Wake County Continuum of Care Written Standards

Continuum of Care and Emergency Solutions Grant Programs

CoC Board Approved: June 4, 2026

Wake CoC Membership Adopted: July 7, 2026

Introduction

The Wake County Continuum of Care (Wake CoC) is governed through its established Governance Charter[1] and structure including a Governance Board and CoC Membership in compliance with all federal, state, and local laws and regulations including but not limited to 24 CFR 578, Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, and the Continuum of Care Interim Rule dated 2012.

Per the Memorandum of Understanding (MOU) with the Wake CoC Governing Board, effective in November 2024[2], Wake County Government serves as the Continuum of Care (CoC) Lead Agency for the Homeless Management Information System (HMIS) and Coordinated Entry System (CES) as well as Collaborative Applicant for the Wake CoC (NC-507).

Guided by the U.S. Department of Housing and Urban Development's (HUD) requirements, the Wake CoC has developed these Written Standards to establish specific community-wide expectations in the shared vision to ensure that homelessness is rare, brief and non-recurring. These Written Standards create consistency across the community and provide a baseline for all programs operating within the CoC.

Background and Overview

The Wake CoC Written Standards comply with the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, which provides Continuum of Care funding, and Emergency Solutions Grant requirements. The Written Standards are subject to annual review and may be amended by the CoC Governing Board, per the Charter.

The most current approved Wake CoC's Written Standards, approved by the CoC Governing Board and Membership, will be posted on the CoC website. All programs regardless of funding source are encouraged to adhere to the guidelines laid out in this document.

In consultation with recipients and sub-recipients of ESG program funds within the geographic area, CoCs must establish and consistently follow written standards for providing CoC assistance. At a minimum, these standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing, rapid rehousing, and permanent supportive housing assistance
- Policies and procedures for emergency transfers required under §578.99(j)(8));

In addition, the following are the requirements for Written Standards for all Emergency Solution Grant (ESG) funded program types per 24 CFR Part 576(3) ESG Program Interim Rule:

- ESG funded programs are required to coordinate with other programs targeted to people experiencing homelessness in the area covered by the CoC to provide a strategic, community-wide system to prevent and end homelessness for the CoC; and

[1] https://wakenc507.org/wp-content/uploads/2025/08/Wake-CoC-Charter_2025-08-12.pdf
[2] https://wakenc507.org/wp-content/uploads/2025/10/CoC-_County-MOU-_2024-10-21-_Signed.pdf

ESG funded programs are required to coordinate to the maximum extent practicable, ESG- funded activities with mainstream housing, health, social services, employment, education, and youth programs for households experiencing homelessness or at-risk of homelessness.

The Department of Housing and Urban Development (HUD) requires every Continuum of Care to evaluate outcomes of projects funded under the Emergency Solutions Grants (ESG) program and the Continuum of Care program and report to HUD (24 CFR 578.7(a)7).

Requirements for All Programs

In accordance with Title 24 of the Code of Federal Regulations, Part 576 and Part 578, the Wake CoC (NC-507), has adopted the following Written Standards for agencies providing services and housing for persons defined as homeless or at risk of homelessness within the CoC's geographic region. Activities governed by these standards are designed to promote a community-wide commitment to the goal of ending homelessness; provide funding for efforts to quickly rehouse homeless individuals and families, which minimizes the trauma and dislocation caused by homelessness; promote access to, and effective use of, mainstream programs and services by homeless individuals and families; and optimizes self-sufficiency among individuals and families experiencing homelessness. These written standards apply to all projects that receive Emergency Solutions Grant (ESG) assistance and CoC funds and any targeted homeless assistance funding in NC-507. In addition, all homeless assistance programs that are located in the Wake CoC that provide services or housing assistance for at risk or literally homeless households regardless of funding source, are encouraged to adhere to these Written Standards.

HMIS or Comparable Database Participation	All CoC-funded and ESG-funded projects are required to participate in the Homeless Management Information System (HMIS) except for victim services provider projects (defined by the Violence Against Women Reauthorization Act, VAWA of 2013 as amended) (34 U.S.C. § 12471 *et seq*.). Victim services providers must use a comparable database to collect client level data. The CoC encourages non-CoC/ESG providers to participate in HMIS. All HMIS and comparable database participating agencies should meet the minimum data quality standards and follow the HMIS Policies and Procedures Manual.
Coordinated Entry Policies	Coordinated Entry (CE) refers to a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The primary goals for CE processes are to allocate local limited resources as effectively as possible no matter where or how people present and prioritize those who have the highest need. All CoC and ESG-funded projects are required to participate in Wake CoC's Coordinated Entry System (CES). CoC and ESG funded housing projects must only take referrals from the CES. All ESG and CoC funded projects are required to follow Wake CoC's established Coordinated Entry Policies and Procedures. Prioritization standards are outlined in the Coordinated Entry Policies and Procedures. All other projects are encouraged to take part in CES in order to achieve community effectiveness and success.
VAWA Emergency Transfer Plan	All CoC recipients and subrecipients and ESG subrecipients must adopt the Wake County Continuum of Care (NC-507) Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking. Providers should provide tenants with the Emergency Transfer Policy and Request Form along with local resources for domestic violence and steps they could take when they are threatened. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. All CoC and ESG recipients and subrecipients must follow this plan and include the ETP in their program policy and procedures. A new certification form for documenting incidents of domestic violence, dating violence, sexual assault, and stalking must be used by covered providers. Tenants eligible for emergency transfers under the Wake CoC Emergency Transfer Plan, Violence Against Women Act final rule (VAWA Final Rule, 24 CFR, Part 5, Subpart L) statute and regulations have priority for open rapid rehousing and permanent support housing units if they also meet all eligibility requirements and relevant prioritization requirements for the project.
Confidentiality & Record Retention	Programs will keep all program client files up-to-date and confidential to ensure effective delivery and tracking of services. Client and program files should, at a minimum, contain all the information and forms required by HUD (24 CFR 576.500), and the Veteran Administration, service plans, case notes, referral lists, and service activity logs, including services provided directly by the permanent supportive housing program and indirectly by other community service providers. Program clients' qualifications, eligibility documentation, and other program

	client records must be retained for five years after the expenditure of all funds from the grant under which program clients were served (§ 578.103(c)(1) §576.500). Records for acquisition, new construction, and rehabilitation must be retained for 15 years following the date the project is first occupied, or used, by program clients (§ 578.103(c)(2)). **Client Recordkeeping Requirements include:** • All records containing personally identifying information (PII) must be kept secure and confidential • Programs must have a written confidentiality/privacy notice, provided to the client if requested • Documentation of homelessness and chronic homelessness (where applicable), following HUD guidelines. • A record of services and assistance provided to each client • Documentation of any applicable requirements for providing services/assistance, including disabling condition. • Documentation of use of the coordinated assessment system • Documentation of use of HMIS **Financial and Administrative Recordkeeping Requirements include:** • Documentation for all costs charged to the grant • Documentation that funds were spent on allowable costs • Documentation of the receipt and use of program income • Documentation of compliance with expenditure limits and deadlines • Retain copies of all procurement contracts as applicable • Documentation of amount, source and use of resources for each match contribution • Compliance with shelter and housing standards. • Conflict of interest/code of conduct policies. • Faith-based activity requirement, if applicable. • Other Federal requirements, if applicable. • Confidentiality procedures. **Data Collection & Confidentiality** • All client information should be entered in HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, HUD required data elements, and an update of client's information as changes occur. • Programs must maintain a release of information (ROI) form for clients to use to indicate consent in sharing information with other parties. This cannot be a general release but one that indicates sharing information with specific parties for specific reasons. • Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation. • All records pertaining to CoC funds must be retained for the greater of 5 years or the client records must be retained for 5 years after the expenditure of all funds from the grant under which the program client was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods. Records pertaining to other funding sources must adhere to those record retention requirements.
Service Coordination	Programs will assist program clients in obtaining appropriate supportive services and other federal, state, local, and private assistance as needed and/or requested by the household.

	Program staff will be knowledgeable about mainstream resources and services in the community. • Programs should arrange with appropriate community agencies and individuals the provision of education, employment, and training; schools and enrichment programs; healthcare and dental clinics; mental health resources; substance abuse assessments and treatment; legal services, credit counseling services; and other assistance requested by the client, which programs do not provide directly to clients. • Programs coordinate with other mainstream resources for which clients may need assistance: emergency financial assistance; domestic violence shelters; local housing authorities, public housing, and Housing Choice Voucher programs; temporary labor organizations; childcare resources and other public programs that subsidize childcare; youth development and child welfare; WIC; Supplemental Nutritional Assistance Program (SNAP); Unemployment Insurance; Social Security benefits; Medicaid/Medicare or other comparable services if available. • Case managers provide case management frequently (minimum of bi-monthly) for all clients.
Client Intake/Program Eligibility	Programs will actively participate in the Wake CoC Coordinated Entry process by only taking referrals from the coordinated entry system for their program. The program will limit entry requirements to ensure that the program can meet the variety of needs in the population experiencing homelessness. • Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history. • Programs focus on engaging clients by explaining available services and encouraging each adult household member to participate in said services, but programs do not make service usage a requirement or the denial of services a reason for disqualification or eviction. • Programs must use the standard order of priority of documenting evidence to determine homeless status and chronically homeless status per the program's eligibility requirements. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows: o Third-party documentation (including HMIS) o Intake worker observations through outreach and visual assessment. o Self-certification of the person receiving assistance o Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access reserved for caseworkers and administrators. • Programs can turn away individuals and families experiencing homelessness from program entry for only the following reasons: o Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals o Rapid rehousing subsidy money has been exhausted o If the housing has in residence at least one family member with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93) o For SSVF programs only, the family or individual has household income over 50% of area median income. • All adult program clients must meet the following program eligibility requirements:

	○ Definition of homelessness as defined by HUD in program specific standards ○ Adult household members can participate in developing and carrying out an appropriate housing stability plan and maintain accountability of said plan. ○ CoC programs should also assess client eligibility based on eligibility criteria established by the NOFO for the year of the award.
Personnel Standards	Programs shall adequately staff services with qualified personnel to ensure the quality-of-service delivery, effective program administration, and safety of program clients. • The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness. • The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on program requirements, compliance, and best practices. • The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program. • For programs using the Homeless Management Information System (HMIS), all end users must abide by the End User and Participation Agreements for the Wake CoC's designated HMIS system, including adherence to the strict privacy and confidentiality policies. • Staff supervisors of casework, counseling, and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness. • All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position. • Organizations should share and train all program staff on the Wake CoC's Written Standards.

Anti-Discrimination & Equal Access

Equal Access

Housing shall be made available without regard to sex, perception, marital status or household composition. To ensure equal access, a family may self-define and any group of people presenting for assistance, with or without children, and irrespective of age or relationship may constitute a household. No recipient or sub-recipient of HUD funds may inquire about the sexual orientation or gender identity of an applicant, occupant or household member, of HUD-assisted housing for the purpose of determining eligibility for the housing or otherwise making such housing equally available. However, this prohibition on inquiries does not prohibit any individual from voluntarily self-identifying. This prohibition on inquiries also does not prohibit lawful inquiries of an applicant or occupant's sex where the housing provided or to be provided to the individual is temporary emergency shelter that involves the sharing of sleeping areas or bathrooms, or inquiries made into familial composition for the purpose of determining the number of bedrooms to which a household may be entitled in a housing assistance program.

Anti-Discrimination Policy

Wake CoC- and ESG-funded providers shall not discriminate on the basis of any protected characteristic, including race, ethnicity, color, national origin, language, ancestry, religion, sex, familial status, age, gender identity, LGBTQ+ (lesbian,

gay, bisexual, transgender, queer/questioning, etc.) status, socio- economic status, marital status, domestic or sexual violence victim status, or sensory, mental, or physical ability. Definitions of the protected characteristics can be found in Appendix I.

This means that Wake CoC and partner agencies and their staffs, volunteers, and contractors will not:

- Deny any person facilities, services, financial aid, or other benefits.
- Provide services that are different, or provided in a different form, from those provided to others under the program or activity.
- Subject any person to segregated or separate treatment in any facility or in any matteror process related to receipt of any service or benefit under the program or activity.
- Restrict in any way access to, or the enjoyment of, any advantage or privilege enjoyed by others in connection with, facilities, services, financial aid, or other benefits under the program or activity.
- Treat any person differently from others in determining whether the person satisfies any admission, enrollment, eligibility, membership, or other requirement or condition, that individuals must meet to be provided shelter, services, or other benefits provided under the program or activity.
- Deny meaningful access to persons with limited English proficiency, to include translated documents, notice of participant's rights, grievance forms, and other materials vital for program access or fail to work with language services or interpreters to assist persons who need assistance communicating and speak an alternate primary language other than the staff persons.

Wake CoC partner agencies shall make housing available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status. Agencies will ensure equal access to programs for all individuals and families; provide housing, services, and/or accommodations in accordance with a clients' gender identity; and determine eligibility without regard to actual or perceived sexual orientation, gender identity, or marital status.

All agencies must manage a responsible and sound operation in accordance with federal, state, and local nondiscrimination and equal opportunity provisions, as codified in the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Titles II & III of the Americans with Disabilities Act, HUD's Equal Access to Housing Rule and Gender Identity Final Rule, 24 CFR 5.100, 5.105(a)(2) and 5.106(b). This includes establishing an Agency Anti-Discrimination policy and grievance procedures, and sharing all policy and procedures with clients, staff, volunteers, and contractors.

Section 504 of the Rehabilitation Act of 1973

Section 504 (29 U.S.C. § 794) and HUD's implementing regulations (24 C.F.R. part 8) prohibits discrimination based on disability in any program or activity receiving federal financial assistance. Section 504 of the Rehabilitation Act of 1973 (24 CFR Part 8), prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance, regardless of whether the programs involve provision of housing or non-housing services or benefits. While Section 504 overlaps with the disability discrimination prohibitions of the Fair Housing Act, it also imposes broad affirmative obligations on recipients to make their programs, as a whole, accessible to persons with disabilities.

Recipients and subrecipients must administer programs and activities receiving Federal financial assistance in the most integrated setting appropriate to the needs of qualified individuals with disabilities and may not deny a qualified individual with disabilities the opportunity to participate in or benefit from housing, or an aid, benefit, or service. Recipients and subrecipients must provide equal benefits to individuals with disabilities and may not provide different or separate benefits to individuals with disabilities, unless necessary to provide such individuals with benefits that are

equally effective to those provided other persons. Section 504 applies to actions taken directly and actions taken through contractual arrangements.

Under Section 504, recipients must provide reasonable accommodations for persons with disabilities. A reasonable accommodation is a change, adaptation, or modification to a policy, program, service, or workplace which will allow a qualified person with a disability to participate fully in a program, take advantage of a service, or perform a job. Recipients and subrecipients must also take appropriate steps to ensure effective communication with applicants, beneficiaries, and members of the public, such as providing auxiliary aids and services, including American Sign Language interpreters and alternate format documents (e.g., Braille, large print, accessible electronic communications) for persons with disabilities.

Accessible Technology and Communication

HUD recipients and subrecipients must assure their program and activities are carried out in compliance with applicable requirements in Section 504 of the Rehabilitation Act, HUD's implementing regulations in 24 CFR part 8, and, where applicable, the Americans with Disabilities Act. When developing, procuring, maintaining, or using electronic and information technology (EIT), recipients and subrecipients must ensure access and use of EIT for persons with disabilities comparable to those without disabilities. These statutes also require effective communication with individuals with disabilities and prohibit electronic and information technology-imposed barriers to access information, programs, and activities for persons with disabilities.

Americans with Disabilities Act

Title II of the Americans with Disabilities Act (ADA) prohibits discrimination against persons with disabilities in all programs, activities, and services of a public entity (i.e., state or local government; or department, agency, special purpose district, or other instrumentality of a state, or states, or local government). The prohibitions against discrimination under Title II of the ADA are essentially the same as those in Section 504, except they apply to all programs, activities, and services of the public entity and those funded with federal financial assistance such as CoC or ESG.

Title III of the ADA prohibits discrimination on the basis of disability in public accommodations and commercial facilities. These do not include housing but do include emergency overnight shelters or social services facilities. For more information about the ADA and its requirements, see the Department of Justice website at: www.ada.gov. CoC and ESG funded recipients must ensure that their program's housing and supportive services are provided in the most integrated setting appropriate to the needs of people with disabilities and in accordance with federal regulations (24 CFR 8.4(d)).

Age Discrimination Act of 1975

The Age Discrimination Act prohibits discrimination based upon age in federally assisted and funded programs or activities, except in limited circumstances (24 CFR Part 146). It is not a violation of the Age Discrimination Act to use age as a screening criterion in a particular program if age distinctions are permitted by statute for that program or if age distinctions are a factor necessary for the normal and efficient operation of the program or the achievement of a statutory objective of the program or activity.

All complaints related to Fair Housing are referred to the NC Human Relations Commission and may be made in writing to 1318 Mail Service Center, Raleigh, NC 27601, or by telephone at 1-866-324-7474.

Prohibition on Involuntary Family Separation

In compliance with the CoC Program Interim Rule (24 CFR 578.93(e)) and ESG regulations (24 CFR 576.102(b), involuntary separation is prohibited in all funded projects. Projects shall not deny admission to any household on the basis of the age and gender of a child under the age of eighteen (18) years or the gender or marital status of a parent or parents. Recipients and subrecipients must ensure that people who present together for assistance, regardless of age or relationship, are considered a household and are eligible for assistance as an eligible household under CoC and ESG funded projects and programs. Projects that serve families with children must serve all types of families with children regardless of composition and age of household members. If a project targets a specific population (e.g., women with children), these projects must serve all families with children that are otherwise eligible for assistance, including families with children that are headed by a single adult or consist of multiple adults that reside together. See, 24 CFR 576.102 4(b)24 CFR § 578.93, Prohibition Against Involuntary Family Separation and Section 404 of the HEARTH Act.

Wake CoC will work with providers to ensure placements are coordinated to avoid involuntary separation. Any person who believes that they or a family member has experienced involuntary family separation may report the issue directly to the Wake CoC or by utilizing the client grievance procedures delineated in these written standards.

Faith-Based Inclusion Policy

The Fair Housing Act and Title VI of the Civil Rights Act prohibits discrimination based upon religion. Recipients and sub-recipients may not restrict housing or services to persons of a particular religion or religious denomination, nor may they require a particular religious belief or activity as a condition of receiving benefits or participating in program activities. If providers allow participants to use the public and common spaces for religious services, it must make those public and common spaces available for all types of religious services requested by the participants and no religious activity shall be or implied to be compulsory to receive services or housing.

Wake CoC agencies and staff, volunteers, or contractors shall not, in providing program assistance, discriminate against a program client or prospective client on the basis of religion or religious belief. In providing services supported in whole or part with federal financial assistance and in outreach activities related to such services, programs shall not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.

Drug Free Workplace

Recipients and subrecipients of federal, state and local government funds must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of 2 CFR part 2429, which adopts the governmentwide implementation (2 CFR part 182) of sections 5152-5158 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701-707). A Drug Free Workplace policy that complies with the requirements must be clearly noted in a recipient/subrecipient’s personnel policies and procedures.

Grievance and Anti-Retaliation Policy and Procedures

Anyone participating in the Wake CoC has the right to file a grievance if they have a complaint about the provision of housing and services.

The Wake CoC affirms that people who wish to file a grievance have the right to do so without retaliation from the party accused or any associated representative. Retaliation includes but is not limited to; harassment, intimidation, violence, program dismissal, refusing to provide services, use of profane or derogatory language to, or in reference to, the complainant, or breach of contract.

All programs must have an internal grievance process that clients can use to resolve conflicts within the program. Programs must have written policies and procedures for resolving grievances, including a statement regarding the client's right to request reasonable accommodation, and must post them in a place conspicuous and accessible to clients. In addition, each client shall receive a copy of the grievance policies and procedures, upon intake and upon receiving a warning or discharge notice, in all appropriate languages or for those needing accommodation.

The grievance process focuses on preventing the escalation of complaint, resolving complaints, and improving program environments for clients and staff. To this end, programs must strive to maximize the use of informal avenues for resolving disputes whenever possible.

The program's grievance procedures must allow clients the opportunity to be represented by a third-party advocate in the grievance process. Reasonable efforts must be made to coordinate with the client's advocate in order to schedule an appeal. The program's grievance procedures must provide clients the opportunity to present their case before a neutral decision-maker.

To the extent possible, the goal of grievance procedures should be conflict resolution, rather than determining or assigning fault or blame.

Program Grievance Policies

All programs must submit their grievance process during annual monitoring to the CoC Lead Agency and at minimum should include:

- Consumer must first file a grievance with the program in accordance with the program’s grievance policy.
- Program administration (service provider) will address the grievance with program staff and the client, staff, volunteer, or contractor. If grievance is against a program administrator, the agency should have an objective representative body, such as a Board Executive Committee, hear and make decisions about the grievance.

Wake CoC Grievance Procedure

If a client believes they have been wrongfully denied program entry or wrongfully terminated from a program, a complaint can be filed with Wake CoC Lead Agency via email to info@wakenc507.org.

- Wake CoC Lead Agency will document the grievance and provide written response to their grievance.
- Wake CoC Lead Agency will notify the Wake CoC Executive Committee within two (2) business days of the grievance being made.

The Wake CoC Executive Committee will appoint a workgroup to review the grievance and respond to it within fifteen (15) days from when the grievance was filed.

Unit Standards

Occupancy standards provide consistent criteria for determining the size of the permanent housing unit for which the household is eligible and thus, the amount of financial assistance that may be provided. Recipients or subrecipients must adhere to funding source requirements. For programs not funded through ESG and CoC, recipients or subrecipients may choose to use the occupancy guidelines set by the Housing Choice Voucher Program, 24 CFR 982 Subpart I: 982.401(d), or develop their own standard informed by the HCV standard and must develop a written policy outlining their occupancy standards requirements and use those standards consistently in program implementation.

Shelter and Unit Inspections	All dwelling units and shelters in assisted projects and programs shall meet unit inspection requirements set by HUD, as applicable, depending on funding source (24 CFR 576.403(c) and 578.75, et seq)). Emergency Shelter facilities are required to adhere to 24 CFR 576.403(b) and meet state or local government safety and sanitation standards, including energy-efficient appliances and materials. Recipients and subrecipients must conduct inspections on every unit, consistent with HUD requirements, prior to initial occupancy and annually thereafter during the financial assistance period in accordance with HUD's current inspection requirements at the time of the inspection to ensure compliance with the prevailing requirements and safe and sanitary housing.
Lead Paint	CoC and ESG funded emergency shelters and assisted housing occupied by program clients must adhere to the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R, as applicable. All HUD-funded programs with housing units occupied by clients are required to incorporate lead-based paint disclosure, notice, visual inspection, and remediation requirements and procedures in operating policies. Generally, these provisions require the owner/property manager to screen for, disclose the existence of, and take reasonable precautions regarding the presence of lead-based paint in leased or assisted units constructed prior to 1978, with exceptions noted in 24 CFR part 35.115(a). Additionally, all clients moving into units built before 1978, must be provided information on Lead-Based Paint and Lead Hazards, receive the *"Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards"* and have the HUD Lead Addendum attached to the unit lease. Recipients and subrecipients must ensure that owners/managers of properties built before 1978, provide notice to prospective and current tenants. Such notification should point out the hazards of lead-based paint and explain the symptoms, treatment and precautions that should be taken when dealing with lead-based paint poisoning and availability of blood lead-level screening for children. Housing providers must ensure that the year a unit was constructed is documented, confirm the year is noted in the required inspection forms, and that a visual assessment is conducted or non-applicability is documented. The visual assessment of the stability of painted surfaces must be conducted prior to initial occupancy and annually thereafter during the financial assistance period for a covered dwelling unit built before 1978. All deteriorated paint identified during the visual assessment must be appropriately repaired, in accordance with the regulatory requirements, prior to clearing the unit for eligibility and financial assistance.

	If a notice is received by a recipient or subrecipient from a public health department or other medical care provider indicating a child of less than six (6) years of age living in a unit funded by HUD rental assistance has an elevated blood lead level (EBLL), the response process and timeline established at 24 CFR 35.1225 takes effect. The response process includes an environmental investigation of the assisted dwelling unit (regardless of whether the child still resides in the dwelling unit), a risk assessment, interim controls, information exchange with the health department, and timely notification requirements to the HUD Field Office. (*See,* 24 CFR 35.730). Providers should maintain a project unit inventory list that notes the year a unit was constructed and whether a covered person resides in the unit in the event a report of EBLL occurs. HUD has an LSHR toolkit that provides information and resources to property owners on the LSHR, including actions for owners to take when a child under age 6 is identified with an EBLL at: https://www.hudexchange.info/programs/lead-based-paint/lshr-toolkit/introduction/

Service Delivery Approach (Trauma Informed Care)

Meaningful engagement results in system and programs that are more relevant and responsive to the populations they serve. A mix of professional experience and personal lived expertise is essential for creating impactful solutions. Each CoC funded project is expected to engage consumers in program creation, ongoing program evaluation, and quality improvement processes. Authentic and meaningful engagement of individuals with lived expertise means including them in all decision-making processes related to policy, funding, program design, and implementation.

Before any decisions are made, the CoC, ESG recipients, and funded programs should collaborate with people who have experienced homelessness, centering their voices and experiences. Engagement can and should occur in a variety of spaces and ways including conducting listening sessions and inviting persons with current or previous experience of homelessness to serve as advisors or in formal roles in the CoC.

Access to Mainstream Resources	The CoC expects that every agency funded through the CoC or ESG programs will coordinate with and access mainstream and other targeted homeless resources. • Providers should assess and assist clients with obtaining any mainstream resource for which they may be eligible for, including but not limited to Temporary Assistance for Needy Families (TANF), Public Assistance, Veterans Health Care, Supplemental Nutrition Assistance Program (SNAP), Medicaid, Medicare, SSI/SSDI, Employment and Independence for People with Disabilities (EIPD), Capital Area Workforce Development (NCWorks), McKinney-Vento Homeless Assistance (See Wake CoC Continuing Education Policy), other public housing or mainstream voucher waitlists. • When possible, providers should streamline processes that include applying for mainstream benefits such as the use of a singular form to apply for benefits or collecting all necessary information in one step. The SSI/SSDI Outreach Access and Recovery (SOAR) process is encouraged to speed up the process for applying for SSI/SSDI and other vital documents.
Environmental Reviews	Activities conducted under CoC or ESG funds are subject to Environmental Review under 24 CFR part 50. HUD-assisted projects are required to comply with the National Environmental Policy Act (NEPA) by conducting an Environmental Review to determine the potential environmental impacts of a project or, if applicable, by documenting its categorical exclusion or exemption from this requirement. Agencies should retain a copy on file of the HUD Nationwide Programmatic Environmental Review for soft costs associated with a CoC funded project. Additionally, for each CoC project type with associated hard costs not covered by the Nationwide Programmatic Environmental Review, the applicable Environmental Review must be conducted prior to committing or expending CoC Program funds on any eligible program activity such as leasing/rental assistance, project-based housing or acquiring, rehabilitating, converting, leasing, repairing, disposing of, demolishing, or constructing property (24 CFR 578.31). Only a unit of general state or local government with land use authority over the project site(s) may act in the capacity of Responsible Entity. Therefore, nonprofit recipients/subrecipients must work with their state or local governments to complete the required environmental reviews for their CoC activities not covered under the CoC Nationwide Environmental Review. A CoC Environmental Review Record (ERR) is valid for a period of up to five years. Per 24 CFR 576.407(d), all Emergency Solutions Grant (ESG) funded activities must also meet requirements under NEPA for Environmental Review. Subrecipients of ESG funds must work with the recipient to ensure completion of this requirement. Finally, records of completed ERRs must be retained in accordance with the record keeping requirements found at 24 CFR 578.103(a), and 576.500.

Program Exit/ Follow-Up Services	A program client is exited from the program when they exhaust the amount or length of time they can receive assistance (e.g., such as reaching the 24-month limit for rental assistance). A program client may also be exited from the program if they no longer meet program eligibility requirements at re-evaluation (e.g., such as exceeding income limits). Programs must ensure a continuity of services to all clients exiting their programs, including those individuals and families terminated from the program. Agencies can provide these services directly or through referrals to other agencies. • Programs prioritize the development of exit plans for each client to ensure continued permanent housing stability and connection to community resources, as desired. • Programs routinely check in with PSH clients to identify those households whose acuity scores are low enough to maintain permanent housing stability in market rate or subsidized housing outside the permanent supportive housing program. • Programs develop a plan, in conjunction with the participating household, for effective, timely exit of individuals and families whose acuity scores are low enough to maintain permanent housing stability in market rate or subsidized housing outside the permanent supportive housing program. • Programs should attempt to follow up with clients through verbal or written contact at least once 6 months after the client exits the program. A program may provide follow-up services to include identification of additional needs and referral to other agencies and community services in order to prevent future episodes of homelessness. • For HUD CoC PSH grants, programs may provide services to formerly homeless individuals and families for up to six months after their exit from the program.

Program Terminations	The recipient or subrecipient may terminate assistance to a program client who violates program requirements. However, the recipient or subrecipient must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination so that a program client's assistance is terminated only in the most severe cases. Recipients and subrecipients should provide special consideration and examination of extenuating circumstances when considering termination of assistance for difficult-to-house populations, such as those individuals residing in permanent supportive housing projects (§ 578.91(a) and § 576.402(a)). **Termination of assistance is not the same as eviction.**
	
	Steps Required Before Termination
	In CoC projects, the program client must be provided with a written copy of the program rules and the termination process before the client begins to receive assistance. This is also the best practice for the ESG Program.
	• Recipients and subrecipients must establish a formal process for termination that recognizes the rights of individuals receiving assistance (§ 578.91(b) and § 576.402(b)).
	• For Street Outreach and Emergency Shelter, the regulations do not require that any specific criteria cited be included in the policy.
	• For all CoC projects and for ESG-funded rental assistance and housing relocation and stabilization services, the termination policy must include, at a minimum:
	  ○ Written notice to the program client containing a clear statement of the reason(s) for termination.
	  ○ A review of the decision, in which the program client is given the opportunity to present written or oral objections before a person other than the person (or subordinate of that person) who made or approved the termination decision.
	  ○ Prompt written notice of the final decision to the program client.

Temporary Shelter/Street Outreach Termination

- Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance and keep a copy signed by the client in the file.
- Programs should only terminate assistance when a client has presented a terminal risk to staff or other clients. Clients previously terminated from the program may be reviewed for assistance at a later date.
- The program is responsible for providing evidence that extenuating circumstances were considered and significant attempts were made to help the client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for clients who feel assistance was wrongly terminated.
- Programs may deny entry or terminate services for program-specific violations relating to the safety and security of program staff and clients.

Permanent Housing Termination

Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination. **Termination of assistance is not the same as eviction.**

- While violation of a client's lease or sublease may be cause for termination, programs should develop a termination of services policy giving clients multiple housing chances or work to move clients to a higher-level permanent supportive housing intervention, when possible (i.e. programs will move a client two times before terminating him/her from services). Programs should only terminate services when clients pose a safety risk to staff or other residents of their community.
    - Programs' goal should be to avoid eviction by working with the landlord and client to form an agreement allowing clients to move prior to a legal eviction, when possible.
- Agencies must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance and keep a copy signed by the client in the file.
- Programs should only terminate assistance when a client has presented a terminal risk to staff or other clients. Clients previously terminated from the program may be reviewed for assistance at a later date.
- To terminate assistance to a program client, the agency must follow the provisions described in 24 CFR 578.91 of the HEARTH Continuum of Care Interim Rule as follows:
    - The grantee may terminate assistance to program clients who violate program requirements or conditions of occupancy. Termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family.
    - The program is responsible for providing evidence that extenuating circumstances were considered and significant attempts were made to help the client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for clients who feel assistance was wrongly terminated.
    - Programs may deny entry or terminate services for program-specific violations relating to the safety and security of program staff and clients.
- Programs should not immediately terminate clients who enter an institution (medical, mental health, or crisis). HUD CoC PSH grants allow grantees to maintain open units for institutionalized individuals and families for up to 90 days.

Evictions	Termination of assistance pertains to the provision of CoC or ESG assistance to a program client. Eviction is a legal action taken by an owner for the removal of a tenant from housing due to a lease violation, which could include nonpayment of rent. When a program client is to be evicted from a unit, the recipient or subrecipient may continue to serve the program client in another unit.

Homeless Prevention Standards

All program grantees using the Department of Housing and Urban Development Continuum of Care, Emergency Solutions Grant, and VA SSVF funding must adhere to these performance standards. Prevention and Diversion programs funded through the Continuum of Care (applicable for high-performing CoC's) and Emergency Solutions Grant will be monitored by the Collaborative Applicant to ensure compliance. The Wake CoC recommends that Prevention and Diversion programs funded through other sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first.

Some requirements and parameters for Prevention and Diversion assistance vary from program to program. It will be necessary to refer to the regulations for each program along with these program standards (CoC: 24 CFR 587; ESG: 24 CFR 576; SSVF: 38 CFR 62).

Program Model

Standards below are specific to the Homelessness Prevention program model and build on the requirements for all programs (see "Requirements for All Programs" section of this document).

Program Description	Homeless Prevention programs should target their limited financial assistance and housing stability resources appropriately and develop methods to determine which households are at greatest risk of becoming homeless.
Essential Program Elements	Programs will assist clients in staying in their current housing situation, if possible, or assist households at imminent risk of homelessness to move into another suitable unit as defined under the specific program type.
Time Frame	• Prevention programs are encouraged to focus on households who are at imminent risk of homelessness (HUD Category 2, defined as residence lost within 14 days, 24 CFR 578.3) or those households who can be diverted from the shelter system with the aid of financial assistance. • No matter the focus population, all prevention and diversion programs should adopt a progressive engagement philosophy and work to maintain existing housing or rehouse people as quickly as possible.
Program and Population Criteria	Homelessness prevention programs can focus on financial assistance and housing stabilization services on specific populations, including survivors of domestic violence, families with children, and formerly homeless individuals and families.

Program Specific Standards

Since street outreach programs work with a vulnerable population that often has little or no access to services, the main component of street outreach work is to ensure the survival of people living on the streets.

Service Coordination	Programs will assist program clients in obtaining appropriate supportive services and other federal, state, local, and private assistance as needed and/or requested by the household.

	Program staff will be knowledgeable about mainstream resources and services in the community. • Programs should arrange with appropriate community agencies and individuals the provision of education, employment, and training; schools and enrichment programs; healthcare and dental clinics; mental health resources; substance abuse assessments and treatment; legal services, credit counseling services; and other assistance requested by the client, which programs do not provide directly to clients. • Programs coordinate with other mainstream resources for which clients may need assistance: emergency financial assistance; domestic violence shelters; local housing authorities, public housing, and Housing Choice Voucher programs; temporary labor organizations; childcare resources and other public programs that subsidize childcare; youth development and child welfare; WIC; Supplemental Nutritional Assistance Program (SNAP); Unemployment Insurance; Social Security benefits; Medicaid/Medicare or other comparable services if available. Programs must ensure a continuity of services to all clients exiting their programs. Agencies can provide these services directly or through referrals to other agencies. • Programs prioritize the development of housing stability plans for each client to ensure continued permanent housing stability and connection to community resources as well as a list of additional prevention and diversion services available if another housing crisis occurs. • Programs should attempt to follow up with clients through verbal or written contact at least once 6 months after the client exits the program. A program may provide follow-up services to include identification of additional needs and referrals to other agencies and community services to prevent future episodes of homelessness.

Performance Evaluation and Benchmarks

Homelessness prevention programs will work with the community to conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness or at-risk of homelessness.

- Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
- Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.

Measure	**Benchmark**
Maximize permanent housing success rates.	Programs should ensure that at least 80% of households exit to a permanent housing setting and prevent literal homelessness or the use emergency shelter.

Detailed Program Elements

Homeless Prevention Standards

- Programs are encouraged to target prevention funds toward community diversion efforts. When paying financial assistance to divert households from homelessness, programs should target assistance to households most likely to experience homelessness if not for this assistance.
- In evaluating current housing, programs consider the needs of the individual or family living there to decide if the current unit meets Housing Quality Standards and long-term sustainability (ESG and SSVF only).
- When moving the individual or family into a new unit, programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, etc. Programs will assess potential housing for compliance with program standards for habitability, lead-based paint, and rent reasonableness before the individual or family signing a lease and the program signing a rental assistance agreement with the landlord.
- Programs may assist with rental application fees (ESG and SSVF only), moving costs (ESG, CoC, and SSVF only), temporary storage fees (ESG and SSVF programs only), security deposits (up to 2 months for ESG, CoC and HOME), last month's rent (ESG, CoC and SSVF only), utility deposits, utility payments, rental arrears (up to 6 months for ESG), utility arrears (up to 6 months for ESG), credit repair (ESG and CoC only), and legal services (ESG and CoC only) related to obtaining permanent housing. Grantees should follow the specifics of the grant program under which their program is funded to understand specific restrictions for each program and the maximum number of months allowed for rental and utility assistance.
- Programs will determine the amount that households will contribute toward their monthly rent payment. The household's payment cannot exceed ESG, CoC, SSVF, or HOME regulations. All rent payments made by program clients must be paid directly to the landlord or property owner. Programs will review the amount of rental assistance paid for the participating household every 3 months, and changes made to the agreement will be determined by continued need and ability of the household to sustain housing long-term.
- Programs may provide no more than 3 months of rental and utility assistance to a participating household for homelessness prevention. If the household needs more than 3 months of financial assistance, the agency Executive Director or his/her designated proxy may extend financial assistance month-to-month based on proof of continued need and demonstrated success of stated housing sustainability plan.
- Use with other subsidies: Except for the one-time payment of rental arrears on the program client's portion of the rental payment, rental assistance cannot be provided to a program client who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources. Programs can pay for security and utility payments for program clients to move into these units when other funding sources cannot be identified.
    - *Lease*: The program client will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner.
    - *Rental Assistance Agreement*: Grantees may make rental and utility assistance payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided. The rental assistance agreement must provide that, during the term of the agreement, the landlord must give the grantee a copy of any notice to the program client to vacate the housing unit or any complaint used under state or local law to commence a legal eviction against a program client.

Case Management and Supportive Services Standard

Programs shall provide access to housing stabilization and/or case management services by trained staff to each individual and/or family in the program.

- Programs provide individual housing stabilization and/or case management services to program clients at least monthly. These services include:
- Housing stability services to assist clients in maintaining current or obtaining an alternative suitable, affordable permanent housing unit, including:
    - Assessment of current housing and client needs to retain current housing.
    - Development of an action plan for locating new housing.
    - Housing search.
    - Outreach to and negotiation with landlords or property owners.
    - Tenant counseling.
    - Assessment of housing for compliance with program type requirements for habitability, lead-based paint, and rent reasonableness.
    - Assistance with submitting rental applications.
    - Understanding lease agreements.
    - Arranging for utilities.
    - Making moving arrangements.
    - Assuring clients have the basics at move-in, including simple furnishings, mattresses, and cooking utensils like pots and pans.
- Case management services, including assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for clients who have obtained and maintained permanent housing through the homelessness prevention or rapid rehousing program by:
    - Developing, in conjunction with the client, an individualized housing and service plan with a path to permanent housing stability.
    - Developing, securing, and coordinating services.
    - Obtaining federal, state, and local benefits.
    - Monitoring and evaluating program clients' progress towards goals.
    - Providing information about and referrals to other providers.
    - Conducting 3-month evaluations to determine ongoing program eligibility.
- Programs may offer other services, including:
    - Legal services to resolve a legal problem prohibiting a program client from obtaining or retaining permanent housing (only ESG and CoC), including:
        - Client intake.
        - Preparation of cases for trial.
        - Provision of legal advice.
        - Representation of legal advice.
        - Counseling.
        - Filing fees and other necessary court costs.
        - Mediation between the program client and the owner or person(s)with whom the client is living (only ESG and CoC).
        - Credit repair (only ESG and CoC), including:
            - Credit counseling.

        - Accessing a free personal credit report.
        - Resolving personal credit problems.
    - Other services needed to assist with critical skills related to household budgeting and money management.
- Case management includes the following types of contact: home visits, office visits, meeting in a location in the community, or phone calls (at least one visit per month must be in person). Meeting times, place, and frequency should be mutually agreed upon by both the client and case manager.
- The program will evaluate the household for ongoing eligibility or as changes are reported in household income and needed to maintain housing stability. To continue receiving prevention services, the client must indicate a need, including relevant and appropriate documentation.

Optional, but recommended:

- Representative payee services.
- Relationship-building and decision-making skills.
- Education services such as GED preparation, post-secondary training, and vocational education.
- Employment services, including career counseling, job preparation, resume-building, dress, and maintenance.
- Behavioral health services such as relapse prevention, crisis intervention, medication monitoring, and/or dispensing, outpatient therapy, and treatment.
- Physical health services such as routine physicals, health assessments, and family planning.
- Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal (warrants, minor infractions) matters.

Client Eligibility

Programs will actively participate in their community's coordinated entry system by only taking referrals from the coordinated entry system for their program.

- All adult program clients must meet the following program eligibility requirements:
    - Homelessness prevention programs work with households at imminent risk of homelessness definition (Category 2) in the definitions section of the performance standards.
    - Adult household members can participate in developing and carrying out an appropriate housing stability plan and maintain accountability of said plan.
    - CoC programs should also assess client eligibility based on eligibility criteria established by the NOFA for the year of the award.
- Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history.
- Programs focus on engaging clients by explaining available services and encouraging each adult household member to participate in said services, but programs do not make service usage a requirement or the denial of services a reason for disqualification or eviction.
- Programs must use the standard order of priority of documenting evidence to determine homeless status and chronically homeless status per the program's eligibility requirements. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
    - Third-party documentation (including HMIS)
    - Intake worker observations through outreach and visual assessment.
    - Self-certification of the person receiving assistance

- Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access reserved for caseworkers and administrators.
- Programs can turn away individuals and families experiencing homelessness from program entry for only if Prevention and Diversion money has been exhausted.

Street Outreach Standards

Street outreach programs provide assertive outreach and engagement to individuals and families experiencing unsheltered homelessness. Street outreach works to connect them with emergency shelter, housing, and/or critical services, and providing them with urgent, non-facility-based care.

Unsheltered homelessness is defined as having a primary night-time residence that is a public or private place not designed for or ordinarily used as regular sleeping accommodation for human beings, including, but not limited to: a car, park, abandoned building, bus or train station, airport, or camping ground. An encampment is defined as a setup of an abode or place of residence of one or more people on public or private property or including an accumulation of personal belongings that are present even when the individual may not be.

Program Model

Standards below are specific to the Street Outreach program model and build on the requirements for all programs (see "Requirements for All Programs" section of this document).

Program Description	Outreach programs must meet people where they are, both geographically and emotionally. This means meeting people in locations that are most convenient for them as well as developing trusting relationships with unsheltered people through active listening, persistence, consistency, and without judgment. Because outreach happens in non-traditional settings with people who often have complex needs, outreach workers face challenges that require special skills to do their job well.
Essential Program Elements	Programs will locate, identify, and build relationships with unsheltered people experiencing homelessness and engage them to provide immediate support, intervention, and connections with homeless assistance programs, essential services, and permanent housing programs. • All Street Outreach providers must use the standard order of priority for documenting evidence to determine unsheltered homeless status. • Street outreach programs must continue to outreach and engage unsheltered individuals regularly, offering them higher-level services, and ensuring basic needs are met. • Programs will maintain releases of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type.
Time Frame	Individuals or families must not be exited from Street Outreach until they are no longer in need of services and/or have otherwise been successfully housed in a permanent or other positive destination. Street outreach staff provide regular and consistent case management and connect clients to essential services based on the individual's specific needs and the level at which the client desires.
Program and Population Criteria	Street Outreach must target unsheltered homeless individuals and families who lack a fixed, regular, and adequate nighttime residence, such as an individual or family with a primary nighttime residence that is in a public or private place not meant for human habitation including but not limited to a car, park, abandoned building, bus or train station, or airport.

Program Specific Standards

Since street outreach programs work with a vulnerable population that often has little or no access to services, the main component of street outreach work is to ensure the survival of people living on the streets.

Personnel	The program shall adequately staff services with qualified personnel to ensure the quality-of-service delivery, effective program administration, and the safety of staff and program clients. • The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with unsheltered individuals and families. • The organization will train program staff on general topics such as self-care, teamwork, boundaries and ethics, and personal safety. It will also train staff on specific skills necessary to effectively connect with unsheltered individuals, including, but not limited to, relationship- building, motivational interviewing, cultural competence, effective referrals and linkages, basic medical and mental health care, and conflict de-escalation.
Service Coordination	• Street outreach programs provide necessary supplies for living unsheltered and assist people to access emergency shelters, especially during very cold or hot times of the year. • Regularly engaging community providers, including law enforcement and other city and county departments encountering unsheltered people, and creatively including homeless and formerly homeless individuals to assist in the engagement of this population are necessary to provide effective street outreach. • Collaborate with local service or basic needs providers and organizations where unsheltered individuals seek basic services such as food pantries, crisis centers, community centers, day shelters, and others, setting up regularly scheduled times to outreach and engage unsheltered individuals in these locations. ○ This must be conducted by prioritizing the client's privacy, health, and safety above all else. • Street outreach programs should provide outreach and engagement, crisis intervention counseling, case management, emergency and permanent housing planning, employment and other income assistance, and life skills training. Program staff will help unsheltered individuals connect to physical and mental health services, substance abuse treatment, transportation, services for special populations (i.e. developmental disabilities, HIV/AIDS), and other mainstream services, including public benefits such as Social Security Disability, Medicaid/Medicare, Food Stamps, TANF. • Street outreach programs must work to connect their clients to permanent housing programs, such as rapid re-housing and permanent supportive housing, in the community through bi-weekly case conferencing.

Performance Evaluation and Benchmarks

Outreach teams will conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness.

Measure	Benchmark
Percentage (%) of clients with increased income	At least 50% of households increase their income while enrolled with street outreach
Percentage (%) of clients with an exit to permanent housing	At least 80% of households move from the street to temporary shelters, safe havens, or permanent housing.

Detailed Program Elements

Case Management and Supportive Services Standard

Street outreach programs shall provide access to case management services by trained staff to any unsheltered persons.

- Building trusting, lasting relationships with unsheltered individuals.
- Providing access to essential services, such as emergency health services, emergency mental health services, and transportation to eligible services.
- Assessing, planning, coordinating, implementing, and evaluating the services delivered to the client. Program staff will engage clients in an individualized housing and services plan. Clients do not need to access additional services to be referred to permanent housing providers.
- Helping clients to create strong support networks and participate in the community, as they desire.
- Encouraging unsheltered individuals to seek emergency shelter.
- Street outreach programs will assertively outreach and engage unsheltered individuals where they are, seeking them in campsites, under bridges, near the entrance and exit ramps to roads and highways, in abandoned buildings, living in bus or train stations, or other places not meant for human habitation.
- Street outreach programs may not deny or terminate services to individuals unwilling or unable to obtain higher-level services or follow a basic case management plan.
- Street outreach programs shall not charge money for any housing or supportive service provided.
- Communities will share information across outreach teams and sites and engage with other systems, including law enforcement, hospitals, and emergency departments, corrections, libraries, and job centers to proactively seek all unsheltered people within CoC, including people living in encampments or tent cities, and not be limited to serving only persons seeking assistance.
- All outreach should be person-centered and emphasize building rapport and trust as a means of helping people obtain housing with appropriate services.

Client Eligibility

All clients must meet the following program eligibility requirements for street outreach programs unless otherwise specified by a program funder:

- Street Outreach must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
    - Third-party documentation (including HMIS)
    - Intake worker observations through outreach and visual assessment
    - Self-certification of the person receiving assistance
- Programs should engage individuals, make an initial assessment of needs, and determine unsheltered homeless status. If programs determine that an individual does not meet the definition of unsheltered homelessness, they should still connect any literally homeless person needing assistance to the Coordinated Entry System to access needed services but not enroll them for expanded services in the street outreach program.
- Programs can only turn away unsheltered individuals from program entry for the following reasons:
    - The individual does not meet the unsheltered homeless definition
    - The safety of staff is at imminent risk
    - The individual does not meet other program requirements set by the program funder. i.e. PATH, Runaway and Homeless Youth (RHY) Street Outreach, etc.
- Programs cannot disqualify an individual or family from entry because of:

    - Employment status or lack of income.
    - Evictions or poor rental history.
    - Unwillingness or inability to obtain higher-level services or follow a basic case management plan.
- Programs may make services available and encourage engaged individuals to participate in higher-level services but cannot make service usage a requirement.
- Paper files should be maintained in a locked cabinet behind a locked door with access strictly reserved for case workers and administrators.

Emergency Shelter Standards

Emergency shelters serve a variety of people experiencing homelessness in our communities. Many shelters may serve a specific population such as men, women, individuals and/or families, people fleeing domestic violence, or a combination thereof. Emergency shelters may be structured as drop-in shelter (night by night) or temporary shelter with a more formal program enrollment and dedicated case management. Effective emergency shelter both meets the immediate basic needs of households and engages in housing problem solving discussions to support rapid exit from shelter and/or engaged in progressive engagement to connect through Coordinated Entry (CE).

Program Model

Standards below are specific to the Emergency Shelter program model and build on the requirements for all programs (see "Requirements for All Programs" section of this document).

Program Description	Emergency shelter is any facility whose primary purpose is to provide temporary housing for individuals or families experiencing homelessness and as a primary alternative to street sleeping.
Essential Program Elements	Shelters must provide safe, temporary housing options that meet client needs under guidelines set by the U.S. Department of Housing and Urban Development. • Shelters must meet state or local government safety, sanitation, and privacy standards. Shelters should be structurally sound to protect residents from the elements and not pose any threat to the health and safety of the residents. • Shelters must be accessible under Section 504 of the Rehabilitation Act, the Fair Housing Act, and Title II of the Americans with Disabilities Act, where applicable. • Shelters may provide case management, counseling, housing planning, childcare, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment, transportation, and services for special populations per 24 CFR 576.102 but cannot deny shelter services to individuals and families unwilling to participate in supportive services. See the next section for specific required and optional services shelters must provide. • Shelters providing shelter to families may not deny shelter to a family based on the age and gender of a child under 18 years of age. • Shelters must comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821- 4946), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851- 4956), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R. • Shelters must actively participate in their community's coordinated entry system. • Shelters shall not charge money for any housing or supportive service provided. • Programs must work to link their clients to permanent housing programs, such as rapid rehousing and permanent supportive housing, in the community.
Time Frame	There is no limit on how long households may reside in shelter. Programs are expected to complete due diligence in supporting exit to rapid and permanent housing solutions. However, engagement in services is not required to access life-saving shelter programs.
Program and Population Criteria	All adult program clients must meet the following program eligibility requirements in ESG-Funded Emergency Shelter: • 18 years or older

	• Literally homeless, imminently at-risk of homelessness, and/or fleeing or attempting to flee domestic violence (see definitions listed below for Category 1, 2, and 4 of the homeless definition).

Program Specific Standards

Personnel	Programs shall ensure adequate staffing of qualified personnel to ensure the quality-of-service delivery, effective program administration, and the safety of program clients.
Service Coordination	• Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance. • Shelter staff provide regular and consistent case management to shelter residents based on the individual's or family's specific needs. • Shelter staff will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others. Ongoing assistance with basic needs.

Performance Evaluation and Benchmarks

Shelter will conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness.

Measure	Benchmark
Length of time in shelter	Households served by the program should move into permanent housing or exit to a positive destination in an average of 90 days or less.
Percentage (%) of clients with an exit to permanent housing	At least 80% of households exit to a permanent housing setting or other positive destination.

Detailed Program Elements

Case Management and Supportive Services Standard

Shelters shall provide access to case management services by trained staff to each household in the program. Case management includes:

- Assessing, planning, coordinating, implementing, and evaluating the services delivered to the resident(s).
- Ensuring the client is enrolled in Coordinated Entry according to CoC's CE Policies and Procedures.
- Helping clients to create strong support networks and participate in the community as they desire.
- Creating a path for clients to permanent housing through providing rapid rehousing or permanent supportive housing or a connection to another community program that provides these services.
- Ongoing case management and measurement of acuity over time, determining changes needed to better serve residents.

Optional, but recommended:

- Representative payee services.
- Basic life skills, including housekeeping, grocery shopping, menu planning, food preparation, consumer education, bill paying/budgeting/financial management, transportation, and obtaining vital documents (social security cards, birth certificates, school records).

- Relationship-building and decision-making skills.
- Education services such as GED preparation, post-secondary training, and vocational education.
- Employment services, including career counseling, job preparation, resume-building, dress, and maintenance.
- Behavioral health services such as relapse prevention, crisis intervention, medication monitoring, and/or dispensing outpatient therapy and treatment.
- Physical health services such as routine physicals, health assessments, and family planning.
- Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal matters (warrants, minor infractions).

Client Eligibility

All clients must meet the following program eligibility requirements for Emergency Shelter programs unless otherwise specified by a program funder:

- All adult program participants must meet the following program eligibility requirements in ESG-Funded Emergency Shelter:
    - 18 years or older
    - Literally homeless, imminently at-risk of homelessness, and/or fleeing or attempting to flee domestic violence (see definitions listed above for Category 1, 2, and 4 of the homeless definition)
- All ESG recipients must use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
    - Third-party documentation (including HMIS)
    - Intake worker observations through outreach and visual assessment
    - Self-certification of the person receiving assistance
- Programs can only turn away individuals and families experiencing homelessness from program entry for the following reasons:
    - Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): single-only programs can disqualify households with children; families-only programs can disqualify single individuals
    - All program beds are full
    - If the program has in residence at least one family with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)

Rapid Rehousing Standards

Common publicly funded types of rapid rehousing programs include HUD CoC-funded rapid rehousing, Emergency Solutions Grant-funded rapid rehousing, Supportive Services for Veteran Families (SSVF) programs funded through the Department of Veteran Affairs, and Tenant-Based Rental Assistance (TBRA) programs funded through the HOME Investments Partnership (HOME) formula grant program. In general, rapid rehousing programs have latitude in determining the target population the program will serve and a great degree of flexibility in how programs apply subsidies, in duration and amount, to house and stabilize households experiencing homelessness. Rapid rehousing is an intervention that can adapt to serve individuals, families, and youth with a variety of housing barriers.

Program Model

Standards below are specific to the RRH program model and build on the requirements for all programs (see "Requirements for All Programs" section of this document).

Program Description	Rapid Rehousing (RRH) provides an immediate permanent housing solution for individuals and families experiencing homelessness by providing short-term rental assistance and supportive services. Three core components of RRH are: housing identification, rent and move-in, case management and services.
Essential Program Elements	Programs shall provide housing stabilization and minimum monthly case management services to each individual and/or family enrolled in RRH. • Housing identification/stabilization: Assist clients in locating and obtaining suitable, affordable permanent housing. • Case Management & Support Services: Assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for clients.
Time Frame	For CoC and ESG funds, program clients are eligible for up to 12 months, renewable, for a total of 24 months of assistance. Funding specific requirements: • ESG Funded RRH: Up to 24 months of rental assistance and rental arrears (one-time payment of up to 6 months of rent in arrears, including any late fees on those arrears). • CoC Funded RRH: Up to 24 months of rental assistance. • SSVF Funded RRH: Up to 12 months over a 3-year period. Agencies consistently reevaluate a client's ability to financially sustain before assistance ends and must evaluate client's eligibility annually.
Determining Maximum Allowable Rent	Agencies must assess rental and leasing costs according to the funding source and eligible costs under their program budget. The rent charged for a unit must be at or below rent reasonableness. This is defined by HUD as reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not exceed rents currently being charged by the owner for comparable unassisted units[3]. Projects cannot pay for leasing or rental assistance for units that exceed Fair Market Rent (FMR) unless otherwise specified by the funding source directly (i.e. SSVF). Recipients and subrecipients must establish their own written policies and procedures for documenting comparable rents to establish transparency and consistency across all projects. Determination must be supported by documentation in the case file.

[3] https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-leasing-rental-assistance-requirements/reasonableness/

	Written policies and procedures should include: • A methodology for documenting comparable rents • Case file checklists and forms • Standards for certifying comparable rents as reasonable • Staffing assignments, and • Strategies for addressing special circumstances

Program and Population Criteria	The following criteria apply to all populations served in RRH regardless of funding source:
	• HUD Homeless Category 1 and 4
	• Income is not required at program entry for ESG or CoC funded RRH.
	  ○ For ESG RRH, clients must meet eligibility requirements of 30% or less of Area Median Income (AMI) to receive assistance beyond the first 12 months.
	  ○ There is no additional income threshold for CoC funded RRH.
	RRH providers may have specific target populations such as families, singles adults or Veterans. All referrals made to available RRH vacancies are made through the Wake CoC Coordinated Entry Process as described in CE Policies and Procedures.

Program Specific Standards

Some requirements and parameters for rapid rehousing assistance vary from program to program. It will be necessary to refer to the regulations for each program along with these program standards (CoC: 24 CFR 587; ESG: 24 CFR 576; SSVF: 38 CFR 62; HOME: 24 CFR 92). The program standards note many of the differences below in each of the following sections. For other helpful documents to check for compliance with requirements, see the footnotes below.[4]

Personnel	• Program designates staff whose responsibilities include identification and recruitment of landlords, encouraging them to rent to homeless households served by the program. Staff have the knowledge, skills, and agency resources to understand landlords' perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord supports. Grantees should train their case management staff who have housing identification responsibilities on this specialized skill set to perform the landlord recruitment function effectively. • Ideally, rapid rehousing programs would have staff dedicated to housing identification and landlord recruitment. However, if programs cannot have dedicated staff, case manager job descriptions must include responsibilities for landlord recruitment and negotiation.

Service Coordination	• Standard eligible costs:
	  ○ one-time moving costs, including deposits and utilities.
	  ○ rental assistance (limit per household defined by funding source)
	  ○ case management
	• Other eligible supportive service costs include childcare, education, and employment services, food, housing search and counseling, legal services, life skills training, mental health and outpatient health services, outreach services, substance abuse treatment, and transportation.
	Utilizing a progressive engagement approach to rental assistance allows for programs to be attentive to the ability of a household to maintain housing once the subsidy ends. Once housed,

[4] https://www.hudexchange.info/resources/documents/Rapid_Re-Housing_ESG_vs_CoC.pdf;

http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/handbooks/cpd/6509.2

	RRH households will be much better positioned to increase their incomes and address their other needs.
Determining Rent and Tenant Contribution	**Determining Provider and Client Rent Contributions** Programs should have written policies and procedures for determining the rent amount clients pay towards housing costs. This amount must be reasonable based on household income and generally should not exceed 50% of income. Clients with zero income pay nothing until income is secured. • Providers should work closely with clients to develop a contribution plan that balances the clients' current financial situation with the need to prepare for longer-term housing stability beyond the conclusion of RRH assistance. • Providers are encouraged to structure financial assistance using a progressive engagement approach, which helps ensure that households maintain their housing while avoiding the "cliff effect" when the subsidy ends. Programs must review the amount of rental assistance paid for the participating household every 3 months and changes made to the agreement will be determined by continued need and ability of the household to sustain housing long-term.

Performance Evaluation and Benchmarks

Programs must review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.

Programs are expected to conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, adjusting the program as needed to meet the needs of the community. This is completed through the Annual Assessment in HMIS.

Measure	Benchmark
Length of time from intake to housing move-in	Households served by the program should move into permanent housing in an average of 90 days or less.
Percentage (%) of clients with an exit to permanent housing	At least 80% of households exit to a permanent housing setting.
Number of households returning to homelessness within one year of exit	At least 85% of households exiting the program do not become homeless again within one year of exit.
Percentage (%) of clients who maintain or increase their income	At least 31% or more

Detailed Program Elements

Rapid Rehousing Standard

Grantees should follow the specifics of the grant program under which their program is funded to understand specific restrictions for each program and the maximum number of months allowed for rental and utility assistance. HUD CoC and ESG grantees will adhere to the responsibilities of grant management outlined by the Wake CoC Written Standards.

- Lease: The program client will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner. Initial lease agreements should be for one year, renewable for a minimum term of one month, and terminable only for cause. ESG allows for a 6-month lease agreement.
- Rental Assistance Agreement: Grantees may make rental and utility assistance payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set

forth the terms under which rental assistance will be provided. The rental assistance agreement must provide that, during the term of the agreement, the landlord must give the grantee a copy of any notice to the program client to vacate the housing unit or any complaint used under state or local law to commence a legal eviction against a program client.

- Progressive Engagement Approach: Programs should take a progressive approach when determining the amount that households will contribute toward their monthly rent payment. Programs should remain flexible, considering the unique and changing needs of the household. The household's payment cannot exceed ESG, CoC, SSVF, or HOME regulations. Except for the HOME TBRA program, programs can choose not to charge households rent during their participation in the program. All rent payments made by program clients must be paid directly to the landlord or property owner. Programs will review the amount of rental assistance paid for the participating household every 3 months and changes made to the agreement will be determined by continued need and ability of the household to sustain housing long-term. Programs should have written policies and procedures for determining the rent amount clients pay towards housing costs. This amount must be reasonable based on household income (this could potentially be 50-60% of their monthly income), including $0 for households with no income. These policies should also address when and how programs use financial assistance as a bridge to housing subsidy or a permanent supportive housing program.
- Use with other subsidies: Except for the one-time payment of rental arrears on the program client's portion of the rental payment, rental assistance cannot be provided to a program client who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources. Programs can pay for security and utility payments for program clients to move into these units when other funding sources cannot be identified.

Case Management and Supportive Services Standard

- CoC and ESG RRH programs must meet with clients at least once per month to assist in long-term housing stability. Program staff must conduct an annual assessment of service needs.
- The program will evaluate the household for continued eligibility every three months or as changes are reported in household income and housing stability. To continue receiving RRH assistance, the household must demonstrate:
    - Lack of resources and support networks. The household must continue to lack sufficient resources and support networks to retain housing without program assistance.
    - Need: The program must determine the amount and type of assistance that the household needs to (re)gain stability in permanent housing.
- For ESG, at 12-month annual recertification, the client's income must be at or below 30% Area Median Income.
- Case management includes the following types of contact: home visits, office visits, meeting in a location in the community, or phone calls (at least one visit per month must be in person). Meeting times, place, and frequency should be mutually agreed upon by both the client and case manager.
- Additional Case Management elements include but are not limited to critical documentation support, housing stabilization planning, housing location, employment assistance, linkage to mainstream resources, transportation, financial, lease and household management and landlord mediation.

Activities and Eligible Costs

Housing Focused Case Management	• Assessment of housing barriers, needs, and preferences. • Development of an action plan for locating housing. • Housing search, including: ○ outreach to and negotiation with landlords or property owners

	○ Tenant counseling. ○ Assessment of housing for compliance with program type requirements for habitability, lead- based paint and rent reasonableness. ○ Assistance with submitting rental applications. • Move In Assistance: ○ Understanding lease agreements. ○ Arranging for utilities. ○ Making moving arrangements. ○ Assuring clients have the basics at move-in, including simple furnishings, mattresses, and cooking utensils like pots and pans. • Developing, in conjunction with the client, an individualized housing and service plan with a path to permanent housing stability. • Developing, securing, and coordinating services and providing information about and referrals to other providers. • Obtaining federal, state, and local benefits. • Monitoring and evaluating program clients' progress towards goals. • Conducting 3-month evaluations to determine ongoing program eligibility.
Legal services to resolve a legal problem prohibiting a program client from obtaining or retaining permanent housing (only ESG and CoC), including:	• Client intake and preparation of cases for trial. • Provision of legal advice and representation of legal advice. • Counseling. • Filing fees and other necessary court costs. • Mediation between the program client and the owner or person(s)with whom the client is living (only ESG and CoC).
Credit Counseling and Repair Assistance	• Credit counseling. • Accessing a free personal credit report. • Resolving personal credit problems. • Other services needed to assist with critical skills related to household budgeting and money management.
Optional, but recommended	• Representative payee services. • Relationship-building and decision-making skills. • Education services such as GED preparation, post-secondary training, and vocational education. • Employment services, including career counseling, job preparation, resume-building, dress, and maintenance. • Behavioral health services such as relapse prevention, crisis intervention, medication monitoring, and/or dispensing, outpatient therapy, and treatment. • Physical health services such as routine physicals, health assessments, and family planning. • Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal (warrants, minor infractions) matters. • For CoC RRH, in addition to the services mentioned such as one-time moving costs and case management, other eligible supportive service costs include childcare, food, housing search and counseling, outreach services, transportation, and one-time utility deposit.

Termination Standards

Rapid Rehousing programs have specific termination standards based on funding types, outlined below. Termination should be limited to only the most severe cases. Programs must exercise sound judgment and examine all extenuating

circumstances when determining if violations warrant program termination. **Termination of assistance is not the same as eviction.**

Funding Source	Termination Standard
Emergency Solutions Grant Rapid Rehousing	To terminate assistance to a program client, the agency must follow the due-process provisions outlined in 24 CFR 576.402 as follows: • If a program client violates program requirements, the grantee may terminate the assistance under a formal process established by the grantee, recognizing the rights of the individuals affected. • To terminate rental assistance and/or housing relocation and stabilization services to program clients, the required formal process, at a minimum, must consist of: o Written notice to the program client containing a clear statement of the reasons for termination; o A review of the decision, in which the program client has the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision; o Prompt written notice of the final decision to the program client. o Termination under this section does not preclude the program from providing further assistance later to the same individual or family.
Continuum of Care Rapid Rehousing, Tenant-Based Rental Assistance	To terminate assistance to a program client, the agency must follow the provisions described in 24 CFR 578.91 of the HEARTH Continuum of Care Interim Rule as follows: • The grantee may terminate assistance to program clients who violate program requirements or conditions of occupancy. Termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family. • To terminate assistance to program clients, the grantee must provide a formal process, recognizing the rights of the individuals receiving assistance under the due process of law. This process, at a minimum, must consist of: o Providing program clients with a written copy of program rules and termination process before the client begins to receive assistance with a copy signed by the client; o Written notice to program clients containing a clear statement of the reasons for termination; o A review of the decision, in which the program client has the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision; o Prompt written notice of the final decision to the program client.
Supportive Services for Veteran Families (SSVF) – Rapid Rehousing	Limitations on and continuations of the provision of supportive services can be found under 38 CFR 62.35 as follows: • Extremely low-income veteran families: a client classified as an extremely low-income veteran family will retain that designation as long as the client continues to meet all other eligibility requirements. • Limitations on the provisions of supportive services to clients classified under 62.11(c): a grantee may provide supportive services to a client until the earlier of two dates: o The client commences receipt of other housing services adequate to meet the client's needs; o Ninety days from the date the client exits permanent housing. • Supportive services provided to clients classified under 62.11(c) must be designed to support the clients in their choice to transition into housing that is responsive to their individual needs and preferences.

	• Continuation of supportive services to veteran family member(s): if a veteran becomes absent from a household or dies while other members of the veteran family are receiving supportive services, then such supportive services must continue for a grace period following the absence or death of the veteran. The grantee must establish a reasonable grace period for continued participation by the veteran's family member(s) but may not exceed 1 year from the date of absence or death of the veteran, subject to the requirements of bullets (1) and (2) of this section. The grantee must notify the veteran's family member(s) of the duration of the grace period. • Referral for other assistance: if a client becomes ineligible to receive supportive services under this section, the grantee must provide the client with information on other available programs and resources. • Families fleeing domestic violence: Notwithstanding the limitations in 62.34 concerning the maximum amount of assistance a family can receive during a defined period, a household may receive additional assistance if it otherwise qualifies for assistance under this part and is fleeing from a domestic violence situation. A family may qualify for assistance even if the veteran is the aggressor or perpetrator of domestic violence. Receipt of assistance under this provision resets the maximum limitation for assistance under the regulations for the amount of support that can be provided in a given amount of time under 62.34

Permanent Supportive Housing Standards

Types of permanent supportive housing include HUD CoC Permanent Supportive Housing, HUD-VASH, and other programs that combine services and rental assistance in the community specifically to house this population. Programs will provide safe, affordable permanent housing that meets clients' needs in accordance with the client intake practices and within the CoC established guidelines for permanent supportive housing programs. Programs will pair permanent housing with intensive case management services to clients to ensure long-term housing stability.

Program Model

Standards below are specific to the PSH program model and build on the requirements for all programs (see "Requirements for All Programs" section of this document).

Program Description	Permanent supportive housing programs provide safe, stable homes through long-term rental assistance, paired with long-term intensive case management services, to highly vulnerable individuals and families with complex issues who are otherwise at risk of serious health and safety consequences from being homeless.[5] This model seeks to provide a stable housing option and the necessary supportive services for individuals and families who would not succeed in other permanent housing settings.
Essential Program Elements	Programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, ongoing service needs and other pertinent information when moving a household into housing. Programs will assess potential housing for compliance with program standards for habitability, lead-based paint, and rent reasonableness prior to the individual or family signing a lease. • Programs provide assistance to the client in locating and procuring housing. • For rental assistance or tenant-based rental assistance grants, program clients must sign a lease in their name for a one-year period. • For leasing assistance grants, agencies must master lease a unit and then have a sub-lease with the program client for a one-year period. All client leases and subleases must be standard leases that would apply to any other person leasing said unit and automatically renewable upon expiration for a minimum term of one month. Client sub-leases with grantees must confer all of the legal rights and protections of the lease between the agency and the landlord
Time Frame	• CoC PSH assistance must be provided without a designated length of stay. • HUD-VASH permanent supportive housing programs, clients must follow rent payment guidelines of the Housing Choice Voucher program.

Program and Population Criteria	The following criteria apply to all populations served in PSH regardless of funding source:
	• HUD Homeless Category 1 and 4
	• People with disabilities, including:
	  • Severe mental health
	  • Physical health
	  • HIV/AIDS
	  • Substance abuse disorders
	
	Prioritization of homeless households focus on chronic status and/or presence of a qualifying disability with long periods of episodic homelessness and severe service needs.
	
	See Wake CoC Coordinated Entry Policies and Procedures for additional detail.

[5] https://www.gpo.gov/fdsys/granule/CFR-2013-title24-vol3/CFR-2013-title24-vol3-part578/content-detail.ht ml

Evidence of Diagnosis	• Programs must provide evidence of a diagnosis of one or more of the following conditions (for the CoC program, one adult OR child in the family would qualify): substance- use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a traumatic brain injury, or chronic physical illness or disability.
	• The documentation must include:
	  ○ Written verification of the condition from a professional licensed by the state to diagnose and treat the condition; or
	  ○ Written verification from the Social Security Administration; or
	  ○ Copies of a disability check (e.g. Social Security Disability Insurance check or Veteran Disability compensation); or Intake staff (or referral staff) observation confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days after the application for assistance and accompanied with one of the types of evidence above; or
	  ○ Other documentation approved by HUD or the VA.

Program Specific Standards

Programs will meet the key elements of permanent supportive housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.[6]

Personnel	Case managers provide case management on a frequent basis (every month minimum) for clients.
Service Coordination	Program staff or other programs connected to the permanent housing program through formal relationships will provide regular and consistent case management to clients based on the individuals' or families' specific needs. Programs must assess service needs annually.
Determining Rent and Tenant Contribution	For CoC-funded permanent supportive housing programs, HUD does not require programs to impose occupancy charges on clients as a condition of residing in the housing (CFR 578.77). However, if programs do require occupancy charges, they must impose them on all clients of the program, and these charges cannot exceed the highest of: • 30% of the household's monthly adjusted gross income; • 10% of the household's monthly income; or • If the household receives payments for welfare assistance from a public agency wherein part of the payment is for housing costs, the portion of the payment is designated for housing costs.

Performance Evaluation and Benchmarks

Permanent supportive housing programs will work with the community to conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness.

Programs are expected to conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, adjusting the program as needed to meet the needs of the community. This is completed through the Annual Assessment in HMIS.

Measure	Benchmark
Length of time from intake to housing move-in	Households served by the program should move into permanent housing in an average of 90 days or less.

[6] See SAMHSA's Key Elements of PSH: https://library.samhsa.gov/sites/default/files/buildingyourprogram-psh.pdf

Number of households returning to homelessness within one year of exit	At least 85% of households exiting the program do not become homeless again within one year of exit.
Percentage (%) of clients who maintain or increase their income	At least 31% or more

Detailed Program Elements

Case Management and Supportive Services Standard

Programs shall provide access to intensive case management services by trained staff to each individual and/or family in the program. Programs should note acceptance or refusal of all services offered in thorough case notes.

- This case management should optimally happen at the clients' home whenever possible, or at a minimum, in a convenient place for the client. Case management includes:
    - Assessing, planning, coordinating, implementing, and evaluating the services delivered to clients.
    - Assisting clients to maintain their permanent housing placement in a safe manner and understand how to get along with fellow residents or neighbors.
    - Helping clients to create strong support networks and participate in the community, as they desire.
    - Ongoing case management and measurement of acuity over time, determining changes needed to better serve clients.
- Program staff or other programs connected to the permanent housing program through formal relationships will
    - Provide basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, transportation, and obtaining vital documents (social security cards, birth certificates, school records).
    - Assist clients in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and other sources.
    - Provide individualized budgeting and money management services to clients as needed.
    - Provide ongoing assistance with food, clothing, and transportation.
- Optional, but recommended services:
    - Representative payee services.
    - Relationship-building and decision-making skills.
    - Education services such as GED preparation, post-secondary training, and vocational education.
    - Employment services, including career counseling, job preparation, resume-building, dress and maintenance.
    - Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.
    - Physical health services such as routine physicals, health assessments, and family planning.
    - Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal (warrants, minor infractions) matters.
    - For CoC PSH, in addition to the services mentioned such as one-time moving costs and case management, other eligible supportive service costs include childcare, food, housing search and counseling, outreach services, transportation, and one-time utility deposit.

Termination Standards

Termination from Permanent Supportive Housing (PSH) should be limited to only the most severe cases. Programs must exhaust all options to avoid termination, including consultation with Coordinated Entry to explore potential program transfers or other connections to best meet the need. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination. **Termination of assistance is not the same as eviction.** Should a client be at risk of eviction or evicted while enrolled in PSH, the program is expected to support the client in navigating the process and rehousing them in an appropriate unit with supportive services to avoid additional risk of eviction.

Funding Source	Termination Standard
Continuum of Care Permanent Supportive Housing	To terminate assistance to a program client, the agency must follow the provisions described in 24 CFR 578.91 of the HEARTH Continuum of Care Interim Rule as follows: • The grantee may terminate assistance to program clients who violate program requirements or conditions of occupancy. Termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family. • To terminate assistance to program clients, the grantee must provide a formal process, recognizing the rights of the individuals receiving assistance under the due process of law. This process, at a minimum, must consist of: ○ Providing program clients with a written copy of program rules and termination process before the client begins to receive assistance with a copy signed by the client; ○ Written notice to program clients containing a clear statement of the reasons for termination; ○ A review of the decision, in which the program client has the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision; ○ Prompt written notice of the final decision to the program client.

Supportive Service Only

Supportive Services Only (SSO) projects allow recipients and subrecipients to provide supportive services to individuals and families experiencing homelessness for whom they are not also providing housing assistance and current residents of permanent housing (HUD-funded or non-HUD funded) that were homeless during the prior six months. Funds may be used for acquisition, rehabilitation, relocation costs, or leasing of a facility from which supportive services will be provided, and supportive services in order to provide supportive services to unsheltered and sheltered homeless persons for whom the recipient or subrecipient is not providing housing or housing assistance. SSO includes street outreach.

Program Model

Standards below are specific to the SSO-Standalone program model and build on the requirements for all programs (see "Requirements for All Programs" section of this document).

Program Description	Supportive Services Only (SSO) projects allow recipients to provide supportive services—such as conducting outreach to sheltered and unsheltered homeless persons and families and providing referrals to other housing or other necessary services—to families and individuals experiencing homelessness.
Essential Program Elements	• Recipients and subrecipients can provide supportive services to individuals and families experiencing homelessness for whom they are not also providing housing assistance and current residents of permanent housing (HUD-funded or non-HUD funded) that were homeless during the prior six months. • The program employs a strategy for providing supportive services to eligible clients including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. • Structures used to provide housing, supportive housing, supportive services, or as a facility for HMIS activities may also be used for other purposes. However, assistance under this part will be available only in proportion to the use of the structure for supportive housing or supportive services. If eligible and ineligible activities are carried out in separate portions of the same structure or in separate structures, grant funds may not be used to pay for more than the actual cost of acquisition, construction, or rehabilitation of the portion of the structure or structures used for eligible activities. If eligible and ineligible activities are carried out in the same structure, the costs will be prorated based on the amount of time that the space is used for eligible versus ineligible activities.
Time Frame	There is no specific, uniform time limit for SSO. Clients can receive services for as long as they are homeless or until they transition into permanent housing, including up to 90 days after move in.
Program and Population Criteria	A supportive service that is typically provided in a facility or office designated for the sole purpose of providing that service by providers that are trained and/or licensed in the field. Common examples include childcare centers or employment training centers. This also includes street outreach projects. Category 1 and 4 is population criteria.

Program Specific Standards

Personnel	Programs shall ensure adequate staffing of qualified personnel to ensure the quality-of-service delivery, effective program administration, and the safety of program clients.

	Shelter staff will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others. Ongoing assistance with basic needs.

Service Coordination	• Standard eligible costs:
	  ○ one-time moving costs, including deposits and utilities.
	  ○ rental assistance (limit per household defined by funding source)
	  ○ case management
	• Other eligible supportive service costs include childcare, education, and employment services, food, housing search and counseling, legal services, life skills training, mental health and outpatient health services, outreach services, substance abuse treatment, and transportation.
	• Utilizing a progressive engagement approach to rental assistance allows for programs to be attentive to the ability of a household to maintain housing once the subsidy ends. Once housed, RRH households will be much better positioned to increase their incomes and address their other needs.
	• Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance.
	• Shelter staff provide regular and consistent case management to shelter residents based on the individual's or family's specific needs.

Performance Evaluation and Benchmarks

Measure	Benchmark
Percentage (%) of clients who increase connection to other services	At least 50% connected to healthcare or education at the time of program exit
Percentage (%) of clients who maintain or increase their income	At least 31% or more

Detailed Program Elements

Supportive services funds may be used for direct provision of services and/or contracted supportive services provided by another agency to assist client transition from homelessness to permanent housing, including the costs of labor (salary and benefits) and supplies/materials directly related to providing the service costs listed in the CoC Interim Rule.

- Annual Assessment of Services (**§ 578.53(e)(1)**)
- Moving costs (**§ 578.53(e)(2)**)
- Case management (**§ 578.53(e)(3)**)
- Childcare (**§ 578.53(e)(4)**)
- Education services (**§ 578.53(e)(5)**)
- Employment assistance and job training (**§ 578.53(e)(6)**)
- Food (**§ 578.53(e)(7)**)
- Housing search and counseling services (**§ 578.53(e)(8)**)
- Legal services (**§ 578.53(e)(9)**)
- Life skills training (**§ 578.53(e)(10)**)
- Mental health services (**§ 578.53(e)(11)**)
- Outpatient health services (**§ 578.53(e)(12)**)

- Outreach services (**§ 578.53(e)(13)**)
- Substance abuse treatment services (**§ 578.53(e)(14)**)
- Transportation (**§ 578.53(e)(15)**)
- Utility deposits (**§ 578.53(e)(16)**)

Case Management and Supportive Services Standard

Programs shall provide access to intensive case management services by trained staff to each individual and/or family in the program. Programs should note acceptance or refusal of all services offered in thorough case notes.

Case management includes:

- Assessing, planning, coordinating, implementing, and evaluating the services delivered to the resident(s).
- Ensuring the client is enrolled in Coordinated Entry according to CoC's CE Policies and Procedures.
- Helping clients to create strong support networks and participate in the community, as they desire.
- Ongoing case management and measurement of acuity over time, determining changes needed to better serve clients.
- Provide basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, transportation, and obtaining vital documents (social security cards, birth certificates, school records).
- Assist clients in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and other sources.
- Provide individualized budgeting and money management services to clients as needed.
- Provide ongoing assistance with food, clothing, and transportation.
- Optional, but recommended services:
    - Representative payee services.
    - Relationship-building and decision-making skills.
    - Education services such as GED preparation, post-secondary training, and vocational education.
    - Employment services, including career counseling, job preparation, resume-building, dress and maintenance.
    - Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.
    - Physical health services such as routine physicals, health assessments, and family planning.
    - Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal (warrants, minor infractions) matters.

Client Eligibility

Households at risk of homelessness who do not meet the definition of homelessness may not be served by CoC Program-funded SSO projects.

In general, recipients of a SSO project may not also provide housing or housing assistance to program clients in their SSO project.

Transitional Housing

Program Model

Standards below are specific to the Transitional Housing (TH) program model and build on the requirements for all programs (see "Requirements for All Programs" section of this document).

Program Description	TH provides temporary housing with supportive services to individuals and families experiencing homelessness with the goal of interim stability and support to successfully move to and maintain permanent housing.
Essential Program Elements	TH programs will actively participate in the Wake CoC Coordinated Entry System. To facilitate the movement of program participants into permanent housing, transitional housing projects should provide a wide range of supportive services to participants while they reside in the program that meets the needs of their program participants. Recipients can require program clients to take part in supportive services that are not disability-related services as a condition of participation in the program. For example, if the purpose of the project is to assist participants with substance abuse issues, projects may require clients to take part in substance abuse treatment services. Projects can provide services to former residents of TH projects for up to six months after exiting TH to assist in the household's transition to independent living (§ 578.75(h)).
Time Frame	TH projects can cover housing costs and accompany supportive services for program clients for up to 24 months.
Program and Population Criteria	HUD Homeless Category 1 and 4 Individuals and families living in Transitional Housing are included under the HUD Homeless definition. See Wake CoC Coordinated Entry Policies and Procedures for additional detail.

Program Specific Standards

Personnel	Programs shall ensure adequate staffing of qualified personnel to ensure the quality-of-service delivery, effective program administration, and the safety of program clients. Shelter staff will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others. Ongoing assistance with basic needs.
Service Coordination	• Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance. • Shelter staff provide regular and consistent case management to shelter residents based on the individual's or family's specific needs. • Shelter staff will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others. Ongoing assistance with basic needs.

Performance Evaluation and Benchmarks

Measure	Benchmark
Percentage (%) of households that exit TH to permanent housing destinations	At least 80% exit to permanent or other positive destinations
Percentage (%) of clients who maintain or increase their income	At least 50% or more

Detailed Program Elements

Case Management and Supportive Services Standard

Shelters shall provide access to case management services by trained staff to each household in the program.

- Case management includes:
    - Assessing, planning, coordinating, implementing, and evaluating the services delivered to the resident(s).
    - Ensuring the client is enrolled in Coordinated Entry according to CoC's CE Policies and Procedures.
    - Helping clients to create strong support networks and participate in the community as they desire.
    - Creating a path for clients to permanent housing through providing rapid rehousing or permanent supportive housing or a connection to another community program that provides these services.
    - Ongoing case management and measurement of acuity over time, determining changes needed to better serve residents.
- Optional, but recommended:
    - Representative payee services.
    - Basic life skills, including housekeeping, grocery shopping, menu planning, food preparation, consumer education, bill paying/budgeting/financial management, transportation, and obtaining vital documents (social security cards, birth certificates, school records).
    - Relationship-building and decision-making skills.
    - Education services such as GED preparation, post-secondary training, and vocational education.
    - Employment services, including career counseling, job preparation, resume-building, dress, and maintenance.
    - Behavioral health services such as relapse prevention, crisis intervention, medication monitoring, and/or dispensing outpatient therapy and treatment.
    - Physical health services such as routine physicals, health assessments, and family planning.
    - Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal matters (warrants, minor infractions).

Client Eligibility

Projects may define specific target populations, including chronically homelessness, individuals with serious mental illness (SMI), substance use disorders (SUD), young adults ages 18–25, or veterans. Programs can only turn away individuals and families experiencing homelessness from program entry for the following reasons:

- Household make-up (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals.
- All program beds are full.

- If the program has in residence at least one family with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93).
- Programs cannot disqualify an individual or family from entry because of employment status or lack of income.
- Programs cannot disqualify an individual or family because of evictions or poor rental history.
- Programs may deny entry or terminate services for program specific violations relating to safety and security of program staff, volunteers, and participants.

Attachments

A. Definitions

Acuity: Acuity refers to the severity of the presenting issue and the ongoing goals in addressing these issues.

Chronically Homeless: (1) an individual with a disability as defined in section 401(9) of the McKinney- Vento Homeless Assistance Act (42 U.S.C. 11360(9)) who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) has Page 4 of 11 been homeless and living as described in (i) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12- month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) an individual who has been residing in an institutional care facility, including jail, substance abuse, or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household (or if there is not an adult in the family, a minor head of household) who meets all of the criteria in (1) or (2) of this definition, including a family whose composition had fluctuated while the head of homelessness has been homeless. (24 CFR 578.3)

Comparable Database: HUD-funded providers of housing and services (recipients of ESG and/or CoC funding) who cannot enter information by law into HMIS (victim service providers as defined under the Violence Against Women and Department of Justice Reauthorization Act of 2005) must operate a database comparable to HMIS. According to HUD, "a comparable database . . . collects client-level data over time and generates unduplicated aggregate reports based on the data." The recipient or sub-recipient of CoC and ESG funds may use a portion of those funds to establish and operate a comparable database that complies with HUD's HMIS requirements. (24 CFR 578.57)

Coordinated Entry: "A centralized or coordinated process designed to coordinate program client intake, assessment, and provision of referrals across a geographic area. The . . . system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool" (24 CFR 578.3). CoC's have the ultimate responsibility to implement coordinated entry in their geographic area.

Developmental Disability: As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002):

(1) A severe, chronic disability of an individual that

i. is attributable to a mental or physical impairment or combination of mental and physical impairments;

ii. is manifested before the individual attains age 22;

iii. is likely to continue indefinitely;

iv. results in substantial functional limitations in three or more of the following major life activities: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

(2) an individual from birth to age 9, inclusive, who has a substantial developmental disability or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in (1)(i) through (v) of the definition of "developmental disability" in this definition if the individual, without services or supports, has a high probability of meeting these criteria later in life. (24 CFR 578.3)

Disabling Condition: According to HUD: (1) a condition that: (i) is expected to be of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by providing more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, posttraumatic stress disorder, or brain injury; or a developmental disability, as defined above; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from AIDS, including infection with the Human Immunodeficiency Virus (HIV). (24 CFR 583.5)

Diversion: Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and programs help reduce the number of people becoming homeless and the demand for shelter beds.

Family: A family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) a single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) a group of persons residing together, and such group includes, but is not limited to: (i) 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); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family. (24 CFR 5.403)

Homeless: Category 1: an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals); or (iii) an individual who exits an institution where he/she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; Category 2: an individual or family who will immediately lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing; or Category 4: any individual or family who: (i) is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; (ii) had no other residence; and (iii) lacks the resources or support networks (e.g. family, friends, and faith-based or other social networks) to obtain other permanent housing. (24 CFR 578.3).

Rapid Re-housing (RRH): A national best practice model designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve long-term stability. RRH assistance does not require adherence to preconditions such as employment, income, absence of a criminal record, or sobriety. Financial assistance and housing stabilization services match the specific needs of the household. The core components of rapid rehousing

are housing identification/relocation, short- and/or medium-term rental and other financial assistance, and case management and housing stabilization services. (24 CFR 576.2)

Transitional Housing (TH): Temporary housing for clients who have signed a lease or occupancy agreement with the purpose to transition households experiencing homelessness into permanent housing within 24 months.

B. Equal Access References

- Get a notice of rights at: https://www.hudexchange.info/resources/documents/Notice-on- Equal-Access-Rights.pdf
- HUD Equal Access Final Rule: https://www.hudexchange.info/resource/1991/equal-access- to-housing-final-rule/

C. Checklist for Agency Anti-Discrimination Policies

This checklist can be used by agencies to develop Anti-Discrimination policies that align with the Wake CoC's Anti-Discrimination policies.

YES	NO	Checklist Questions:	Notes
		Does your agency have an Anti-Discrimination policy?	
		Is there a stated plan to train new staff and clearly communicate this policy during the onboarding process? Is annual training	
		provided for staff, volunteers, and contractors?	
		Does the intake process include a copy of the agency's Anti-Discrimination policies to clients or people presenting for services.	
		Does the Policy refer to Department of Housing Urban and Development (HUD) Equal Access Rule, anti-discrimination and	
		privacy laws, and all other federal, state, and local non-discrimination and privacy law?	
		Is there a clear statement about non-discrimination because of race, ethnicity, color, national origin, language, ancestry, religion, sex, familial status, age, gender identity, LGBTQ+ status, socio- economic status, marital status, domestic or sexual violence victim status, or sensory, mental, or physical disability?	
		Is there an equal access policy?	
		If there is an equal access policy, does it include specific procedures for working with transgender and gender nonconforming persons?	
		Is there a family separation policy?	
		Is there a faith-based activities policy?	
		Are procedures spelled out that demonstrate how the clients, agency, staff, volunteers, and contractors will carry out the agency's anti-discrimination policies?	
		Are there grievance and anti-retaliation policies and procedures? If so, are they shared with each person presenting for services?	