. Rental assistance may not be provided to program participants who are currently receiving replacement housing payments under the URA.
- c. Rental assistance may be provided to an eligible program participant who is living in a housing unit developed with Low Income Housing Tax Credits or other development subsidies. Development subsidies are not considered rental assistance under ESG and therefore, they do not trigger the use with other subsidies restriction.

Each type of assistance received must be qualified for individually (e.g., someone receiving rental assistance will not automatically receive financial assistance for utilities unless also meeting the necessary requirements for that expense).

14. Participants receiving more than one month of rental assistance are required to communicate with their case manager at least once per month via telephone, email, text, videoconference, or in-person, except where funding under the Violence Against Women Act (VAWA) or Family Violence Prevention and Services Act (FVSP) prohibits the recipient or subrecipient from making shelter or housing conditional upon receipt of services.
15. Program participants must comply with the following standards regarding late payments (§ 576.106(f)):
 - a. The rental assistance agreement must contain the same payment due date, grace period, and late payment penalty requirements as the program participant's lease.
 - b. Projects must make timely payments to owners in accordance with the rental assistance agreement.
 - c. The recipient or subrecipient is solely responsible for paying (with non-ESG funds) late payment penalties that it incurs.
16. Case managers must work with program participants to develop a written strengths-based, consumer-driven housing plan to help them achieve permanent housing stability. The plan may include goals related to childcare, employment, family reunification, financial stability, health, housing, legal issues, and other concerns as appropriate. The plan must include a goal to sustain housing following the end of program assistance, including either goals to increase income, reduce debt and/or decrease household expenses. The plan must be monitored and updated at and updated as clients make progress towards their goals. At minimum, updates to the housing stability plan must

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occur every three months. A copy of the current plan must be given to the participant and kept in their file.

17. Case managers must make referrals to appropriate community and mainstream resources, including, but not limited to income supplements/benefits such as Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP), services to meet their unique needs such as those specific to youth, veterans, DV survivors, LGBTQ populations, etc., legal assistance, credit counseling, mediation, open communication, negotiations, lease amendments, and subsidized childcare. When making these referrals, it is the case manager's responsibility to follow-up on receipt of assistance. However, a participant may choose not to follow up on or participate in any referred services or programs.
18. Participants must exit the program in the shortest time possible after they have obtained enough income through employment and/or public benefits to pay 100% of their rent on their own. Participants must not receive housing subsidies for more than 12 months unless they have significant barriers to income. Significant barriers to income include poor employment history, no high school diploma/GED, a serious mental or physical health condition, recent or current experience of domestic violence, criminal background and/or being a head of household under 18 years old.
19. Participants must be encouraged to contribute to their monthly rent unless they have zero income.
20. Participant income, even if zero, must be entered into PA HMIS during Entry, Annual, and Exit Assessments as follows:
 - a. When a participant has income, but does not know the exact amount, a "Yes" response must be recorded for both the overall income question and the specific source, and the income amount must be estimated.
 - b. Income must be documented for the Head of Household and any other adult household members.
 - c. Income received by or on behalf of a minor child must be recorded as part of household income under the Head of Household. Income must be recorded at the participant-level for heads of household and adult household members.
 - d. Income data must be recorded only for sources of income that are current as of the information date (i.e., have not been specifically terminated). For example, if a participant's employment has been terminated and the participant has not yet secured new employment, the response for Earned income would be "No."
21. Participants must have a written lease to receive rental assistance. The lease must include, at minimum:
 - a. Renter's name and property address;

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- b. Landlord's name and address;
 - c. Lease start and end dates;
 - d. Monthly rent amount (including the prorated amount for the first month if a partial month);
 - e. Security deposit amount (if any);
 - f. Which party is responsible for each utility and, if necessary, any legal fees to be incurred; and,
 - g. Signatures of both parties.
22. Rental assistance will only be provided if the total rent for the unit does not exceed the fair market rent established by HUD and complies with HUD's standard of rent reasonableness. This condition must be documented in the participant's file.
23. When ESG Rental Assistance and/or Housing Relocation and Stabilization Services are provided under the Homelessness Prevention component to help a program participant remain in or move into permanent housing, the ESG minimum habitability standards apply to either the current unit (if the program participant is staying in place) or to a new unit (if the program participant is moving). Even if only a minimal amount of Housing Relocation and Stabilization Services assistance—such utility arrears/payments (Financial Assistance) or housing stability case management (Services)—is provided under the Homelessness Prevention component to assist a program participant to stay in their unit, the habitability standards apply to the unit and must be documented in the program participant's file.
24. Projects must assist participants in applying for or connecting to:
- a. Appropriate supportive services such as medical or mental health treatment or services essential for independent living; and,
 - b. Mainstream benefits such as Medicaid, Social Security Income (SSI), or Temporary Assistance for Needy Families (TANF).
25. Program participants are required to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. The frequency of case management services depends on the unique needs and situation of every program participant. The frequency of direct contact may increase due to the household's homeless status, acute needs, and overall lack of housing stability. In-person meetings with clients are preferred when safe to do so and at a location of the client's choosing.
26. Case managers must practice a person-centered approach which ensures that the person who has experienced homelessness has a major say in identifying goals and service needs, and that there is shared accountability. The goal of case management is

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to empower people, draw on their strengths and capabilities, and promote an improved quality of life by facilitating timely access to the necessary supports, thus reducing the risk of homelessness and/or enhancing housing stability.

27. Case managers must be trained in person-centered case management strategies including Assisted Rapid Resolution/Diversion, Progressive Engagement, Trauma-Informed Care, Motivational Interviewing, Critical Time Intervention and Harm Reduction, among others.
28. Appropriate program staff (or a representative from CoC/ ESG funded agencies) must attend mandatory Eastern PA Continuum of Care trainings. A representative from CoC/ESG funded programs must regularly attend Eastern PA Continuum of Care and local Regional Homeless Advisory Board (RHAB) membership meetings. CoC-funded projects lose points on the Eastern PA Continuum of Care renewal scoring process for lack of compliance. Staff are encouraged to join committees of the full Eastern PA Continuum of Care and the RHAB.
29. Both the CoC and ESG programs require participation of homeless persons on the board of directors or other policy decision-making bodies (CoC: § 578.75(g)(1-2) and ESG: § 576.405). CoC-funded service provider organizations must involve households with lived experience in the design, governance and operations of homeless housing organizations and their programs. Organizations must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors, or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or the provision of CoC Program assistance. In addition, service providers must, to the extent possible, involve households with lived experience through employment, volunteering, operating the project and/or providing supportive services. Persons with lived experience must have been homeless within the last seven (7) years or are currently program participants.
30. Per 24 CFR 576.402, a program will terminate a participant only in rare circumstances to ensure the safety of participants or comply with regulations, laws, or a signed lease agreement. Consistent violations of signed lease agreements, failure to make rental payments and destruction of property are common reasons for termination. The program needs a written termination of assistance and grievance policy that must be given to all program participants before receiving services that includes a list of the participant's responsibilities and a description of the termination of assistance process.

If termination of assistance is necessary, the program must:

- Utilize a Housing First approach to ensure the participant does not return to literal homelessness through an assisted rapid resolution conversation and/or providing connections to Connect to Home CES and other community services;
- Provide written notice to the participant detailing the reason(s) for termination.

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The participant's file must document in writing any attempts (e.g., phone, mail, home visit, etc.) to contact the individual in order to discuss the pending termination;

- Provide the participant with an opportunity to provide their objection in the form of a written or verbal grievance. If the grievance is presented verbally (in-person, over the phone, etc.), the program must document a summary of the grievance;
- Document in writing the outcome of the termination after the grievance process is completed and signed by the appropriate case manager or supervisor and kept in the client's file; and,
- Complete an Exit Assessment in PA HMIS.

Termination does not prohibit the program from providing additional assistance to the participant in the future nor prohibit the participant from receiving assistance from another project.

Resources for compliance with these Written Standards may be found in Appendix B of this document.

Performance Benchmarks for Homelessness Prevention

1. Number of formerly homeless families and individuals living independently through a Homelessness Prevention project enrollment.
2. 100% of participants exit to permanent housing.
3. 90% of participants' length of stay is less than 365 days.
4. 50% of adults increase their cash income from all sources.
5. 18% of adults increase their earned income.
6. 33% of adults increase their non-employment cash income.
7. 70% of participants are connected to mainstream resources.
8. 95% of participants connected to health insurance.
9. 100% of data recorded in HMIS for the following categories: Personally Identifiable Information, Destination, Income and Sources at Entry, Income and Sources at Annual Assessment, and Income and Sources at Exit.
10. 100% of Adult Stayers have Required Annual Assessment completed within 60 days (30 days prior to 30 days after) their Anniversary date in the program.
11. 100% of Entry Assessments recorded in HMIS within 10 days of project enrollments.

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12. 100% of Exit Assessments recorded in HMIS within 10 days of project exit.

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EMERGENCY SHELTER WRITTEN STANDARDS

Emergency Shelters provide immediate, low-barrier and temporary places for people experiencing homelessness to stay while they seek to regain permanent housing stability. According to USICH, “the most critical service of an emergency shelter—beyond providing a safe place to stay—is to ensure that guests are connected to permanent housing opportunities. Services within emergency shelters must focus on facilitating quick access to permanent housing, which may reduce the need for other types of services, such as financial literacy, parenting education, and computer classes.”²⁸

Eligible Costs and Activities for Emergency Shelter

Eligible costs and activities include:

- Case Management
- Childcare
- Education
- Employment Assistance and Job Training
- Legal Services
- Life Skills Training
- Mental Health Services
- Outpatient Health Services
- Services for Special Populations
- Substance Abuse Treatment Services
- Transportation

Where no appropriate emergency shelter is available for a homeless family or individual, eligible costs may also include a hotel or motel voucher for that family or individual.

Emergency Shelters may provide or connect participants to additional services. These services are voluntary and cannot be required to stay in a shelter.

In addition to the Written Standards below, HUD ESG, ESG-CV, and CoC program grant recipients must comply with all HUD issued guidelines and waivers applicable to the fiscal year of the grant.

²⁸ https://www.usich.gov/resources/uploads/asset_library/emergency-shelter-key-considerations.pdf

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Household Eligibility for Emergency Shelter by Category of Homelessness

Category 1: Literally Homeless

Category 2: Imminent Risk of Homelessness

Category 4: Fleeing/Attempting to Flee Domestic Violence

“Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking).

Prioritization for Emergency Shelter

Households sleeping/residing in unsheltered locations, including streets, encampments, parks, cars, abandoned buildings, transit stations, and other places not meant for human habitation (Category 1) must always be prioritized for emergency shelter beds over households that are sleeping/residing in transitional housing, bridge housing, doubled up, or couch surfing (Category 2).

Minimum Standards for Emergency Shelter

1. Per 24 CFR § 576.500(b), both CoC and ESG program grant recipients must maintain and follow written intake procedures to ensure compliance with the homeless definition in § 576.2. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. However, lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates on which entries are made.
2. Emergency Shelters must operate with a low-barrier approach, meaning as few

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prerequisites for admission to shelter, including substance abuse, no income, criminal background, poor credit, or fleeing domestic violence (nor can survivors be required to have a PFA to access shelter). require quarantine or vaccination. Emergency Shelter case managers cannot enroll a household into any HUD ESG or CoC funded project unless/until the household has received an appropriate Coordinated Entry intake from an official Eastern PA Continuum of Care Call Center or Access Site CE Specialist. The only exception to this rule is that unsheltered households may be enrolled in an Emergency Shelter for up to 2 business days before receiving a Coordinated Entry intake to focus on crisis stabilization and/or if Coordinated Entry services are not available at the time of enrollment (i.e., on an evening, weekend, or federal holiday).

3. Case managers are required to record CE Referral Outcome Information within 2 business days of processing a referral, including the acknowledgement date, processing date, result, and any comments that may be helpful to CE Specialists in making additional referrals for the client.
4. Individuals and families experiencing homelessness cannot be required to receive treatment or perform any other prerequisite activities as a condition for receiving shelter or other services. Supportive services are voluntary. Emergency Shelter programs cannot charge participants fees for enrollment or services.
5. Case managers must verify and document the homeless status of participants.
6. Case managers must attempt to assist households in rapidly resolving their current living situation through a problem-solving conversation to divert them from enrolling in shelter by helping them identify opportunities to stay with friends or family if possible.
7. Hotel or motel vouchers may be provided where no appropriate emergency shelter is available. Case managers must utilize all other Emergency Shelter Written Standards with households residing in a hotel or motel to the greatest extent possible. In addition, case managers must attempt to communicate with households staying in a hotel or motel at least once per week via phone, text, videoconference, or in person to ensure that they are pursuing their permanent housing goal plans and utilizing supportive services.
8. Case managers must attempt to rapidly exit participants by helping them move as quickly as possible back into permanent housing with the support of services and a minimal level of financial assistance.
9. Emergency Shelter programs must provide a safe and welcoming environment while treating their guests with dignity and respect (including curfews).
10. Case managers may encounter challenges working with participants experiencing substance use disorders (SUDs), mental disorders, and/or trauma. Case managers must prioritize connecting people with appropriate recovery, inpatient, or outpatient mental health services and work closely with any clinicians/case managers to coordinate care. ESG program funds may be used to provide transportation to and from these clinical

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service appointments and treatments. It may also be necessary for the case manager to identify and connect participants to an alternative temporary housing program, possibly to include:

- a. For participants with SUDs, three shelter or transitional housing types are utilized based on the individual's readiness to change:
 - i. Wet housing permits the use of legal substances and is suited for pre-contemplation or contemplation stages and includes engagement in treatment services.
 - ii. Damp housing meets the basic needs of a safe shelter and increases the client's readiness to accept services; it is suited for contemplation and pre-preparation stages.
 - iii. Sober housing includes group housing options and is best suited for clients in the action or maintenance stages of change.
 - b. Residential treatment or recovery centers.
 - c. Inpatient mental health facilities.
11. Emergency Shelter programs must respect the self-identified gender of their guests. Guests who request shelter services will be admitted to the shelter operated for the gender to which an individual identifies. Transgender and gender non-conforming guests will be offered the same services and resources as all other guests. While shelter staff will take reasonable steps to accommodate specific needs, it may not be possible to segregate the guest from the rest of the shelter population if that is the guest's request. Staff will not share or in any way advertise the fact that certain guests may have identified themselves as transgender or gender non-conforming. Staff will not segregate guests in sleeping and restroom spaces unless requested by the guest.
12. Emergency Shelter programs must attempt to create safe arrangements for pets within the shelter if possible and otherwise utilize off-site lodging, kennels, hotel/motel vouchers, etc., if necessary.
13. Emergency Shelter programs must attempt to create safe arrangements for pets within the shelter if possible and otherwise utilize off-site lodging, kennels, hotel/motel vouchers, etc., if necessary.
14. Persons seeking shelter or housing cannot be denied based on their need for an assistance or service animal under the American with Disabilities Act. See Appendix A for policies related to assistance, emotional support, and service animals.
15. Emergency Shelter programs must offer safe and secure storage for personal belongings (e.g., security cameras, locked areas, storage units, etc.).
16. Emergency Shelter programs must provide participants with housing-focused, person-

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centered, strengths-based case management services and assistance with obtaining housing.

17. Case managers must make referrals to appropriate community and mainstream resources, including, but not limited to income supplements/benefits such as Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP), services to meet their unique needs such as those specific to youth, veterans, DV survivors, LGBTQ populations, etc., legal assistance, credit counseling, mediation, open communication, negotiations, lease amendments, and subsidized childcare. When making these referrals, it is the case manager's responsibility to follow-up on receipt of assistance. However, a participant may choose not to follow up on or participate in any referred services or programs.
18. Case managers must understand and inform program participants with school-age children about their children's educational rights under the federal McKinney-Vento Act and Every Student Succeeds Act (ESSA). Case managers must have strong working relationships with local school district McKinney-Vento Act homeless liaisons and a Memorandum of Understanding (MOU) with local school districts and publicly funded Pre-K/early learning programs to ensure streamlined and prioritized access to educational programs for children experiencing homelessness. Eastern PA Continuum of Care programs must have a staff person designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney Vento education services.
19. Case managers must create or update client records and case notes in PA HMIS within 2 business days related to program entry, exit, client meetings, connection to supportive services, and other case management activities.
20. Any emergency shelter that receives ESG funds for shelter operations (including minor repairs) must meet the minimum safety, habitability, sanitation, and privacy standards under 24 CFR 576.403(b). Refer to the funding year application guidelines for what percent of the project budget can be spent on shelter operations. In addition:
 - a. If the grant recipient establishes any other standards that add to or exceed HUD's minimum standards, the recipient/subrecipient must ensure that the shelter meets these standards.
 - b. The shelter must be inspected on-site to ensure that it meets the minimum standards before ESG funds are provided for shelter operations.
 - c. The shelter must meet all standards for the entire period during which ESG funds are provided for operating the emergency shelter. For example, if operating assistance is provided for 24 months, the shelter must remain in compliance with the minimum standards for those 24 months.
 - d. If the shelter fails to meet the minimum standards, ESG funds (under either

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shelter operations or renovation) may be used to bring it up to the minimum standards.

- e. If the shelter continues to receive ESG shelter operating funds over a period of time, then a periodic, on-site inspection must be conducted each time the shelter receives funds. For example, if the shelter receives an annual allocation of funds from the ESG recipient, an inspection must be conducted annually.
 - f. If the provider moves the shelter to a new site or structure, that new site or structure must meet all emergency shelter standards for the remaining period that ESG funds are used for operating expenses.
21. Case managers must have direct communications with their clients/program participants at least once a month. The frequency of case management services depends on the unique needs and situation of every program participant. The frequency of direct contact may increase due to the household's homeless status, acute needs, and overall lack of housing stability. In-person meetings with clients are preferred when safe to do so and at a location of the client's choosing.
22. Case managers must practice a person-centered approach which ensures that the person who has experienced homelessness has a major say in identifying goals and service needs, and that there is shared accountability. The goal of case management is to empower people, draw on their strengths and capabilities, and promote an improved quality of life by facilitating timely access to the necessary supports, thus reducing the risk of homelessness and/or enhancing housing stability.
23. Case managers must be trained in person-centered case management strategies including Assisted Rapid Resolution/Diversion, Progressive Engagement, Trauma-Informed Care, Motivational Interviewing, Critical Time Intervention and Harm Reduction, among others.
24. Appropriate program staff (or a representative from CoC/ ESG funded agencies) attend mandatory Eastern PA Continuum of Care trainings. A representative from CoC/ESG funded programs must regularly attend Eastern PA Continuum of Care and local Regional Homeless Advisory Board (RHAB) membership meetings. CoC-funded projects lose points on the Eastern PA Continuum of Care renewal scoring process for lack of compliance. Staff are encouraged to join committees of the full Eastern PA Continuum of Care and the RHAB.
25. Both the CoC and ESG programs require participation of homeless persons on the board of directors or other policy decision-making bodies (CoC: § 578.75(g)(1-2) and ESG: § 576.405). CoC-funded service provider organizations must involve households with lived experience in the design, governance and operations of homeless housing organizations and their programs. Organizations must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors, or other equivalent policymaking entity of the recipient or subrecipient, to the

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extent that such entity considers and makes policies and decisions regarding any project, supportive services, or the provision of CoC Program assistance. In addition, service providers must, to the extent possible, involve households with lived experience through employment, volunteering, operating the project and/or providing supportive services. Persons with lived experience must have been homeless within the last seven (7) years or are currently program participants.

26. Per 24 CFR 576.402, a program will terminate a participant only in rare circumstances to ensure the safety of participants or comply with regulations, laws, or a signed lease agreement. Consistent violations of signed lease agreements, failure to make rental payments and destruction of property are common reasons for termination. The program needs a written termination of assistance and grievance policy that must be given to all program participants before receiving services that includes a list of the participant's responsibilities and a description of the termination of assistance process.

If termination of assistance is necessary, the program must:

- Utilize a Housing First approach to ensure the participant does not return to literal homelessness through an assisted rapid resolution conversation and/or providing connections to Connect to Home CES and other community services;
- Provide written notice to the participant detailing the reason(s) for termination. The participant's file must document in writing any attempts (e.g., phone, mail, home visit, etc.) to contact the individual in order to discuss the pending termination;
- Provide the participant with an opportunity to provide their objection in the form of a written or verbal grievance. If the grievance is presented verbally (in-person, over the phone, etc.), the program must document a summary of the grievance;
- Document in writing the outcome of the termination after the grievance process is completed and signed by the appropriate case manager or supervisor and kept in the client's file; and,
- Complete an Exit Assessment in PA HMIS.

Termination does not prohibit the program from providing additional assistance to the participant in the future nor prohibit the participant from receiving assistance from another project.

Resources for compliance with these Written Standards may be found in Appendix B of this document.

Performance Benchmarks for Emergency Shelter

1. Percent of referrals accepted (leading to project enrollment) from Coordinated Entry through

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PA HMIS.

2. Number of formerly unsheltered homeless families and individuals living temporarily in an Emergency Shelter project.
3. 47% of participants exit to permanent housing destinations.
4. 70% of participants connected to mainstream or community services.
5. 95% of participants connected to health insurance.
6. 90% of participants' length of stay is less than 180 days.
7. 50% of adults increase their cash income from all sources.
8. 33% of adults increase their non-employment cash income.
9. 18% of adults increase their earned income.
10. 100% of data recorded in HMIS for the following categories: Personally Identifiable Information, Destination, Income and Sources at Entry, Income and Sources at Annual Assessment, and Income and Sources at Exit.
11. 100% of Adult Stayers have Required Annual Assessment completed within 60 days (30 days prior to 30 days after) their Anniversary date in the program.
12. 100% of Entry Assessments recorded in HMIS within 10 days of project enrollments.
13. 100% of Exit Assessments recorded in HMIS within 10 days of project exit.

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JOINT TRANSITIONAL HOUSING - RAPID RE-HOUSING PROJECT WRITTEN STANDARDS

A Joint Transitional Housing - Rapid Re-Housing project (TH-RRH) includes two existing program components, Transitional Housing and Rapid Re-Housing, in a single project to serve individuals and families experiencing homelessness. CoC grant funded TH-RRH projects must be able to provide both components, including the units supported by the transitional housing component and the tenant-based rental assistance and services provided through the PH-RRH component, to all program participants for a maximum of 24 months. Projects must ensure program participants have choice in which program component they enroll in and must not be directed to one type of housing over the other. For example, a program participant may choose to enroll in the Rapid Re-Housing portion of the project only, the transitional housing portion of the project only, or may choose to first enroll in the Transitional Housing portion of the project and transition to the Rapid Re-Housing portion of the project. If a participant only needs a temporary stay in the transitional housing portion of the project, the service provider must be able to make available the financial assistance and supportive services that traditionally comes with Rapid Re-Housing assistance to that program participant even if the program participant chooses not to participate in the Rapid Re-Housing portion of the project.

Eligible Costs and Activities for Joint Transitional Housing - Rapid Re-Housing

Eligible costs and activities include:

- Leasing of a structure or units, and operating costs to provide Transitional Housing
- Rental Assistance on behalf of program participants in the Rapid Re-Housing portion of the project
- Supportive Services
- Project Administration

In addition to the Written Standards below, CoC program grant recipients must comply with all HUD issued guidelines and waivers applicable to the fiscal year of the grant.

Household Eligibility for Transitional Housing by Category of Homelessness

<u>Category 1: Literally Homeless</u>

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Category 4: Fleeing/Attempting to Flee Domestic Violence

“Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking).

Note that households who meet the HUD Category 1 or Category 1 and Category 4 definitions of homelessness are eligible for TH-RRH services.

Prioritization for Joint Transitional Housing-Rapid Re-Housing Services

Providers must prioritize the enrollment of households who:

- Have been referred to the program by a Coordinated Entry Regional Manager through a combination of viewing the Housing Assessment Tool score, the longest length of time homelessness, and severity of needs.
- Based on the referrals received, the provider will then determine eligibility for the program.

Minimum Standards for Joint Transitional Housing-Rapid Re-Housing

1. The total length of assistance that a program participant can receive in the entire TH-RRH project is 24 months. This means if the program participant resides in the transitional housing portion of the project for 3 months, they can receive up to 21 additional months of RRH assistance.
2. TH-RRH case managers must comply with all Rapid Re-Housing Written Standards.

Resources for compliance with these Written Standards may be found in Appendix B of this document.

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Performance Benchmarks for Joint Transitional Housing - Rapid Re-Housing

1. Number of formerly unsheltered homeless families and individuals living temporarily in the Transitional Housing component of a joint TH-RRH project.
2. 100% Percent of participants exit to permanent housing.
3. 90% of participants' length of stay is less than 365 days.
4. 70% of participants connected to mainstream resources.
5. 95% of participants connected to health insurance.
6. 50% of adults increase their cash income from all sources.
7. 18% of adults increase their earned income.
8. 33% of adults increase their non-employment cash income.
9. 100% of data recorded in HMIS for the following categories: Personally Identifiable Information, Destination, Income and Sources at Entry, Income and Sources at Annual Assessment, and Income and Sources at Exit.
10. 100% of Adult Stayers have Required Annual Assessment completed within 60 days (30 days prior to 30 days after) their Anniversary date in the program
11. 100% of Entry Assessments recorded in HMIS within 10 days of project enrollments.
12. 100% of Exit Assessments recorded in HMIS within 10 days of project exit.
13. Average length of stay in the Transitional Housing component of a joint TH-RRH project.

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RAPID RE-HOUSING WRITTEN STANDARDS

Rapid Re-Housing (RRH) is permanent housing that provides up to twenty-four (24) months of tenant-based rental assistance and supportive services to households experiencing homelessness.

RRH is designed to help individuals and families to quickly exit homelessness and return to permanent housing. Rapid re-housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a rapid re-housing program are:

Housing Identification

- Recruit landlords to provide housing opportunities for individuals and families experiencing homelessness.
- Address potential barriers to landlord participation such as concern about the short-term nature of rental assistance and tenant qualifications.
- Assist households to find and secure appropriate rental housing.

Rent and Move-In Assistance (Financial)

Provide assistance to cover move-in costs, deposits, and the rental and/or utility assistance (typically six months or less) necessary to allow individuals and families to move immediately out of homelessness and to stabilize in permanent housing.

Rapid Re-Housing Case Management and Services

- Help individuals and families experiencing homelessness identify and select among various permanent housing options based on their unique needs, preferences, and financial resources.
- Help individuals and families experiencing homelessness address issues that may impede access to housing (such as credit history, arrears, and legal issues).
- Help individuals and families negotiate manageable and appropriate lease agreements with landlords.
- Make appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing.
- Monitor participants' housing stability and be available to resolve crises.
- Provide or assist the household with connections to resources that help them improve their safety and well-being and achieve their long-term goals. This includes providing or ensuring that the household has access to community resources related to benefits, employment, and community-based services (if needed/appropriate) so that they can

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sustain rent payments independently when rental assistance ends.

- Ensure that services provided are client-directed, respectful of individuals' right to self-determination, and voluntary.

According to the National Alliance to End Homelessness:

- RRH rent and move-in assistance should be flexible and tailored to the varying and changing needs of a household while providing the assistance necessary for a household to immediately move out of homelessness and to stabilize in permanent housing.
- RRH service providers should make efforts to maximize the number of households it is able to serve by providing households with financial assistance in a progressive manner, providing only the assistance necessary to stabilize in permanent housing.
- Financial assistance in an RRH program should be individualized. Rather than giving every household the same "package" of assistance, financial assistance should be determined based on each household's needs.
- The length and depth of financial assistance should be flexible enough to adjust to a household's changing needs and circumstances. If a household's income increases or decreases, the financial assistance can be flexible enough to be appropriately adjusted. For example, if a household started the program with income but loses a job in the third month, the RRH program should be able to increase or extend assistance so they do not lose housing.
- The goal is to help households until they are no longer imminently at risk of becoming homeless in the near term. It is important to recognize that RRH programs cannot alleviate every challenge a household may be experiencing and that a household may still be severely rent burdened by the end of the subsidy. If the RRH program has ended homelessness for that household and provided the foundation and support for it to be successful in staying housed, the RRH program has met its goal.²⁹

²⁹https://endhomelessness.org/wp-content/uploads/2016/10/NAEH-Rapid-Re-housingToolkit_2017-FINAL.pdf

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Eligible Costs and Activities for Rapid Re-Housing

Eligible costs and activities include:

- Rental Assistance (TBRA only for CoC grant-funded programs)
- Supportive Services
- Project Administration

For administrative ease and when possible, HUD developed consistent eligible costs and program requirements for Rapid Re-Housing under the ESG and CoC grant programs. However, some significant differences remain in the eligible costs and requirements for RRH activities administered under the ESG and CoC programs. This guidance summarizes the significant similarities and differences between RRH assistance under the CoC program versus under the ESG program. More detailed information may be found [here](#).

Both ESG and CoC Rapid Re-Housing grant funds may be used to provide rental assistance and accompanying, limited supportive services, as needed, to help an individual or family that is homeless move as quickly as possible into permanent housing and achieve stability in that housing. The following table summarizes the major differences between ESG-RRH and CoC-RRH funded projects. However, it is important to note that all projects are limited to the services detailed in their contracts with HUD, PA DCED, the City of Allentown, or the County of Northampton.

Case managers should check with their supervisor or contact the Eastern PA Continuum of Care Consultant if they do not know whether a project is ESG or CoC funded.

Criterion	ESG-Funded RRH	CoC-Funded RRH
Eligibility	HUD Category 1 only.	HUD Category 1 <u>or</u> Category 4.
Income Assessment	After initial intake and enrollment, an income assessment must be made at least annually to ensure the participant meets income eligibility requirements of 30% or less of Area Median Income (AMI) to receive assistance beyond the first 12 months.	Not required.

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Criterion	ESG-Funded RRH	CoC-Funded RRH
Eligible Use of Funds	Up to 24 months of rental assistance <u>and</u> rental arrears (one-time payment of up to 6 months of rent in arrears, including any late fees on those arrears).	Up to 24 months of rental assistance.
Rental Assistance Type	Tenant Based Rental Assistance (TBRA) and Project Based Rental Assistance (PBRA).	Tenant Based Rental Assistance (TBRA) only.
Housing Relocation and Stabilization Services: Financial Assistance	<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 for payments in arrears) • Moving costs 	<ul style="list-style-type: none"> • Security deposits (up to 2 months) • First and last month's rent • Property damage (up to 1 month)

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Criterion	ESG-Funded RRH	CoC-Funded RRH
<p>Housing Relocation and Stabilization Services:</p> <p>Other</p>	<p>Service costs:</p> <ul style="list-style-type: none"> • Housing search and placement • Housing stability case management • Mediation • Legal services • Credit repair 	<p>Supportive services:</p> <ul style="list-style-type: none"> • Case management • Childcare • 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

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Criterion	ESG-Funded RRH	CoC-Funded RRH
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.
Limit on Service Provision	Housing stability case management assistance may not exceed 30 days during the period in which the program participant is seeking permanent housing and may not exceed 24 months during the period in which the program participant is living in permanent housing.	Supportive services may be provided until 6 months after rental assistance stops.

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Criterion	ESG-Funded RRH	CoC-Funded RRH
Housing Services	<p>Assist participants in locating, obtaining, and retaining suitable permanent housing, including:</p> <ul style="list-style-type: none"> • Housing search • Tenant counseling • Understanding leases • Arranging for utilities • Making moving arrangements • Assessment of housing barriers, needs, and preferences • Development of an action plan for locating housing • Outreach to and negotiation with owners • Assessment of housing for compliance with ESG requirements for habitability, lead-based paint, and rent reasonableness • Assistance with submitting rental applications 	<p>Assist participants in locating, obtaining, and retaining suitable housing, including:</p> <ul style="list-style-type: none"> • Housing search • Tenant counseling • Understanding leases • Arranging for utilities • Making moving arrangements • Mediation with property owners and landlords • Credit counseling, accessing a free personal credit report, and resolving personal credit issues • Payment of rental application fees

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Criterion	ESG-Funded RRH	CoC-Funded RRH
Case Management Services	<ul style="list-style-type: none"> • Assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for a program participant who resides in permanent housing or to assist a program participant in overcoming immediate barriers to obtaining housing by, for example: <ul style="list-style-type: none"> ○ Conducting the initial evaluation, including verifying and documenting eligibility ○ Using the centralized or coordinated assessment system ○ Counseling ○ Developing, securing, and coordinating services ○ Obtaining Federal, State, and local benefits ○ Monitoring and evaluating program participant progress ○ Providing information and referrals to other providers ○ Developing an individualized housing and service plan, including planning a path to permanent housing stability ○ Conducting re-evaluations 	<ul style="list-style-type: none"> • Assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of program participant(s), including: <ul style="list-style-type: none"> • Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking • Using the centralized or coordinated assessment system • Counseling • Developing, securing, and coordinating services • Obtaining Federal, State, and local benefits • Monitoring and evaluating program participant progress • Providing information and referrals to other providers • Developing an individualized housing and service plan, including: <ul style="list-style-type: none"> ○ planning a path to permanent housing stability ○ conducting required annual assessment of service needs (re-evaluation)

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Tenant-based rental assistance (TBRA) enables program participants to locate housing of their choice in the private rental market. If a program participant later moves to another suitable unit, he or she may apply the rental assistance to the new unit. Even with the TBRA model, projects may require participants to live within a particular geographic area or in a specific structure for the first year and in a specific area for the remainder of their period of participation (24 CFR part 578.51(c)). Case managers must be person-centered and respect the self-determination of where participants wish to live geographically.

Under both ESG and CoC, TBRA is subject to additional requirements, including quality of the unit (housing standards), rent reasonableness, documentation (e.g., lease, sublease), and written standards adopted by the recipient and subrecipient.

Project-based rental assistance (PBRA) is paid on behalf of an eligible program participant who moves into and leases a housing unit covered by a pre-existing rental assistance agreement between the owner of the unit and the recipient or subrecipient. Rental units covered by such agreements must be occupied and leased only by eligible ESG-RRH program participants.

In addition to the Written Standards below, ESG, ESG-CV, and CoC program grant recipients must comply with all HUD issued guidelines and waivers applicable to the fiscal year of the grant. Adherence to these Written Standards is required regardless of whether an RRH service provider was granted ESG funds directly from HUD, PA DCED, the City of Allentown, or the County of Northampton.

Household Eligibility for Rapid Re-Housing by Category of Homelessness

Category 1: Literally Homeless
Category 4: Fleeing/Attempting to Flee Domestic Violence “Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking).

Note that households who meet the HUD Category 1 or Category 4 definitions of homelessness are eligible for CoC-funded Rapid Re-Housing, including the Rapid Re-Housing Housing component of a CoC grant program joint TH-RRH project.

Only households who meet the HUD Category 1 definition of homelessness are eligible for ESG-funded Rapid Re-Housing services.

Eligibility criteria for Rapid Re-Housing programs do not include a prior period of sobriety, a

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commitment to participation in treatment, having income, or any other criteria designed to “predict” long-term housing stability other than willingness to engage the program and work on a self-directed housing plan.

Prioritization for Rapid Re-Housing

Both ESG and CoC grant funded Rapid Re-Housing service providers must prioritize the enrollment of households who:

- Have been referred to the program by a Coordinated Entry Regional Manager through a combination of viewing the Housing Assessment Tool score, the longest length of time homelessness, and severity of needs.
- Based on the referrals received, the provider will then determine eligibility for the program.

Minimum Standards for Rapid Re-Housing

1. Per 24 CFR § 576.500(b), both CoC and ESG program grant recipients must maintain and follow written intake procedures to ensure compliance with the homeless definition in § 576.2. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. However, lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates on which entries are made.
2. Rapid Re-Housing case managers must provide participants with the least amount and shortest duration of both case management services and rental assistance needed to help them exit to permanent housing with stability.
3. Households must be prioritized for enrollment based on the Eastern PA Continuum of Care’s prioritization standards for RRH.
4. Case managers must enroll households into their projects from the By Name List (BNL) in PA HMIS that have been referred by a Coordinated Entry Regional Manager.
5. Case managers are required to update a household’s BNL status (e.g., new, engaged,

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enrolled, etc.) within 3 business days. Providers must return a household's status to New if the engagement or enrollment attempt fails.

6. Case managers are required to submit a [BNL Exit Request Form](#) whenever an enrolled household moves into a unit (while still enrolled) or exits the program (successfully or otherwise) within 2 business days of the move-in date or program exit date so that Regional Managers can exit the Coordinated Entry enrollment.
7. Case managers must use HUD's [CoC Program Rental Assistance Rent Determination Worksheet](#) to determine whether or not a prospective unit's rent meets Fair Market Rent (FMR) and Rent Reasonableness standards.
8. Case managers must determine Fair Market Rent (FMR) by using HUD's online database [here](#). HUD annually estimates FMRs for Office of Management and Budget (OMB) defined metropolitan areas, some HUD defined subdivisions of OMB metropolitan areas, and each nonmetropolitan county.
9. For projects in which some or all of the costs of utilities are the responsibility of the program participant, case managers must utilize [HUD Notice CPD-17-11: Determining a Program Participant's Rent Contribution, Occupancy Charge or Utility Reimbursement in the Continuum of Care \(CoC\) Program when the Program Participant is Responsible for the Utilities](#). This Notice clarifies HUD's expectation that recipients and subrecipients will consider reasonable monthly utility costs when calculating rent contributions or occupancy charges for program participants who are responsible for paying their own utilities. For the purpose of this notice, "utilities" exclude telephone but include gas, oil, electric, sewage, water, and trash removal.
10. Case managers must work with program participants to develop a written strengths-based, consumer-driven housing plan to help them achieve permanent housing stability. The plan may include goals related to childcare, employment, family reunification, financial stability, health, housing, legal issues, and other concerns as appropriate. The plan must include a goal to sustain housing following the end of program assistance, including either goals to increase income, reduce debt and/or decrease household expenses. The plan must be monitored and updated at regular intervals. A copy of the current plan must be given to the participant and kept in their file.
11. Case managers are responsible for helping a participant find reasonable housing options. If a case manager or housing locator offers a participant three viable rental options and none are chosen, the participant may be directed to find their own housing unit of choice.
12. Case managers help participants to identify and select among various permanent housing options based on their unique needs, preferences, and financial resource, including but not limited to:
 - a. Addressing issues that may impede access to housing (such as credit history, arrears, and legal issues);

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- b. Helping to negotiate manageable and appropriate lease agreements with landlords;
 - c. Making appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing;
 - d. Monitoring participants' housing stability and being available to resolve crises;
 - e. Providing or assisting the household with connections to resources that help them improve their safety and well-being and achieve their long-term goals; and,
 - f. Ensuring that services provided are person-centered, respectful of individuals' right to self-determination and voluntary.
13. Case managers must record when the participant has successfully moved into a unit, the case manager must update the household's status on the BNL to "housed" in PA HMIS.
14. Case managers must record the date a client or household physically moves into a unit after being enrolled in a Permanent Housing project into PA HMIS within 2 business days of the move-in date. This data is critical to point-in time and housing inventory counts as it differentiates households which have already moved into permanent housing from households which are enrolled in a Permanent Housing project but are still literally homeless (in Emergency Shelter, Transitional Housing or on the street) as they prepare to move into an available unit.
15. Rapid Re-Housing programs must have written policies and procedures for landlord recruitment activities, including screening out potential landlord partners who have a history of poor compliance with their legal responsibilities and fair housing practices.
16. Rapid Re-Housing programs must offer a standard, basic level of support to all landlords who lease to program participants as detailed in a written agreement that must be signed by the case manager or Housing Locator and the landlord. At a minimum, this agreement must specify that the case manager and/or housing locator will:
- a. Inform the landlord about the amount and duration of financial assistance being provided to the participant;
 - b. Respond quickly (ideally within one business day) to landlord calls about serious tenancy problems;
 - c. Seek to resolve conflicts around lease requirements, complaints by other tenants, and timely rent payments; and,
 - d. If necessary, help negotiate move-out terms and assist the participant to quickly locate and move into another unit without an eviction.
17. Rapid Re-Housing programs assess/inspect potential housing units for compliance with minimum habitability standards (ESG), housing quality standards (CoC), lead-based

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paint, rent reasonableness and fair market rent standards prior to the participant signing a lease with the landlord, and the program signing a rental assistance agreement with the landlord. ESG-funded programs may not exceed Fair Market Rents (CoC-funded programs do not have this restriction). ESG-funded programs must use the [ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing](#). CoC-funded programs must use the [HUD Housing Quality Standards](#) (HQS) for assessment/inspection.

18. Rapid Re-Housing program participants sign a lease with the landlord. The lease must include, at minimum:
 - a. Renter's name and property address;
 - b. Landlord's name and address;
 - c. Lease start and end dates;
 - d. Monthly rent amount (including the prorated amount for the first month if a partial month);
 - e. Security deposit amount and whether the security deposit should be returned to the tenant or provider (if any);
 - f. Which party is responsible for each utility and, if necessary, any legal fees to be incurred; and,
 - g. Signatures of both parties.
19. Case managers must work with participants to create a permanent housing stability plan (including goals related to education, employment, health, etc.) that is signed by both the case manager and the participant.
20. Case managers must explain to participants basic landlord-tenant rights and responsibilities and the requirements of their specific lease.
21. Case managers assist participants in making an informed choice with the goal that the participant will be able to maintain housing after program exit, even when the household will experience high housing cost burden. While participants ultimately chose their housing unit, case managers must support the participant in developing their housing plans and budgeting as they identify the best fit and make decisions for their short and long-term housing goals, including relocating to a more affordable unit during their participation in the RRH project.
22. For extremely low-income households, case managers must help participants secure income (through employment, public benefits, and/or on-going rental assistance) prior to program exit.
23. Case managers must verify a program participant's income prior to approval for initial

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and additional assistance. Documentation of the participant's income and expenses, including how the participant is contributing to housing costs, if at all, shall be maintained in the participant's file.

24. Participants must be encouraged to contribute to their monthly rent from the first month of enrollment unless they have zero income.
25. Case managers must evaluate participant stability and types/amounts of assistance monthly.
26. Case managers transition participants from rental assistance in a way that is coordinated with case management efforts to assist program participants to assume and sustain their housing costs.
27. Rapid Re-Housing service providers issue checks as expeditiously as possible, on time, and have the capacity to track payments to landlords and other vendors.
28. Case managers help participants improve their ability to have landlords accept their lease applications, especially if they have no income and/or bad credit. If a participant has not submitted a lease/rental application to at least three (3) viable rental option (provided to them or self-identified) within 30 days of enrollment, the case manager must exit the participant from the program and return their status to New on the By Name List with a detailed note in their PA HMIS client record explaining why.
29. Case managers offer basic tenancy skills learning opportunities which can include instruction or guidance on basic landlord-tenant rights and responsibilities, requirements, and prohibitions of a lease, and meeting minimum expectations for care of the housing unit, such as not causing damage.
30. Case managers work directly with the participant and landlord to resolve tenancy issues without threatening the participant's tenancy. The issue might be failure to pay rent, not properly maintaining the unit, or disturbing the quiet enjoyment of others. It also may include a landlord not meeting his/her obligations. Case managers work quickly to identify a corrective course of action, and, without breaking a participant's confidentiality, keep the landlord and participant informed about the program's action to mitigate the situation.
31. Case managers help participants avoid evictions before they happen and maintain a positive relationship with the landlord. This can be done through mediation, open communication, negotiations, lease amendments, or, as a last resort, moving a household into a different unit prior to eviction and possibly identifying a new tenant household for the landlord's unit.
32. Case managers must make referrals to appropriate community and mainstream resources, including, but not limited to income supplements/benefits such as physical, mental, and behavioral health services, vocational/employment opportunities, services to meet their unique needs such as those specific to youth, veterans, DV survivors, LGBTQ

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populations, etc., Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP), legal assistance, credit counseling, and subsidized child care. When making these referrals, it is the case manager's responsibility to follow-up on receipt of assistance. However, a participant may choose not to follow up on or participate in any referred services or programs.

33. Case managers must understand and inform program participants with school-age children about their children's educational rights under the federal McKinney-Vento Act and Every Student Succeeds Act (ESSA). Case managers must have strong working relationships with local school district McKinney-Vento Act homeless liaisons and a Memorandum of Understanding (MOU) with local school districts and publicly funded Pre-K/early learning programs to ensure streamlined and prioritized access to educational programs for children experiencing homelessness. Eastern PA Continuum of Care programs must have a staff person designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney Vento education services.
34. Program participants direct when, where, and how often case management meetings occur. Programs are required to offer case management services not less than once per month to assist the program participant in ensuring long-term housing stability. Meetings occur in a participant's home and/or in a location of the participant's choosing whenever possible. Case managers respect a program participant's home as their own, scheduling appointments ahead of time, only entering when invited in and respecting the program participant's personal property and wishes while in their home. Rapid Re-Housing programs have clear safety procedures for home visits that staff are trained on and that are posted clearly visible in office space and shared with program participants at intake and shared with participants and staff whenever changes are made.
35. Case managers must perform an annual assessment within 60 days of the participant's one-year anniversary date (30 days before through 30 days after the anniversary) in PA HMIS for each participant enrolled in the program for at least 12 months (even if they are not receiving a housing subsidy).
36. If a participant receives a housing voucher (e.g., Housing Choice Voucher, Family Unification Program voucher, mainstream voucher, etc.), the participant must be encouraged to accept the voucher (although they must remain enrolled until they have received, not just applied for, the voucher). If the participant does not accept the voucher, they may remain enrolled in the Rapid Re-Housing program.
37. When exiting a household, case managers:
 - a. Are responsible for ensuring that all appropriate referrals have been made and information on available community assistance has been agreed to by the participant;

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- b. Provide a “warm handoff” to any ongoing supports and follow up to assure that those supports are satisfactory; and,
 - c. Provide information to participants about how they can access assistance from the program again if needed and what kind of follow-up assistance may be available.
- 38. If a participant has successfully exited the program and relocated to another unit, case managers and housing locators must work with the landlord to lease the unit (and/or additional units) to other Rapid Re-Housing program participants.
- 39. Case managers must practice a person-centered approach which ensures that the person who has experienced homelessness has a major say in identifying goals and service needs, and that there is shared accountability.
- 40. Case managers must be trained in person-centered case management strategies including Assisted Rapid Resolution/Diversion, Trauma-Informed Care, Motivational Interviewing, and Harm Reduction, among others.
- 41. Appropriate program staff (or a representative from CoC/ ESG funded agencies) attend mandatory Eastern PA Continuum of Care trainings. A representative from CoC/ESG funded programs must regularly attend Eastern PA Continuum of Care and local Regional Homeless Advisory Board (RHAB) membership meetings. CoC-funded projects lose points on the Eastern PA Continuum of Care renewal scoring process for lack of compliance. Staff are encouraged to join committees of the full Eastern PA Continuum of Care and the RHAB.
- 42. Both the CoC and ESG programs require participation of homeless persons on the board of directors or other policy decision-making bodies (CoC: § 578.75(g)(1-2) and ESG: § 576.405). CoC-funded service provider organizations must involve households with lived experience in the design, governance and operations of homeless housing organizations and their programs. Organizations must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors, or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or the provision of CoC Program assistance. In addition, service providers must, to the extent possible, involve households with lived experience through employment, volunteering, operating the project and/or providing supportive services. Persons with lived experience must have been homeless within the last seven (7) years or are currently program participants.
- 43. Per 24 CFR 576.402, a program will terminate a participant only in rare circumstances to ensure the safety of participants or comply with regulations, laws or a signed lease agreement. Consistent violations of signed lease agreements, failure to make rental payments and destruction of property are common reasons for termination. The program needs a written termination of assistance and grievance policy that must be given to all

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program participants before receiving services that includes a list of the participant's responsibilities and a description of the termination of assistance process.

If termination of assistance is necessary, the program must:

- Utilize a Housing First approach to ensure the participant does not return to literal homelessness through an assisted rapid resolution conversation and/or providing connections to Connect to Home CES and other community services;
- Provide written notice to the participant detailing the reason(s) for termination. The participant's file must document in writing any attempts (e.g., phone, mail, home visit, etc.) to contact the individual in order to discuss the pending termination;
- Provide the participant with an opportunity to provide their objection in the form of a written or verbal grievance. If the grievance is presented verbally (in-person, over the phone, etc.), the program must document a summary of the grievance;
- Document in writing the outcome of the termination after the grievance process is completed and signed by the appropriate case manager or supervisor and kept in the client's file; and,
- Complete an Exit Assessment in PA HMIS.

Termination does not prohibit the program from providing additional assistance to the participant in the future nor prohibit the participant from receiving assistance from another project.

Resources for compliance with these Written Standards may be found in Appendix B of this document.

Performance Benchmarks for Rapid Re-Housing

1. Number of formerly homeless families and individuals living independently through a Rapid Re-Housing project enrollment.
2. Percent of households enrolled by each RRH provider from the BNL in PA HMIS that had the highest acuity based on their HAT score (after meeting project eligibility and prioritization criteria).
3. Average length of time homeless between program enrollment and housing move-in date.
4. 100% of participants exit to permanent housing.
5. 90% of participants' length of stay is less than 365 days.
6. 50% of adults increase their cash income from all sources.
7. 18% of adults increase their earned income.

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8. 33% of adults increase their non-employment cash income.
9. 70% of participants are connected to mainstream resources.
10. 95% of participants connected to health insurance.
11. Percent of households that exit from RRH to permanent housing and do not return to homelessness for six months.
12. Percent of households that exit from RRH to permanent housing and do not return to homelessness for twelve months.
13. 100% of data recorded in HMIS for the following categories: Personally Identifiable Information, Destination, Income and Sources at Entry, Income and Sources at Annual Assessment, and Income and Sources at Exit.
14. 100% of Adult Stayers have Required Annual Assessment completed within 60 days (30 days prior to 30 days after) their Anniversary date in the program.
15. 100% of Entry Assessments recorded in HMIS within 10 days of project enrollments.
16. 100% of Exit Assessments recorded in HMIS within 10 days of project exit.

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PERMANENT SUPPORTIVE HOUSING WRITTEN STANDARDS

Permanent supportive housing is permanent housing paired with supportive services to assist individuals experiencing homelessness with a disability or families with an adult or child member with a disability achieve housing stability and live independently. To qualify as permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long and is terminable only for cause. Permanent Supportive Housing programs may be site-based or scattered site.

As its name implies, the core components of Permanent Supportive Housing include:

- *Permanent*: Tenants may live in their homes as long as they meet the basic obligations of tenancy, such as paying rent;
- *Supportive*: Tenants have access to the support services that they need and want to retain housing; and,
- *Housing*: Tenants have a private and secure place to make their home, just like other members of the community, with the same rights and responsibilities.³⁰

Eligible Costs and Activities for Permanent Supportive Housing

Eligible costs and activities include:

- Leasing
- Rental Assistance
- Supportive Services
- Operating Costs
- Project Administration

In addition to the Written Standards below, CoC program grant recipients must comply with all HUD issued guidelines and waivers applicable to the fiscal year of the grant.

³⁰ <https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4509>

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Household Eligibility for Permanent Supportive Housing by Category of Homelessness

Category 1: Literally Homeless

Note that households who meet the HUD Category 1 or Category 1 and Category 4 definitions of homelessness are eligible for Permanent Supportive Housing services.

Currently, all Eastern PA Continuum of Care PSH projects are dedicated to serving chronically homeless households, and as such, must prioritize assistance to chronically homelessness households. See page 20 of this document for the definition of chronic homelessness.

Prioritization for Permanent Supportive Housing

Eastern PA Continuum of Care PSH service providers must prioritize the enrollment of households who:

- Have been referred to the program by a Coordinated Entry Regional Manager through a combination of viewing the Housing Assessment Tool score, the longest length of time homelessness, chronic homelessness, disabling condition, and severity of needs.
- Based on the referrals received, the provider will then determine eligibility for the program.

Minimum Standards for Permanent Supportive Housing

1. Per 24 CFR § 576.500(b), both CoC and ESG program grant recipients must maintain and follow written intake procedures to ensure compliance with the homeless definition in § 576.2. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. However, lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates on which entries are made.
2. Case managers are required to maintain and follow written intake procedures to ensure

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compliance with the “chronically homeless” definition. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the individual seeking assistance third.³¹

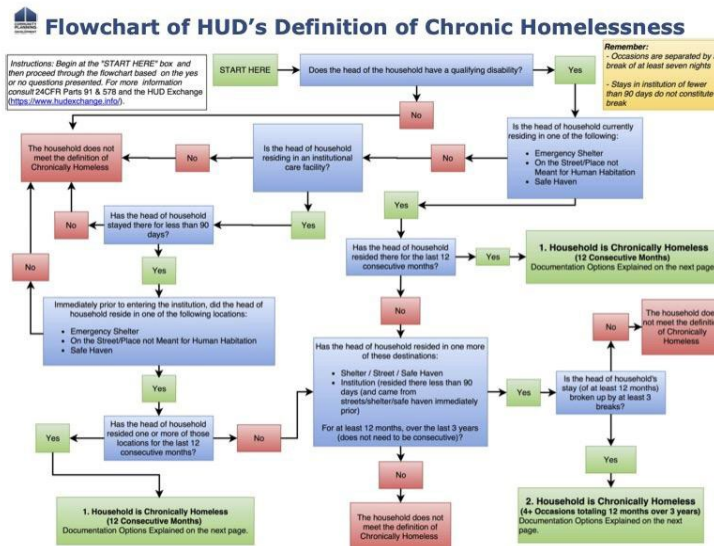
An individual or head of household’s qualifying disability must be documented by one of the following:

- Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual’s ability to live independently;
- Written verification from the Social Security Administration;
- The receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation);
- Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence above; or
- Other documentation approved by HUD.
- Further, acceptable evidence of a disability for an individual with HIV/AIDS would include written verification from a professional licensed by the state to diagnose and treat HIV/AIDS. There would not be an expectation that the licensed professional would also certify that the condition is expected to be of long-continuing or indefinite duration and substantially impede the individual's ability to live independently.

The following flowchart and documentation standards will guide you through HUD’s Chronically Homeless Definition through mostly “Yes” or “No” questions, providing an interactive way to help understand who meets the definition and what documentation requirements apply. The flowchart and documentation standards may be found [here](#).

³¹ <https://www.govinfo.gov/content/pkg/FR-2015-12-04/pdf/2015-30473.pdf>

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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
1. Household is Chronically Homeless (12 Consecutive Months)	<ul style="list-style-type: none"> □ HHS record or record from a comparable database; or □ Written observation by an outreach worker of the conditions where the individual was living; or □ Written referral by another housing or service provider; or □ 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"> □ 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 □ 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"> □ Written verification of the disability from a licensed professional; □ Written verification from the Social Security Administration; □ The receipt of a disability check; or □ Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.
2. Household is Chronically Homeless (4+ Occasions totaling 12 months over 3 years) <i>*May include institution stays of <90 days</i>	<ul style="list-style-type: none"> □ HHS record or record from a comparable database; or □ Written observation by an outreach worker of the conditions where the individual was living; or □ Written referral by another housing or service provider; or □ 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) □ 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"> □ Written verification of the disability from a licensed professional; □ Written verification from the Social Security Administration; □ The receipt of a disability check; or □ Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.

Important Notes:

- Each individual occasion needs to be fully documented.
- Breaks can be documented by self-report.
- 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.

HUD has also published a [sample checklist](#) that provides an optional way to help record Chronic Homelessness for those projects that need documentation of Chronic Homelessness. This sample checklist would not be needed in projects where this requirement is not in place (like an Emergency Shelter). This tool is a sample, is not required by HUD, and has been provided in an editable format so service providers may edit it and add to their current forms, if they wish.³²

- Case managers must enroll households into their projects from the By Name List (BNL) in PA HMIS that have been referred to the program by a Coordinated Entry Regional Manager.

³² <https://www.hudexchange.info/resource/5182/sample-chronic-homelessness-documentation-checklist/>

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4. Case managers are required to update a household's BNL status (e.g., new, engaged, enrolled, etc.) within 3 business days. Providers must return a household's status to New if the engagement or enrollment attempt fails.
5. Case managers are required to submit a [BNL Exit Request Form](#) whenever an enrolled household moves into a unit (while still enrolled) or exits the program (successfully or otherwise) within 2 business days of the move-in date or program exit date so that Regional Managers can exit the Coordinated Entry Enrollment.
6. Case managers must use HUD's [CoC Program Leasing Rent Determination Worksheet](#) or [CoC Program Rental Assistance Rent Determination Worksheet](#) to determine whether or not a prospective unit's rent meets Fair Market Rent (FMR) and Rent Reasonableness standards. Leasing projects are limited to FMR. Rental assistance projects utilize rent reasonableness. The tools will also help case managers to determine how much rent they can pay with CoC Program funds. CoC Program recipients must use the tool that corresponds with the type of CoC Program funding they receive.
7. Case managers must determine Fair Market Rent (FMR) by using HUD's online database [here](#). HUD annually estimates FMRs for Office of Management and Budget (OMB) defined metropolitan areas, some HUD defined subdivisions of OMB metropolitan areas, and each nonmetropolitan county.
8. For projects in which some or all of the costs of utilities are the responsibility of the program participant, case managers must utilize [HUD Notice CPD-17-11: Determining a Program Participant's Rent Contribution, Occupancy Charge or Utility Reimbursement in the Continuum of Care \(CoC\) Program when the Program Participant is Responsible for the Utilities](#). This Notice clarifies HUD's expectation that recipients and subrecipients will consider reasonable monthly utility costs when calculating rent contributions or occupancy charges for program participants who are responsible for paying their own utilities. For the purpose of this notice, "utilities" exclude telephone but include gas, oil, electric, sewage, water, and trash removal.
9. Program participants must pay rent equal to the highest of:
 - a. 30 percent of the household's monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and childcare expenses);
 - b. 10 percent of the household's monthly gross income; or,
 - c. The portion of the household's welfare assistance, if any, that is designated for housing costs.
10. Programs that sublease to participants must strive to enter into three-way lease agreements with landlords that do not preclude subleasing based on criminal history or substance use.

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11. Permanent Supportive Housing programs may provide the following forms of rental assistance:
 - a. Tenant-based rental assistance (TRA) in which participants may be required to live in a specific area (e.g., municipality or county) for their entire period of participation, or in a specific structure for the first year and in a specific area for the remainder of the period of participation. Case managers must be person-centered and respect the self-determination of where participants wish to live geographically.
 - b. Project-based rental assistance (PRA) in which participants must live in a specific unit.
 - c. Sponsor-based rental assistance (SRA) in which participants must live in a unit leased by a non-profit organization.
12. A lease, sub-lease, or occupancy agreement is required for participants in Permanent Supportive Housing programs. The initial lease term must be for at least a year, and terminable only for cause.
13. All housing subsidized by Permanent Supportive Housing programs must meet Housing Quality Standards and have Fair Market Rents (FMR) that are determined to be reasonable in comparison to non-assisted units with similar size, condition, amenities, location, etc. Note that CoC grant program leasing funds cannot pay more than FMR.
14. Case managers are responsible for helping a participant find reasonable housing options. If a case manager or housing locator offers a participant three viable rental options and none are chosen, the participant may be directed to find their own housing unit of choice.
15. Case managers help participants to identify and select among various permanent housing options based on their unique needs, preferences, and financial resource, including but not limited to:
 - a. Addressing issues that may impede access to housing (such as credit history, arrears, and legal issues);
 - b. Helping to negotiate manageable and appropriate lease agreements with landlords;
 - c. Making appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing;
 - d. Monitoring participants' housing stability and being available to resolve crises;
 - e. Providing or assisting the household with connections to resources that help them improve their safety and well-being and achieve their long-term goals; and,

EASTERN PA CONTINUUM OF CARE WRITTEN STANDARDS

- f. Ensuring that services provided are person-centered, respectful of individuals' right to self-determination and voluntary.
16. Case managers must record when the participant has successfully moved into a unit, the case manager must update the household's status on the BNL to "housed" in PA HMIS.
17. Case managers must record the date a client or household physically moves into a unit after being enrolled in a Permanent Housing project into PA HMIS within 2 business days of the move-in date. This data is critical to point-in time and housing inventory counts as it differentiates households which have already moved into permanent housing from households which are enrolled in a Permanent Housing project but are still literally homeless (in Emergency Shelter, Transitional Housing or on the street) as they prepare to move into an available unit.
18. Case managers must have direct communications with their clients/program participants at least once a month. The frequency of case management services depends on the unique needs and situation of every program participant. The frequency of direct contact may increase due to the household's homeless status, acute needs, and overall lack of housing stability. In-person meetings with clients are preferred when safe to do so and at a location of the client's choosing. Programs must offer participants case management and provide linkages, connections, and referrals to supportive services, such as medical and wellness, mental health, substance use, vocational/employment, and life skills, among others.
19. Case managers must make referrals to appropriate community and mainstream resources, including, but not limited to physical, mental, and behavioral health services, vocational/employment opportunities, services to meet their unique needs such as those specific to youth, veterans, DV survivors, LGBTQ populations, etc., income supplements/benefits such as Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP), legal assistance, credit counseling, mediation, open communication, negotiations, lease amendments, and subsidized child care. When making these referrals, it is the case manager's responsibility to follow-up on receipt of assistance. However, a participant may choose not to follow up on or participate in any referred services or programs.
20. Case managers must understand and inform program participants with school-age children about their children's educational rights under the federal McKinney-Vento Act and Every Student Succeeds Act (ESSA). Case managers must have strong working relationships with local school district McKinney-Vento Act homeless liaisons and a Memorandum of Understanding (MOU) with local school districts and publicly funded Pre-K/early learning programs to ensure streamlined and prioritized access to educational programs for children experiencing homelessness. Eastern PA Continuum of Care programs must have a staff person designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney Vento education services.

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21. Providers are required to provide participants with supportive services to enable them to live independently throughout the duration of their residence in the Permanent Supportive Housing program. However, participants are not required to participate in them.
22. Case managers may communicate and coordinate between a participant's supportive service providers, landlord/property manager, mental health and substance use recovery case managers or peer specialists, among others, with the participant's consent.
23. Case managers must assess the participant's service needs at least annually.
24. Program participants may be out of their unit for up to 90 days without termination due to an in-patient hospital or recovery center stay, incarceration, etc.
25. Case managers must pursue "Moving On" strategies with participants who may no longer need or want the intensive services offered in PSH but continue to need assistance to afford their housing. For more information on Moving On strategies, please contact the Eastern PA Continuum of Care Governing Board, Collaborative Applicant, or Eastern PA Continuum of Care Consultant.³³
26. Case managers must practice a person-centered approach which ensures that the person who has experienced homelessness has a major say in identifying goals and service needs, and that there is shared accountability.
27. Appropriate program staff (or a representative from CoC/ ESG funded agencies) attend mandatory Eastern PA Continuum of Care trainings. A representative from CoC/ESG funded programs must regularly attend Eastern PA Continuum of Care and local Regional Homeless Advisory Board (RHAB) membership meetings. CoC-funded projects lose points on the Eastern PA Continuum of Care renewal scoring process for lack of compliance. Staff are encouraged to join committees of the full Eastern PA Continuum of Care and the RHAB.
28. Both the CoC and ESG programs require participation of homeless persons on the board of directors or other policy decision-making bodies (CoC: § 578.75(g)(1-2) and ESG: § 576.405). CoC-funded service provider organizations must involve households with lived experience in the design, governance and operations of homeless housing organizations and their programs. Organizations must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors, or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or the provision of CoC Program assistance. In addition, service providers must, to the extent possible, involve households with lived experience through employment, volunteering, operating the project and/or providing supportive

³³ <https://www.hudexchange.info/news/snaps-in-focus-moving-on-strategies-to-support-stable-transitions-from-permanent-supportive-housing/>

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services. Persons with lived experience must have been homeless within the last seven (7) years or are currently program participants.

29. Per 24 CFR 576.402, a program will terminate a participant only in rare circumstances to ensure the safety of participants or comply with regulations, laws, or a signed lease agreement. Consistent violations of signed lease agreements, failure to make rental payments and destruction of property are common reasons for termination. The program needs a written termination of assistance and grievance policy that must be given to all program participants before receiving services that includes a list of the participant's responsibilities and a description of the termination of assistance process.

If termination of assistance is necessary, the program must:

- Utilize a Housing First approach to ensure the participant does not return to literal homelessness through an assisted rapid resolution conversation and/or providing connections to Connect to Home CES and other community services;
- Provide written notice to the participant detailing the reason(s) for termination. The participant's file must document in writing any attempts (e.g., phone, mail, home visit, etc.) to contact the individual in order to discuss the pending termination;
- Provide notice of the availability of emergency rental assistance programs³⁴;
- Provide the participant with an opportunity to provide their objection in the form of a written or verbal grievance. If the grievance is presented verbally (in-person, over the phone, etc.), the program must document a summary of the grievance;
- Document in writing the outcome of the termination after the grievance process is completed and signed by the appropriate case manager or supervisor and kept in the client's file; and,
- Complete an Exit Assessment in PA HMIS.

Termination does not prohibit the program from providing additional assistance to the participant in the future nor prohibit the participant from receiving assistance from another project.

Resources for compliance with these Written Standards may be found in Appendix B of this document.

Performance Benchmarks for Permanent Supportive Housing

³⁴https://www.hud.gov/press/press_releases_media_advisories/HUD_No_21_167#:~:text=WASHINGTON%20%2D%20The%20U.S.%20Department%20of,assistance%20without%20providing%20a%2030%2D

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1. Number of formerly homeless families and individuals living independently through a Permanent Supportive Housing project enrollment.
2. Average length of time between program enrollment and housing move-in date.
3. 100% of participants remain stably housed in PSH or exit to another permanent housing destination.
4. 95% of participants connected to health insurance.
5. 70% of participants connected to mainstream or community services.
6. 50% of adults increase their cash income from all sources.
7. 33% of adults increase their non-employment cash income.
8. 18% of adults increase their earned income.
9. 100% of data recorded in HMIS for the following categories: Personally Identifiable Information, Destination, Income and Sources at Entry, Income and Sources at Annual Assessment, and Income and Sources at Exit.
10. 100% of Adult Stayers have Required Annual Assessment completed within 60 days (30 days prior to 30 days after) their Anniversary date in the program.
11. 100% of Entry Assessments recorded in HMIS within 10 days of project enrollments.
12. 100% of Exit Assessments recorded in HMIS within 10 days of project exit.

EASTERN PA CONTINUUM OF CARE WRITTEN STANDARDS

APPENDIX A: EASTERN PA CONTINUUM OF CARE POLICIES AND PROCEDURES FOR ALL PROJECT TYPES

Assistance, Emotional Support, and Service Animals

The [Fair Housing Act \(FHA\)](#) makes it unlawful for a housing provider to refuse to make a reasonable accommodation that a person with a disability may need in order to have equal opportunity to enjoy and use a dwelling. HUD released [Notice FHEO-2020-01](#), the Assistance Animals Notice, to clarify the rights and obligations under the FHA regarding assistance animals. This notice explains certain obligations of housing providers under the FHA with respect to animals that individuals with disabilities may request as reasonable accommodations.

An assistance animal is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or that provides emotional support that alleviates one or more identified effects of a person's disability. An assistance animal is not a pet. There are two types of assistance animals: (1) service animals, and (2) other trained or untrained animals that do work, perform tasks, provide assistance, and/or provide therapeutic emotional support for individuals with disabilities (referred to in this guidance as a "support animal"). Persons with disabilities may request a reasonable accommodation for service animals and other types of assistance animals, including support animals, under the FHA. This guidance provides housing providers with a set of best practices for complying with the FHA when assessing requests for reasonable accommodations to keep animals in housing, including the information that a housing provider may need to know from a health care professional about an individual's need for an assistance animal in housing.

All Eastern PA Continuum of Care member organizations must have a policy on assistance animals that is applied consistently and transparently. For more information on developing or updating an animal assistance policy, please reference HUD [Notice FHEO-2020-01](#).

Housing Inventory Count and Point In Time Count Participation

Housing Inventory Count (HIC) Reports provide a snapshot of the Eastern PA Continuum of Care's HIC, an inventory of housing conducted annually during the last ten days in January, and are available at the national and state level, as well as for each CoC in the country. The reports tally the number of beds and units available on the night designated for the count by program type, and include beds dedicated to serve persons who are homeless as well as persons in Permanent Supportive Housing.

Point In Time (PIT) counts are a critical source of data on the number and characteristics of people who are homeless in the Eastern PA Continuum of Care region and throughout the United States. These data are used to measure homelessness on a local and national level and are published annually on HUD's website, which can be viewed by the public. PIT count data are also provided annually to Congress as part of the Annual Homeless Assessment Report

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(AHAR). The AHAR is used by Congress, HUD, other federal departments, and the public to understand the nature and extent of homelessness.

Eastern PA Continuum of Care member organizations must participate in the HIC (if they have eligible projects) and the PIT. The Eastern PA Continuum of Care Governing Board, Collaborative Applicant, and Eastern PA Continuum of Care Consultants will provide guidance for participation to Eastern PA Continuum of Care members annually via email and website postings.

Recordkeeping and Document Retention

A program maintains client and financial records in accordance with HUD guidelines³⁵ and complies with the following requirements:

1. Records containing personally identifying information must be kept secure and confidential;
2. Records will include:
 - a. Documentation of homelessness (per HUD guidelines for program type);
 - b. A record of services and assistance provided to each participant;
 - c. Documentation of program entrance through Coordinated Entry, including HAT score and other factors used to inform priority, vulnerability and housing placement;
 - d. Documentation of all costs charged to the grant;
 - e. Documentation that funds were spent on allowable costs;
 - f. Documentation of the receipt and use of program income;
 - g. Documentation of compliance with expenditure limits and deadlines for expenditure;
 - h. Copies of all procurement contracts; and,
 - i. Documentation of amount, source, and use of matching resources.
3. Records are retained for the amount of time prescribed by ESG and CoC program guidelines about record retention and the length of time providers must retain them after they are no longer ESG or CoC funded; these being the minimum record retention guidelines, recognizing providers may have longer record retention guidelines from other

³⁵ <https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml>

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funding sources.

4. All client records containing identifying information kept secure and confidential; addresses of family violence projects are confidential and not made public; addresses or locations of any housing or project participants are confidential and not made public [24 CFR 578.103(b)].
5. All records pertaining to project participants' qualifications being retained for 5 years after all funds are expended from the grant under which the project participant was served [24 CFR 578.103(c)(1)].
6. If CoC funds were used for the acquisition, new construction, or rehabilitation of a project site, records are retained until 15 years after the date that the project site is first occupied, or used, by project participants [24 CFR 578.103(c)(2)].

Youth are not responsible for obtaining their own documentation. Instead, Eastern PA Continuum of Care service providers are responsible for documenting the youth's homeless status by verifying the information provided by the youth starting at the initial interview.

The Eastern PA Continuum of Care prohibits the knowing destruction, alteration, mutilation, or concealment of any record, document, or tangible object with the intent to obstruct or influence the investigation or proper administration of any matter within the jurisdiction of any local, state, or federal department or agency.

Verification of Household Member Identity

HUD does not have a regulatory requirement for proof of identity, but Eastern PA Continuum of Care member organizations may establish such a requirement in policy. Proof of identity is not limited to state-issued ID documents.

A birth certificate does not establish an adult's legal identity in determining citizenship for eligibility. Therefore, an Eastern PA Continuum of Care provider organization may request a picture ID from an adult for this purpose. Although not inclusive, the following are acceptable documents to establish identity:

- U.S. passport
- Certificate of U.S. Citizenship (INS Form N-560 or N-561)
- Certificate of Naturalization (INS Form N-550 or N-570)
- Valid foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- Permanent resident card or alien registration receipt card with photograph (INS Form I-151 or I-551)

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- Valid employment authorization card (INS Form I-688)
- Valid reentry permit (INS Form I-571)
- Valid employment authorization document issued by INS, which contains a photograph (INS Form I-688B)
- Driver's license or ID card issued by a state or outlying possession of the United States

Pennsylvanians experiencing homelessness can obtain a free initial photo ID or renewal a photo ID because of Act 131 of 2020.

To obtain an ID at no cost, individuals experiencing homelessness must apply in person at a PennDOT Driver License Center and must meet identification and other requirements. The applicant must inform the Driver License Center counter staff they are applying for or renewing their existing Pennsylvania photo ID and are requesting a free ID due to their homeless status. The individual will be required to certify on the application that they are homeless as defined in Section 103 of the McKinney-Vento Homeless Assistance Act.

For initial issuance of a photo ID, the applicant must bring one acceptable proof of identification, Social Security Card or Social Security Administration ineligibility letter and acceptable form/s of address verification. In the case of homeless individuals, PennDOT will accept a letter from a shelter indicating an individual is staying at the shelter or uses the shelter as an address of residency to pick up mail.

For renewal of a photo ID, the applicant must renew at one of PennDOT Driver License Centers. The applicant will be required to certify on the application that they are homeless, and a fee will be waived at the time of the renewal.

The law covers initial issuance and renewals for photo IDs for those who qualify for free issuance due to their homeless status. Duplicate IDs are not covered under the law change. Duplicate fees continue to apply and cannot be waived. The law does not cover, nor does it allow for waiver of any driver license product-related fees.

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APPENDIX B: RESOURCES FOR COMPLIANCE WITH COORDINATED ENTRY WRITTEN STANDARDS

The following resources are optional sources of guidance and tools to help Eastern PA Continuum of Care service providers better fulfill the Written Standards.

Type	Name	Link
Best Practices	Core Elements of Effective Street Outreach to People Experiencing Homelessness (USICH)	https://www.usich.gov/resources/uploads/asset_library/Core-Components-of-Outreach-2019.pdf
Best Practices	Emergency Shelter Learning Series (NAEH)	https://endhomelessness.org/resource/emergency-shelter/
Best Practices	Implementing Housing First in Permanent Supportive Housing (USICH)	https://www.usich.gov/resources/uploads/asset_library/Implementing_Housing_First_in_Permanent_Supportive_Housing.pdf
Best Practices	Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System (USICH)	https://www.usich.gov/resources/uploads/asset_library/emergency-shelter-key-considerations.pdf
Best Practices	Permanent Supportive Housing Quality Toolkit (CHS)	https://www.csh.org/qualitytoolkit/
Best Practices	Promoting Safety in Street Outreach (Webinar presented by the National Health Care for the Homeless Council)	https://nhchc.org/webinars/promoting-safety-in-street-outreach/
Best Practices	Rapid Re-Housing Toolkit (NAEH)	https://endhomelessness.org/resource/rapid-re-housing-toolkit/

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Best Practices	Rapid Re-Housing Performance Benchmarks and Program Standards (NAEH)	https://endhomelessness.org/resource/rapid-re-housing-performance-benchmarks-and-program-standards/
Best Practices	Transitional Housing Toolkit for Survivors (NNEDV)	https://nnedv.org/resources-library/transitional-housing-toolkit/#modelsapproaches
HUD Publications	At A Glance: Eligibility for Homeless Resources	https://files.hudexchange.info/resources/documents/Virtual-Binders-At-A-Glance-Homeless-Eligibility.pdf
HUD Publications	CoC Program At A Glance: Leasing	https://files.hudexchange.info/resources/documents/Virtual-Binders-At-A-Glance-Leasing.pdf
HUD Publications	CoC Program At A Glance: Operating Costs	https://files.hudexchange.info/resources/documents/Virtual-Binders-At-A-Glance-Operating-Costs.pdf
HUD Publications	CoC Program At A Glance: Rental Assistance	https://files.hudexchange.info/resources/documents/Virtual-Binders-At-A-Glance-Rental-Assistance.pdf
HUD Publications	CoC Program At A Glance: Supportive Services	https://files.hudexchange.info/resources/documents/Virtual-Binders-At-A-Glance-Supportive-Services.pdf
HUD Publications	Coordinated Entry Core Elements	https://www.hudexchange.info/resource/5340/coordinated-entry-core-elements/
HUD Publications	ESG Minimum Habitability Standards for Emergency Shelters Checklist	https://files.hudexchange.info/resources/documents/ESG-Emergency-Shelter-and-Permanent-Housing-Standards-Checklists.docx
HUD Publications	Homelessness Definitions, Categories, and Recordkeeping Criteria	https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

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HUD Publications	Housing First in Permanent Supportive Housing Brief	https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/
HUD Publications	Prevention to Promote Equity	https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Prevention-to-Promote-Equity.pdf
HUD Publications	Rapid Re-Housing Brief	https://files.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf
HUD Publications	Requirements for Rental Assistance Agreements and Leases Under the Emergency Solutions Grants (ESG) Program	https://www.hud.gov/sites/dfiles/CPD/documents/SNAPS-Shots-ESG-Rental-Assistance-and-Lease-Agreements.pdf
HUD Publications	Serving Survivors through Coordinated Entry	https://www.safehousingpartnerships.org/sites/default/files/2021-02/COVID-19-Homeless-System-Response-Serving-Survivors-through-Coordinated-Entry.pdf
HUD Publications	System Planning: A Framework for Homelessness Prevention	https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-System-Planning-A-Framework-for-Homelessness-Prevention.pdf
Policies and Procedures	Eastern PA Continuum of Care Coordinated Entry Policies and Procedures Manual	https://pennsylvaniacoc.org/connect-home-ce-specialist-training-materials
Tools	Eastern PA Continuum of Care Connect to Home CE Call Center and Access Site List	https://pennsylvaniacoc.org/balance-stateeastern-pa-coc/connect-home-coordinated-entry-system-eastern-pa
Tools	Eastern PA Continuum of Care Connect to Home CE Flyers and Brochures	https://pennsylvaniacoc.org/balance-stateeastern-pa-coc/connect-home-coordinated-entry-system-eastern-pa

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	(English and Spanish)	
Tools	Eastern PA Written Standards Optional Forms and Templates	https://pennsylvaniacoc.org/eastern-pa-coc-policies-and-procedures
Trainings	Eastern PA Continuum of Care Connect to Home CE Specialist Training Videos	https://pennsylvaniacoc.org/connect-home-ce-specialist-training-materials

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APPENDIX C: RELEASE NOTES

Version 2.0:

- Fixed broken links.
- Added the following written standard to all project types except Coordinated Entry: Per 24 CFR § 576.500(b), both CoC and ESG program grant recipients must maintain and follow written intake procedures to ensure compliance with the homeless definition in § 576.2. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. However, lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates on which entries are made.
- Added the following written standard to all project types: Both CoC and ESG programs require participation of homeless persons on the board of directors or other policy decision-making bodies (CoC: § 578.75(q)(1-2) and ESG: § 576.405). CoC-funded service provider organizations must involve households with lived experience in the design, governance and operations of homeless housing organizations and their programs. Organizations must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors, or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or the provision of CoC Program assistance. In addition, service providers must, to the extent possible, involve households with lived experience through employment, volunteering, operating the project and/or providing supportive services. Persons with lived experience must have been homeless within the last seven (7) years or are currently program participants.

Version 2.5:

- Updated the Category 4 definition per HUD's changes in VAWA.

Version 3.0:

- Updated FAQs for Category 2 (utilities)
- Added updated Coordinated Entry Policies link (3.18.2024)

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Version 3.5:

- Updated all Coordinated Entry Materials.
- Removed all VI-SPDAT entries and replaced with the Housing Assessment Tool (HAT).
- Updated Rapid Rehousing, Transitional Rapid Rehousing, and Permanent Supportive Housing Prioritization.

ADDENDUM – EASTERN PA COC EMERGENCY HOUSING VOUCHER (EHV) IDENTIFICATION, ASSESSMENT, AND REFERRAL PROCESS