

## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

## **1A. Continuum of Care (CoC) Identification**

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

**1A-1. CoC Name and Number:** KY-501 - Louisville-Jefferson County CoC

**1A-2. Collaborative Applicant Name:** Coalition for the Homeless, Inc.

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Coalition for the Homeless, Inc.

## 1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	No	No	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Nonexistent	No	No
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	No	No	No
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	No	No	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	No	No	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	No	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Yes	Yes	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	Yes
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	No	No	No
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	No	No	No
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	No	No
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

**By selecting "other" you must identify what "other" is.**

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

**(limit 2,000 characters)**

1) Membership is solicited weekly through e-news, monthly through email and is always posted on the website and through social media. Meetings to recruit new members of key representatives are held throughout the year. An additional call to join the CoC is also issued through e-news and social media when the NOFA is released, this year in September 2021. The dates of all CoC meetings are shared in weekly e-news to over 1000 as well as monthly email reminders. 2) All communication described above is shared with every effort to make accessible to the larger community including those with disabilities Since, April 2020, all CoC meetings and committee meetings have also been held virtually. 3) Homeless persons are included in the CoC membership, board, youth action board, veteran advisory board and outreach groups and are encouraged to represent the CoC through their voice whenever the CoC speaks publicly. The Coll. App. also hosts quarterly Saturday meetings with food for homeless and formerly homeless individuals and community volunteers that work with the homeless but cannot attend during the week and want to share their thoughts

about the CoC. 4) The CoC solicits participation from all areas of the jurisdiction. Additional outreach is provided in the 12 lowest income zip code areas (predominantly black, female and very low-income) which make up half of those served in the homeless system. The CoC board is solicited from special sub-populations per the Charter and an equity review of membership is conducted annually. In 2021, the Coll. App. began meeting with La Casita that represents our Lantinx community due to an increase in Hispanic Louisvillians becoming homeless. They have now joined with the Coll. App. to solicit CoC participants and to ensure that those in need are able to get equal access to homeless services through not just interpretation services, but an effort to identify and address barriers for this population in service access and provision.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

**(limit 2,000 characters)**

1) The Coll. App. meets with members and potential members throughout the year to solicit those who represent key sub-populations and ask for their voice. The CoC coordinates a Consumer Participation Task Force which administers a survey to homeless persons seeking services. This gathers feedback/opinions on accessing services and how we can improve our system. The task force holds focus groups that target a different sub-population each year to improve these services. 2) CoC representatives attend meetings to target sub-populations including veterans, the chronically homeless, youth, homeless families and those at risk of homelessness, persons exiting prisons, LGBTQ advocates, Domestic Violence and trafficking advocates, recovery providers and youth employment and education providers. This effort has increased since COVID while most meetings are virtual and it is easier to reach out, join and share our efforts and request comment. All stakeholders are included in monthly e-news and invited to monthly CoC meetings. Important information is posted at the Coll. App. website for easy access. 3) The CoC works with stakeholders to create needs assessments and address housing and services needs for various sub-pops., hosts community needs gathering sessions and through the Mayor's Homeless Task Force conducted a study on the needs of homelessness based on months of on-site interviews with providers and those living on the streets. A progress report on this study is also conducted annually. Finally, the Coll. App. hosts quarterly Saturday meetings for homeless and formerly homeless individuals and community volunteers who cannot attend during the week. Input from all these groups is used to inform our CoC planning process, understanding of priority needs and best use of limited resources. All communication described above is accessible to the larger community which has been made easier through virtual meetings, but also includes the quarterly in person meetings for those who may find virtual access more difficult.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

**(limit 2,000 characters)**

1) The Louisville CoC notifies the public it is accepting new and renewal project applications, including applications from organizations that have not previously been funded, through a public notice distributed through email and social media and at the monthly CoC meeting. The announcement is posted on the Coll. App. Website. 2) All notices state that applications are encouraged from organizations that have not been funded previously and technical assistance is available to help with the application process. 3) The CoC requested that a pre-application be completed and returned to the Collaborative Applicant through email or hard copy delivery by September 1, 2021. The Coll. App. also provided a contact for technical assistance in understanding or completing the pre-application. All HUD-eligible entities (those meeting the definition for eligible applicants, eligible activities and eligible clients) submitting a pre-application are then asked to submit an application with technical assistance provided by the Coll. App. by October 14, 2021. All projects were notified if they would be accepted and ranked or rejected on November 1, 2021. 4) All completed applications are reviewed for eligibility by the CoC board and all eligible proposals are ranked with the published scoring mechanism for the CoC. 5) All communication described above is shared with every effort to make accessible to the larger community including those with disabilities through virtual CoC meetings, on-line application submission and both virtual and in person technical assistance.

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	No
	Other:(limit 50 characters)	

18.		No
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,000 characters)

1) All ESG funded agencies are asked to attend monthly CoC meetings and participate in the needs assessment work of this body in order to inform ESG funding decisions. The Coll. App. meets with the ESG recipient in our area every other week to share the community need as outlined by the CoC, set priorities, establish scoring and ranking, and address collaborative efforts. The Coll. App. and ESG lead co-chair the Mayor's Task Force on Homelessness and work together in determining ranking and funding of additional city funds allocated to address homelessness. A CoC rep. sits on the ESG funding team and an ESG recipient rep sits on the CoC board and membership. 2) The Coll. App. works with the ESG Program recipient to establish priority community outcomes and create an HMIS-based community-wide reporting system. Finally, the Coll. App. and ESG recipients work together to train and monitor those funded through the CoC and ESG and create outcome measures to determine the best use of funding. 3) The Coll. App. collaborates with Metro Louisville in the development of the Consolidated Plan, providing homeless needs data, PIT and HIC numbers. They review and comment on the Consolidated Plan draft when it is posted for comment. 4) The Louisville CoC also reaches out to coordinate all efforts of the Louisville CoC with other federal, state, local and private organizations creating plans and needs assessments for those who are homeless in our community to improve community-wide planning and services. Examples include the Louisville 2040 plan and the state Re-Entry Plan. The Coll. App and ESG recipient worked together to conduct a study on the needs of homeless persons living on the streets and to begin implementing recommendations by accessing \$1 million in city funds in 2019. This established process was then used to determine the best uses of funding made available to address homelessness during COVID from the private sector as well as local, state and federal relief efforts.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:



1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	
		No

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

**(limit 2,000 characters)**

1) Youth education providers participate in the Louisville CoC through the Homeless Youth Committee and service partnerships for after school programs. 2) Providers for Youth-Education services through Birth-3, Early Head Start and Head Start all changed in 2019, and now have contracts to work with the CoC. The CoC coordinates with our single public school system through resource center staff located at schools to help support families. 3) The LEA for Louisville is a member of the CoC and the Homeless Youth Committee. She also has a written agreement of collaboration with the CoC. The LEA provides annual training to CoC members about the rights of homeless youth and attends CoC meetings. She provides transportation within 24 hours, uniforms, school supplies and advocacy for homeless youth and creates priorities for them to access out of school time and summer assistance. She provides training to parents who are utilizing family shelter about access to school and conducts an assessment of all youth in shelters. 4) The LEA serves as a member of the CoC Board and has a formal agreement with the CoC. 5) JCPS, the sole public school system, also has a written agreement with the CoC and contracts to provide on-site education services at all homeless family shelters. 6) The Louisville CoC: a) Through youth education providers coordinates services for homeless youth to access GED and college prep as well as completing applications for FAFSA. b) The LEA hosts annual training for all teachers and school educators including the rights of homeless children. The CoC requires each shelter to post a homeless education coordinator who works with the school system to ensure access to education for all students. c) JCPS provides teachers in the local family shelters, laptops and after school programs for homeless youth and transportation from shelters to school. The CoC is working with JCPS to ensure that homeless youth and children are well-served with

## COVID relief funds allocated to the school system.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

1) The Louisville CoC policies and procedures require that all homeless providers that serve youth and children must name a homeless education coordinator and post the name and contact on site. For longer term transitional and RRH programs, information on the rights to education and program contact for the education coordinator are distributed with the program entry packet. The LEA provides annual training for these coordinators about the rights of homeless youth and attends CoC meetings and board meetings to address any issues with school entry, transportation or access to any educational opportunities. The educational rights of homeless youth and children are also posted at JCPS and Coll. Applicant websites and materials are made available to all teachers and school administrators about the rights and how to access.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	Yes	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	No
6.	Head Start	Yes	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

**(limit 2,000 characters)**

- 1) The CoC hosts annual training on domestic violence safety and planning protocol best practices as well as multiple opportunities for training each year on trauma informed care. This training is open to all staff of provider agencies.
- 2) The local DV service providers also work closely with the coordinated entry staff to train on safety protocol, appropriate questions to ensure safety and appropriate referrals. Formal training is annual, but communications take place at least monthly.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

**(limit 2,000 characters)**

The Louisville HMIS administrator works with the local domestic violence agency to acquire de-identified aggregate data through a separate HMIS comparable database. This information is used in creating the annual PIT report but also to create a community-wide census of homelessness that shows a steady increase in victimization of homeless individuals in our community. This identified need led to a new DV program funded with another service provider in 2019 increasing services to those experiencing DV in our community for the first time in decades. All electronic referral systems and transfer plans used in the community are also vetted by the DV provider before being used for DV victims.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

**(limit 2,000 characters)**

- 1) Louisville police conduct fatality reviews on DV calls which lowers the death rate, but increases the number of survivors in shelter. All Persons seeking shelter are asked about violence when they enter the Coordinated Entry (CE) to

target the best option. All CE and shelter staff are provided DV and trauma training annually (including CoC emergency transfer plan). 16 units of TH and 43 units of RRH for survivors of DV were added from the 2019 CoC. The city provides \$1.5 million in CDBG, \$50,000 in ESG and five units of RRH through ESG for victims of DV. Funding is matched through a state marriage license tax and DOJ funding. 24 units of permanent rental housing have been created for DV survivors. DV service staff are voting members of the CoC. DV shelter is also available throughout the state for those who opt to move, staff at all shelters are trained to address the needs of survivors, hotel rooms are available for short-term safety options and RRH vouchers for families fleeing DV. DV survivors can access a DV hotline 24/7 for shelter and services. 2) An emergency transfer plan was adopted by the CoC in 2018 to ensure that survivors can quickly and confidentially be moved. This plan describes the purpose of a transfer, what requirements must be met in order to be granted a transfer, and how to get documentation of the need for a transfer (if required). 3) Training is provided to all homeless service staff on best practices in providing confidentiality and safety to survivors of DV and sex trafficking. This includes restrictions on collecting and sharing identifiable client information. The DV shelter staff work with CE and shelter staff to create appropriate protocols to identify, protect the confidentiality of and secure safety for any homeless persons and to quickly and confidentially transfer survivors when appropriate. The DV program also reviews all electronic referral systems to insure they protect the safety and confidentiality of DV survivors.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
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Louisville Metro Housing Authority	43%		Yes

**You must enter information for at least 1 row in question 1C-7.**

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

**(limit 2,000 characters)**

1) The Louisville CoC has a strong working relationship with the sole PHA in the CoC's geographic area, Louisville Metro Housing Authority (LMHA). LMHA serves on the CoC board and on committees created to quickly address the housing of sub-populations including veterans, the chronically homeless and youth. Meanwhile, the CoC works with LMHA in creating their annual plan prior to submission to HUD. LMHA had two homeless admission preferences prior to COVID. The first is for homeless veterans who do not qualify for the VASH Program. The second is for those referred through the CoC for Moving On vouchers. In addition to these preferences, LMHA makes available vacant public housing for use in quickly housing key sub-populations including youth. In April of 2020, LMHA enacted an emergency plan to create a priority for the homeless in all public housing units. The CoC created a team to expand the Coordinated Entry and make referrals of over 300 homeless households within the first year of the priority. This has now been expanded to the MTW Housing Choice Voucher program as well. LMHA also uses MTW Housing Choice vouchers to create referral programs that serve targeted homeless populations including DV victims, single parents, youth and persons with disabilities.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		No

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

**(limit 2,000 characters)**

1) The PHA-funded priorities for MTW vouchers, public housing, Mainstream vouchers, Move Up vouchers and now EHV vouchers are coordinated through the CoC Coordinated Entry. When units are available, the housing authority notifies the Coordinated Entry Team who assesses and makes referrals for the next appropriate person per the VI-SPDAT. The Coordinated Entry staff also assess to ensure the person meets any specific program requirements including veteran status, age, or family status. 2) The PHA-funded priorities/set asides and coordinated entry referral process are formally written in the LMHA MTW, Public Housing and special program housing authority plans as well as the CoC policies and procedures. Additionally, a signed agreement is in place between the parties for the EHV vouchers.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
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1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

**(limit 2,000 characters)**

1) The Louisville CoC and housing authority collectively applied for and received Mainstream, Family Unification Program, and Emergency Housing Vouchers. 2) Funding has been received for the collective applications for all three programs. 3) The Mainstream, FUP and EHV vouchers have made a

significant difference in the Louisville CoC. Specifically, these vouchers target homeless persons less likely to qualify or rank high in need for more costly permanent supportive housing. This has created new housing options for 368 homeless households in the community that otherwise would be ineligible for most housing resources and allows the CoC to target unserved sub-populations including families and youth.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Louisville Metro ...

## **1C-7e.1. List of PHAs with MOUs**

**Name of PHA:** Louisville Metro Housing Authority



## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	41
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	41
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

**(limit 2,000 characters)**

The Coll. Applicant employs a Training and Monitoring Specialist that monitors all CoC programs for program compliance and provides training to program staff to ensure that they remain in compliance. Housing first and low-barrier compliance are included on the program compliance checklist and include

assurance that services are provided but not required to remain in housing and that service participation or preconditions are not required for program entry or to remain in housing. Additionally, during the application phase, all applicants are required to verify in writing that they are conducting services in a housing first and/or low-barrier fashion.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

**(limit 2,000 characters)**

1) The Louisville CoC has active professional and volunteer outreach teams. The teams include staff from mental health/substance abuse recovery providers, youth providers, VA, and health care for the homeless programs. Four outreach staff were added in 2019 through city funding. More outreach was then added in 2021 to include more recovery options and needle exchange. The outreach teams and CA team meet every other week to discuss difficult needs and plan how to address them. Quarterly meetings are hosted on a Saturday for volunteer outreach workers who cannot attend other meetings. During cold weather, a van travels through the county to provide transportation to overflow shelter. The outreach team serves as part of the CE collecting HMIS data on street homeless. 2) Louisville's homeless outreach teams cover 100% percent of the CoC's geography coordinated through 3-1-1. 3) Outreach is available 7 days a week and 24 hrs per day. To coordinate, teams share needs through text and social media. Homeless persons increasingly access social media, so the CE now has a twitter page to notify of services and vacancies and outreach teams use texts and Facebook to find persons on the streets. The city released funding in 2021 to expand this through a text alert system. 4) Outreach teams work with the youth advisory board, homeless veteran groups, police officers, local churches, hospitals and community ministries in every zip code of the CoC to identify new homeless camps and serve those who have been identified. The bi-weekly outreach meetings are designed to focus on those least likely to request or accept assistance. When identified, these individuals are assigned a lead outreach contact and plan to get housing. Transportation is also provided for housing appointments. Outreach teams have access to translation services for those who do not speak English as a first language, informational materials, and a resource application about homeless services

that are in Spanish.

1C-11.	<b>Criminalization of Homelessness.</b>	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	<b>Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).</b>	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	381	266

1C-13.	<b>Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.</b>	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	No	No
3.	Nonprofit, Philanthropic	Yes	No
4.	Other (limit 150 characters)		

1C-13a.	<b>Mainstream Benefits and Other Assistance–Information and Training.</b>	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

**(limit 2,000 characters)**

1) The Mainstream Services Committee (MSC) of the CoC coordinates monthly meetings with all mainstream service providers to ensure all CoC case managers know how to access mainstream services and increase non-employment income. They also cover changes in these benefit programs including changes to the Real ID and how to access benefits during COVID. Additionally, Metro United Way hosts "Lunch and Learns" to keep case managers informed of mainstream benefits and changes. To assist in accessing SSI/SSDI, a SOAR team helps those who need to gather the materials and apply for benefits. Training for additional SOAR workers including those now trained to serve youth is also available. Information about all of these resources and changes is distributed through a CoC e-news update. 2) The MSC of the CoC meets monthly and brings in different mainstream providers to address questions about such benefits as Medicaid, food stamps, TANF, VA benefits, and substance abuse programs. A weekly CoC e-newsletter also provides updates on mainstream benefits especially with the increased resources and changes during COVID. 3) All five Managed Care Organizations for Kentucky Medicaid are members of the Louisville CoC and attend MSC meetings. They also speak about access and benefits at CoC meetings and MSC meetings and set up tables for individuals to apply for Medicaid at homeless shelters and service agencies. 4) Family Health Centers (FHC) Health Care for the Homeless program is the primary care provider for most homeless persons in the Louisville CoC and provides services to avoid hospital use whenever possible as well as sharing materials on how to use Medicaid benefits. They make referrals as needed including medical transportation and appointments for services that cannot be provided at FHC. They lead the city's efforts to provide vaccinations and COVID testing to all homeless persons.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

**(limit 2,000 characters)**

1) The Louisville Coordinated Entry includes a Single Point of Entry (SPE) to access homeless prevention and diversion, emergency shelter and services, and a Common Assessment (CA) team that goes into the community to assess

those eligible for permanent housing. Both serve the entire CoC area as shown through HMIS. 2) In order to ensure the CoC reaches those least likely to apply for assistance, the CA team provides services throughout the county in shelters and on the streets. The CoC has also developed outreach materials to make it easy for those seeking assistance to access services and shelter/housing. Our Street Tips publication outlines how to access the SPE which is open seven days per week and lists all other emergency services for the homeless. This is distributed free to schools, hospitals, local govt, law enforcement, mental health orgs and other service providers who may meet homeless individuals and families. It is published in English and Spanish and the SPE has access to a translation service to safely shelter anyone speaking any language including ASL, as do the homeless outreach teams. Homeless persons are increasingly accessing social media for services, so the SPE has a twitter page to notify the homeless of services and vacancies, Louisville has an emergency service phone app called LouieConnect and outreach teams are using texts and other confidential messaging services to find homeless persons. The CA team meets bi-weekly with outreach teams to identify those least likely to access services and to take the resources to them any place in the county. 3) The CoC uses the VI-SPDAT to assess and rank for housing options. 4) The CoC also coordinates a bi-weekly meeting of outreach workers and the CA team to identify the most vulnerable so they can be assessed and a plan created for housing and services. This committee has been very successful in locating those who qualify for services but are difficult to locate so they can quickly be served.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

**(limit 2,000 characters)**

In addition to the CoC wide study of racial disparities, the CoC conducted a separate study only for homeless young adults. This study has helped in tracking YHDP programs and shows that these services reach those who were unserved in the past (especially black male youth). Additionally, we have had a very small hispanic population identified in our assessments of housing needs and services in the past, but due to COVID, we are hearing that this is an increasing need. This has led us to meet with partner agencies who can increase referrals and our ability to serve the population in a trauma informed and culturally competent manner. The CoC has established a Racial Equity Committee, along with requesting and receiving HUD TA, that meets on a bi-monthly basis to review racial data outcomes/disparities as well as reviews the

identified goals created by Racial Equity Committee and HUD TA. Additionally, the CoC membership, in conjunction with other advocacy groups, successfully lobbied the Louisville Metro Council to pass an expanded fair housing ordinance. This ordinance requires landlords to accept housing vouchers as a form of income, eliminating the option for landlords to reject tenants with housing assistance because they do not have earned income. The expanded ordinance also prohibits discrimination in renting to persons based on arrest history, conviction history, homeless status, and prior military service. In a historically segregated city, such as Louisville, the intent of said ordinance is to assist in overcoming these historic barriers to housing choice and open new housing options to those who have been forced into a limited number of neighborhoods.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	10	3
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	10	3
3.	Participate on CoC committees, subcommittees, or workgroups.	10	3
4.	Included in the decisionmaking processes related to addressing homelessness.	10	3
5.	Included in the development or revision of your CoC's local competition rating factors.	2	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	No
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes

6.	<b>Other:(limit 500 characters)</b>	
	The Louisville CoC believes strongly in the power of peer support. Grants are provided annually to formerly homeless persons in order to increase the number of accredited persons available for additional peer support positions and CoC providers are encouraged to fill peer support positions through state and local funding incentives.	Yes



## 1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

1) In March of 2020, upon understanding the scope of COVID-19 the CoC began holding weekly meetings of the homeless outreach teams to coordinate services to those sleeping outdoors. A mandate was issued by the mayor and health department to eliminate all camp clearings. Port-a-pots and handwashing stations were provided at known homeless camps. Outreach was continued with updates on best practices to stay safe and PPE was provided once available including masks, testing and finally vaccines. A 24-hour healthy shelter was opened so that those sleeping out had a place to go for services and an isolation center for those without housing was created for anyone who could not isolate at home. Additionally, the chronically homeless and homeless families were identified as those of greatest risk during COVID and quickly moved to the top of the list for public housing. 2) In March of 2020, upon understanding the scope of COVID-19 the CoC began holding weekly meetings of the homeless shelters to coordinate services. Universal protocols were created for cleaning, sleeping arrangements, numbers allowed to create social distancing and later masking and testing. Testing and later vaccinations were brought to the shelters for everyone willing to participate. Masks and cleaning products were purchased and distributed to the shelters. Laptops were distributed to shelters with children to make education possible. Updates were provided about benefits and opportunities available residents and motels and RRH vouchers were funded to move residents quickly from shelter settings. 3) While there is very little transitional housing in Louisville, these facilities were included in the weekly shelter calls and followed the same safety practices and had access to the same resources and PPE made available to congregate emergency shelters. Health department staff have been on all weekly, then bi-

weekly and now monthly calls to ensure that new protocols are shared in a timely manner.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

**(limit 2,000 characters)**

While we are very proud of the Louisville Coc's ability to keep people safe during COVID, we learned a great deal and are still learning. First, we created a stock of PPE that can be made available immediately in the future. Second, additional funding has been made available to the health department to prepare for and address future health concerns including a position responsible for homeless persons and an isolation site for persons without housing. Additional funding has also been made available to the Healthcare for the Homeless program increasing health outreach on the streets through a mobile van and making vaccine access available any day needed. Louisville has created a cross-agency team that was and can be called together immediately to plan and address any health crisis as well as a new communication system to notify those serving the homeless and those interested on the streets about important information including what to do in a crisis.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

**(limit 2,000 characters)**

The CoC worked closely with the Louisville ESG-CV grantee to review priority needs from the homeless needs assessment, create RFPs and review proposals to select applications that would address the priorities. Together, along with other members of the Mayor's Task Force on Homelessness, they used ESG-CV for: 1) safety measures that included PPE, additional staff, materials to create social distancing, safe transportation, additional outreach especially for disabled populations and the creation of new shelter beds and additional 24 hour shelter to keep people safe; 2) housing resources that included RRH for families due to a lack of safe shelter space, 3) eviction prevention including staff to assist in navigating the eviction court system and funds to help rehouse households quickly to avoid homelessness, 4) healthcare supplies including thermometers (most healthcare supplies were funded through FEMA, Healthcare for the Homeless, and local government funds), and

5) sanitary supplies and disposable paper products to maintain safe facilities and facilitate the distribution of food to take away.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	
	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:	
1.	decrease the spread of COVID-19; and	
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).	

**(limit 2,000 characters)**

A cross agency team was quickly created by the ESG recipient, CoC, health department and Health Care for the Homeless program staff in order to create a COVID safety plan and manage the plan as things changed. This team worked with local mainstream health providers including hospitals, physicians, managed care organizations and others to 1) decrease spread by opening an isolation center for anyone who had COVID or had symptoms of COVID but no housing, opening a healthy shelter so that the homeless had a place to go with lots of social distancing 24 hours a day as day and night shelters were having to limit numbers served, creating protocols for sleeping arrangements, masking, testing and finally vaccinations, and creating a notification system to let all service providers know if anyone without housing tested positive. 2) In order to ensure safety measures were implemented and maintained, the cross agency team including the health department and both health and homeless providers met weekly, then bi-weekly and now monthly to ensure that every provider is still following protocols and knows of available resources. Managed care organizations also continue to hold vaccine clinics and are working to identify and assist those in need of housing to access EHV vouchers.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	
	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:	
1.	safety measures;	
2.	changing local restrictions; and	
3.	vaccine implementation.	

**(limit 2,000 characters)**

Because there was so much information and the resources and protocols changed so rapidly, the Louisville CoC began distributing a daily COVID update beginning in March of 2020. The CoC e-news and Collaborative Applicant website and social media communicated information to providers on: 1) safety measures including best practices for congregate settings during COVID, isolation policies and resources, access to cleaning supplies and masks, access to testing and access for both staff and clients for the vaccine. The daily updates also included ways for those being served to continue to access IDs, benefits and financial resources. They shared what resources were and were no longer available to those in need as well as new resources made available

due to COVID. 2) Because restrictions, protocols, resources, and availability of important programs changed daily, the daily update also kept providers aware of changing restrictions. The CoC also fought for and received notification for all homeless providers of persons without housing who were COVID positive and if they left isolation prior to completion. All of this information was shared not only in written updates, but weekly meetings. 3) Once vaccines were available, the ESG recipient and CoC worked with the health department to ensure that all homeless service staff received vaccines in the first 1-A group and once vaccines were able to be disbursed to other vulnerable groups, the health department, Healthcare for the Homeless provider and other health care providers coordinated vaccine distribution in shelters and in homeless camps throughout the community. Vaccines are still available daily as well as clinics for any agency in need.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

**(limit 2,000 characters)**

Louisville had a cross agency COVID homeless committee working on keeping people safe throughout COVID. This committee coordinated the distribution of vaccines to those experiencing homelessness as the supply became available and our state distribution plan allowed. Implementation started with mobile Health Department vaccine clinics at the largest shelters and camps first and then continued and repeated as needed until everyone willing was vaccinated and had several opportunities to do so. Our Healthcare for the Homeless clinic also did multiple outdoor clinics at known camps to ensure those less likely to access services had an opportunity to get a vaccine. Outreach workers familiar to those camps who had been vaccinated would attend these clinics to answer any questions clients may have about the vaccine and share their experience receiving it. Shelters and housing providers were able to coordinate with our local health department to transport individuals at particularly high risk to our local mass vaccine site. Vaccines and testing are still available at the Healthcare for the Homeless clinic to anyone interested with no appointment necessary and managed care organizations continue to host health clinics with vaccines for the homeless, including the first clinic for those ages 5-11 just days after the vaccine was approved for that group.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

**(limit 2,000 characters)**

During the early days of the COVID outbreak, the numbers of people contacting the DV crisis hotline in Louisville decreased, potentially due to survivors lacking the privacy necessary to contact the hotline. However, the local DV program understood that as lock down protocols changed, they needed to be prepared for an increase in need. In order to address this, the local United Way provided increased funding for those answering the DV crisis hotline and 2-1-1 emergency service hotline. This has insured an adequate number of persons to be available for those in a crisis, helping them to create a safety plan and get to safety. Additionally, thanks to 2019 CoC funding, SVDP opened additional DV transitional and RRH providing the additional units needed for more victims to access a place of safety. Finally, during COVID, a cross agency committee adopted new protocols to identify the period of greatest lethality for those fleeing DV (first six months after leaving) and increased services for those at this critical time.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

**(limit 2,000 characters)**

Coordinated entry was key during COVID and increased their capacity to address both the additional need and resources available. The call center for the newly homeless quickly learned about the changes in homeless shelter working closely with local providers in order to make referrals for those in need. They also added additional protocols, including isolating those coming from out of the area in hotels prior to moving to congregate shelters. The prevention/diversion team of the coordinated entry doubled staff in order to help households that were evicted despite the moratorium or otherwise lost housing quickly move into a new unit in order to avoid shelter. As part of this change, they have allocated almost \$500,000 in deposits and rent to help prevent homelessness. Finally, the permanent housing referral staff on the coordinated entry team greatly increased their referrals including over 300 household referrals to public housing, Mainstream, FUP and now EHV vouchers. The Louisville CoC also reprogrammed CSBG funds for use in providing emergency housing in hotels followed by RRH. This created at least 30 units of short term RRH that were not included in the PIT count because they were funded through CSBG.

## 1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/08/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	11/01/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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## NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

**(limit 2,000 characters)**

1) The following needs and vulnerabilities are considered in the CoC's ranking process when reviewing project level data for participants in permanent supportive housing and projects were awarded points based on the number of participants served: participants who had zero income at entry, participants who had two or more disabling conditions at entry for PSH, participants who had at least one disabling condition for RRH, TH, and SSH, participants who came from a place not meant for human habitation or emergency shelter for SSO. PSH and RRH projects are measured on the length of time between "Project Entry" and "Housing Move-In" to determine who successfully placed participants in permanent housing. PSH, RRH, and TH projects are also measured on returns to homelessness over 24 months and if their rate of return exceeds the CoC average for similar project types. 2) The CoC recognizes that program participants with multiple complex conditions will have a more difficult time achieving more traditional outcome measures, such as housing stability and employment income. Therefore, the CoC awards points for serving a high number of participants with severe needs and vulnerabilities in order to take on the hardest to serve and serve them well. Projects are also awarded points based on the percentage of chronically homeless households served with the recognition that this population has significant barriers to obtaining and maintaining housing.

## 1E-3. Promoting Racial Equity in the Local Review and Ranking Process.

## NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

**(limit 2,000 characters)**

The equity analysis of the Louisville CoC identified that women and persons of color as well as persons 18-24 and persons over 55 are over represented in those who become homeless in Louisville. The CoC board provides input and approves the rating factors and review selection and ranking process used for project applications. The board is currently 67% female, 44% persons of color, and includes 2 formerly homeless youth aged 18-24. The CoC board received and reviewed the homeless population demographics prior to the review, selection, and ranking process. Board discussion around the ranking and rating factors included how projects could reduce the gaps in service provision to

program participants. Projects were assessed based on the severity of needs of program participants as well as their participation in cultural competency and equity training provided by the CoC.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:

1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

1) The Louisville CoC Policies and Procedures state that the CoC Board will review all applications for CoC funding to ensure that they meet the minimum HUD requirements, have HMIS data that meets community minimum standards, have outcomes that meet community minimum standards and are in good standing with all government entities. They also state that the CoC board will review the outcome data of renewal and new applicants to determine the need for reallocation based on the need for new or expanded services to the community, the need to discontinue services when they are no longer needed or the need to adjust services when realignment is necessary in order to best serve the homeless population. These CoC policies and procedures and the CoC Charter are approved annually by the Louisville CoC, distributed to the CoC board and posted at the Collaborative Applicant's website. The Collaborative Applicant uses annual census data made available through HMIS to understand the effectiveness and greatest needs in the Louisville CoC. The Collaborative Applicant, CoC Board and Advisory Committee review quarterly reports throughout the year of all funded agencies to measure their outcomes against community norms and goals and when necessary make recommendations to the full CoC for reallocation. 2) There are no agencies identified as low performing in 2021. Additionally, requests for new projects did not exceed available funding, eliminating the need for reallocation in 2021. 3) Because there were no agencies identified as low priority or low performing in 2021, the CoC did not make any recommendations for reallocation. 4) The CoC did not re-allocate because no projects were low priority or low performing, 5) On 11/01/2021 all CoC applicants were notified that their projects had been accepted and ranked on the project priority listing.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	



Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5. Projects Rejected/Reduced—Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
NOFO Section VII.B.2.g.	

1. Did your CoC reject or reduce any project application(s)?	No
2. If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

1E-5a. Projects Accepted—Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	11/01/2021
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1E-6. Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	
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**You must enter a date in question 1E-6.**

## 2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/13/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

1.	have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and
2.	submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)

(1) The Louisville Continuum of Care and our one DV service provider (Center for Women and Families, henceforth referred to as CWF) have a relationship going back many years. Our DV service provider is an active participant in our local CoC and reports their data to the CoC/HMIS lead (Coalition for the Homeless) regularly. In addition to this, the CWF receives Emergency Shelter Grant funds from our metro city government and adheres to all the rules required by that type of funding (HMIS reporting and data quality analysis). The CWF also participates in our Point in Time Counts, the annual census and reports their info for our Housing Inventory Chart when requested by the CoC director annually in January. (2) HMIS Data Standards are available for the DV provider to review and implement in their comparable database. The HMIS lead and point of contact for the DV service provider work together to gather the appropriate data and to assimilate into all of our comprehensive reports at the federal, state and local level. The CoC lead also conducts periodic policy and procedures monitoring of our local DV provider and their project.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	719	77	630	98.13%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	355	50	326	106.89%
4. Rapid Re-Housing (RRH) beds	266	19	250	101.21%
5. Permanent Supportive Housing	1,842	0	1,842	100.00%
6. Other Permanent Housing (OPH)	527	0	294	55.79%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

Notes about utilization: TH and RRH beds are higher than 100% due to non-VSP agencies operating projects dedicated to survivors of DV (this project includes 50 TH beds and 3 RRH beds at the time of the PIT). Adjusting for the fact that these beds appear to be counted twice, the overall utilization rate is 92.42%. (1) One project type, other permanent housing, has a utilization rate of less than 85%. All other project types are above 85%. Two OPH projects, totaling 31 beds, were listed as non-HMIS participating in error. This will be corrected on the next HIC. One project, totaling 202 beds is not HMIS

participating. Our CoC is going to determine if that project should have been listed on the HIC at all and work with the agency implementing the project to develop a plan for entering participants in HMIS. 2) CoC leadership will conduct outreach to all agencies ahead of compiling the HIC to determine a complete listing and correct classification of all projects. For projects that are non-HMIS participating we will work to determine if they can be HMIS participating. If they are unable to enter HMIS data themselves due to financial or staffing constraints we will coordinate with the HMIS lead and Single Point of Entry (SPE) to establish a process for client level data to be securely transmitted to SPE data entry staff for HMIS entry.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	No
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

Describe in the field below:

1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

1) The Louisville CoC decreased first time homelessness by 87 people from 2019 to 2020. The Louisville CoC works to identify persons at risk of homelessness through increased partnerships with those who provide homeless prevention services including funds to address rent and utility debt. Factors include level of debt greater than one month, recent loss of employment, recent major expense or debt, fractures in family make up and eviction filed against the household. 2) In 2020, the risk factors of increased greatly due to COVID, but so did CoC-wide resources allocated to outreach, navigation and financial assistance to prevent homelessness. 2) In order to decrease first time homelessness, the CoC hired four additional prevention/diversion staff who work directly with community partners providing homeless prevention services to divert those who are at risk of losing housing and help with housing navigation and paying deposits and first month's rent. The Coll. Applicant also hired four staff to provide outreach to persons on the eviction court docket to help them apply for funding and attend court with legal aid to avoid eviction. The city's Neighborhood Place one-stop shop and housing department also worked with the courts to give tenant's time and pay back rent to avoid evictions during COVID. Louisville has led the nation in getting these funds to those in need in order to avoid homelessness.. 3) The Louisville CoC's strategy to reduce first time homelessness is the creation of a coordinated housing stabilization center to be funded through American Rescue Funds. This center will provide eviction outreach, legal aid, rent assistance and help navigating the court and housing system.

2C-2.	Length of Time Homeless—Strategy to Reduce.	
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## NOFO Section VII.B.5.c.

Describe in the field below:

1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

**(limit 2,000 characters)**

1) The Louisville CoC uses an HMIS report that identifies long term stayers in HMIS and works with shelters to house these individuals or families or exit them in HMIS if that is the issue. The Louisville CoC also more than doubled the number of outreach workers helping to identify those in greatest need and help them access PSH and other services. This group meets every other week to discuss those with longest stays on the streets and with greatest health risks in order to create and implement an individualized plan for each person. 2) The Louisville CoC has been working to prioritize housing for individuals and families in greatest need through the Common Assessment chronically homeless by name list in order to house these persons more quickly. These efforts have removed many long-term stayers from the homeless shelter data and decreased the chronically homeless street count (and the overall length of stay for these long term homeless) over the past decade. In 2020, the Common Assessment team gained two new resources through a prioritization in public housing and the reuse of CSBG funds to quickly move homeless families into motels and then RRH. These resources made it possible to quickly house an additional 400 households over the year. 3) The entity responsible for overseeing the CoC's strategy to shorten the length of homelessness is the Common Assessment Team.

## 2C-3. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

## NOFO Section VII.B.5.d.

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

**(limit 2,000 characters)**

1) In order to increase the rate at which persons that are homeless exit to permanent housing, the CoC has prioritized access to permanent housing as well as housing access resources that allow individuals and families to move quickly into housing. New housing vouchers and set asides include those made available through Louisville Metro Housing Authority including Mainstream, Family Unification Program, and EHV, CoC Permanent Supportive Housing and CSBG. Additional supports include federal funds to pay rent and deposits, a flexible pool of funding for furniture, and case management to assist in the housing transition. The greatest barrier to increasing housing access is a lack of affordable housing making it impossible even for those with vouchers to find housing options. The CoC is working with city leaders to use a large portion of American Rescue dollars to create these greatly needed units and target them

towards persons experiencing homelessness. 2) Even with a lack of affordable housing for the lowest income, Louisville continues to have a very high retention rate in permanent housing projects of 96%. Our approach to create and maintain this stability is to provide strong supports for those in housing including assistance with one-time financial concerns, assistance with daily living skills and supported employment, and other support identified in individual case plans. Additional support typically includes referrals to resources such as SOAR, representative payee, financial health counseling, and legal aid entities.

2C-4.	Returns to Homelessness–CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

Describe in the field below:

1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC’s strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

**(limit 2,000 characters)**

1) The Coll. App. has used HMIS report data to identify homeless individuals and families most likely to return to homelessness. Factors include: large family size, unemployment, poor physical or mental health, substance use, domestic violence, lack of affordable housing, not enough income to meet their needs. 2) The Louisville CoC uses this information to help emergency and transitional shelters identify individuals and families that may need additional assistance with deposits and access to income prior to exiting shelter. The CoC Lead has created a prevention/diversion program to help ensure those at risk of returning to homelessness are connected to appropriate community resources prior to reentering the homeless services system. The goal of this program is to divert those who only need short-term assistance into mainstream services and away from cost intensive shelter services. And, Louisville is using a portion of American Rescue dollars to fund multiple permanent housing projects including an 80 bed site based project targeted to those who have been unsuccessful in less service intensive PSH in the past. 3) The entity responsible for reducing returns to homelessness is the Prevention and Diversion team employed by the Coll. App. Additionally, St. John’s Center is taking on a leading role with the development of a site based housing project tailored to those who have not maintained housing in the past.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC’s strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.

**(limit 2,000 characters)**



1) The Louisville CoC has worked to increase employment opportunities in several ways. Wellspring has created a supported employment program and over 150 slots of employment and employment training have been set aside through partners in our young adult homeless effort. A rep. from the local American Job Center started attending CoC mtgs. and regularly shares job openings and trainings. 2) The local Goodwill has joined the CoC and is working to create employment opportunities targeted to the homeless after many opportunities were unavailable in 2020. Goodwill has internal job development opportunities as well as partnerships with large industries in the area. Finally, Goodwill and the city of Louisville have partnered on a program that provides transportation to the homeless for day labor. Another model program is the Family Scholar House that provides long-term transitional housing while single parents and those who have a foster care experience complete a college degree. Over 70% of graduates are completely off benefits after graduation. 4) The entity responsible for increasing income from employment is the Mainstream Services Committee of the CoC that meets monthly. The entity responsible for youth income growth from employment is the YHDP Education/Employment Subcommittee.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

**(limit 2,000 characters)**

1) The Louisville CoC has greatly increased employment services over the past two years. In 2018, Metro Louisville and KentuckianaWorks, the WOIA board created ShelterWorks, the first employment training program in the men's homeless day shelter. The program provides shelter, clothing, food and transportation during a two-month employment program focused on high need jobs in the area including fork lift and fulfillment center operation. At the end of the program, graduates have the opportunity to present their skills to local employers and many are hired on the spot. The program also provides RRH vouchers to allow these clients to successfully transition to independence. This program was closed during COVID but will return and be expanded through YHDP and CSBG in 2022. YouthBuild and KentuckianaWorks are joining forces to make employment programs for youth up to 24 more accessible by providing vouchers to those who are homeless while they complete job training and transition to independence. Additionally, Goodwill has changed their community focus to prioritize employment programs for the homeless. They are providing in house and on the job training to residents at Job fairs are held regularly at local shelters and all shelter employment training ends with an opportunity for graduates to meet potential employers, many who are ready to hire on the spot. 2) The Louisville CoC has worked to increase employment for those in permanent supportive housing including supported employment through Wellspring. Supported Employment provides a job coach that can help those with disabilities overcome employment obstacles and find full- and part-time employment that matches their particular interests. Many homeless service

providers have also hired supportive housing residents as peer support specialists to help others in need.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	
	Describe in the field below:	
1.	your CoC's strategy to increase non-employment cash income;	
2.	your CoC's strategy to increase access to non-employment cash sources; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

**(limit 2,000 characters)**

1) Family Health Centers has SOAR certified staff to access those who qualify for Medicaid and assist in helping them access it. Through 2020, many individuals experiencing homelessness had difficulty accessing benefits because many federal offices were closed, but the CoC worked to increase access for these individuals through virtual meetings and on-line applications. Additionally, the Commonwealth of Kentucky just re-opened the state Medicaid application portal that also allows applicants to apply for other benefits on a single platform. The Commonwealth has and will continue to provide training to all homeless service providers on how to use these new systems to improve access to benefits for their clients. 2) The CoC's strategy for access to non-employment resources is to continue to advocate with the Commonwealth to make access increasingly easy for those in need, to maintain increased benefits made available during COVID and to continue to share these resources through regular e-news and other communications on social media. 3) The entity responsible for increasing income from mainstream benefits is the Mainstream Services Committee of the CoC that meets monthly.

## 3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	Yes

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
Southeast Permane...	PSH	33	Both

### **3A-3. List of Projects.**

**1. What is the name of the new project?** Southeast Permanent Supportive Housing

**2. Select the new project type:** PSH

**3. Enter the rank number of the project on  
your CoC's Priority Listing:** 33

**4. Select the type of leverage:** Both

## 3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

**(limit 2,000 characters)**

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,000 characters)

## 4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

Project Type	
1. SSO Coordinated Entry	No
2. PH-RRH or Joint TH/RRH Component	Yes

**You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.**

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	1,710
2.	Enter the number of survivors your CoC is currently serving:	761
3.	Unmet Need:	949

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:



1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

**(limit 2,000 characters)**

1) Need Housing or Services: Universe is a deduplicated count of adults who reported a history of DV that interacted with the following program types between 6-1-21 and 8-31-21: Street Outreach, ES, TH, Day Shelters, Coordinated Entry, PH, PSH, and RRH. CoC is Currently Serving: Universe is a deduplicated count of adults who reported a history of DV enrolled in the following program types between 6-1-21 and 8-31-21: PSH, RRH, and PH. (2) Data source is HMIS and data from a comparable database provided by a VSP. (3) The primary barrier to meeting the need of DV survivors is lack of housing resources. The majority of permanent supportive housing in the Louisville CoC is reserved for households experiences chronic homelessness. More immediate housing resources for persons without a long history of homelessness are in incredibly short supply. Programs that serve exclusively survivors of DV report barriers such as difficulty connecting to potential clients who are in actively dangerous situations where it isn't safe for them to have phone conversation with intake workers, an issue heightened by the isolation of the COVID pandemic. Additionally, as survivors are often not Category 1 homeless it is difficult to connect through outreach workers or more traditional means. Another barrier is the financial abuse that occurs in DV situations due to a partners controlling behavior, specifically lack of access to bank accounts, loss of ID/SSN/debit cards, and utility arrears. Programs such as TH-RRH are essential to overcoming these barrier as it gives survivors the time and connection to specialized resources necessary to start their financial recovery before moving into market rate housing.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects--Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects--only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Home of the Innoc...
Volunteers of Ame...

## Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	Home of the Innocents
2.	Rate of Housing Placement of DV Survivors–Percentage	89.66%
3.	Rate of Housing Retention of DV Survivors–Percentage	96.23%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,000 characters)**

Home of the Innocents Pathways HOME team has considerable experience working with homeless young adults in Louisville. Pathways HOME has been providing housing and case management services for homeless young adults (ages 18 to 24 years old) for over 20 years. HMIS was used to capture housing placement and housing retention data from three RRH projects for Pathways HOME (ESG-CV RRH, CoC RRH, and YHDP Joint RRH). For housing placement, 26 positive exits were captured with 3 exits to jail, psychiatric hospitalization, and place not meant for habitation. So 26 over 29 equals the 89.66% housing placement measure. For housing retention, 51 survivors have stayed in the program for 365 days or longer with 2 survivors leaving the program prior to 365 days for negative destinations. Backing out the new clients who have been in the program for less than a year, you have 51 survivors over 53 total survivors for a housing retention rate of 96.23%.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
----	--

2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

**(limit 2,000 characters)**

Home of the Innocents Pathways HOME team has considerable experience working with homeless young adults in Louisville. Pathways HOME has been providing housing and case management services for homeless young adults (ages 18 to 24 years old) for over 20 years. Pathways HOME has years of experience providing VAWA housing relocation assistance when violence or safety issues arise in the household. For this new project, all new program referrals will come from Louisville's Coordinated Entry team. Coordinated Entry will help screen for survivors or those fleeing DV of Intimate Partner Violence (IPV) and new referrals will come directly to Pathways HOME for assessment and housing placement services. Pathways HOME has a long history of getting homeless young adults housed quickly in the community. A strong network of private landlords is used to house program participants in the community as quickly as possible (often within 30 days of referral). Pathways HOME direct service staff have considerable experience working with survivors of DV and IPV and we have a new project through the Administration of Children and Families to assess for IPV and quickly refer for additional community supports. Pathways HOME also has a partnership with the Louisville Metro Housing Authority for 20 mainstream Section 8 vouchers each year. We are able to refer program participants to additional housing via Section 8 through our mainstream voucher set-aside as well as the CoC Move-Up process. Pathways HOME will provide additional case management supports for those program participants who move into Sec. 8 housing for up to 6 months.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

**(limit 5,000 characters)**

Home of the Innocents Pathways HOME team has considerable experience working with homeless young adults in Louisville. Pathways HOME has been providing housing and case management services for homeless young adults (ages 18 to 24 years old) for over 20 years. Pathways HOME has years of experience providing VAWA housing relocation assistance when violence or safety issues arise in the household. We have a strong relationship with

multiple private landlords in the Louisville community to provide immediate additional housing options when needed. Pathways HOME also uses private agency funding to provide for temporary hotel/motel stays when there is an immediate safety need and this assistance can be provided for multiple weeks until a new unit can be identified. All Pathways HOME direct service staff have annual training on intimate partner violence (IPV) and we have partnered for the past year on a grant to provide additional IPV training to our staff and to implement a new IPV screening tool developed by the Pacific Institute of Research and Evaluation (PIRE). This project is funded through the Administration of Children and Families and the project is a partnership between the Center for Woman and Families (Louisville's victim services shelter), Home of the Innocents, and PIRE. Pathways HOME direct service staff follow specific confidentiality policies and practices when addressing IPV in any case management or housing relocation setting. Considerations are always ensured to place victims of IPV into housing that ensures safety and confidentiality.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

**(limit 2,000 characters)**

Pathways HOME has years of experience providing VAWA housing relocation assistance when violence or safety issues arise in the household. We have a strong relationship with multiple private landlords in the Louisville community to provide immediate additional housing options when needed. Pathways HOME also uses private agency funding to provide for temporary hotel/motel stays when there is an immediate safety need and this assistance can be provided for multiple weeks until a new unit can be identified. Pathways HOME direct service staff follow specific confidentiality policies and practices when addressing IPV in any case management or housing relocation setting. Considerations are always ensured to place victims of IPV into housing that ensures safety and confidentiality. Incidents of IPV are tracked throughout the time spent in Pathways HOME programming. On-going and individualized case management is provided to all Pathways HOME clients throughout their time in the program. VAWA is always followed whenever an incident of IPV occurs for the household. There have been instances where Pathways HOME has had to terminate services to one member of the household for repeated allegations of IPV. The victim in these situations always remains in the program and new housing is sought and secured.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
----	---

2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

Pathways HOME has many years of experience with IPV and VAWA with the young adults that we serve. Program participants always get to choose their own housing through our relationships with multiple private landlords. The Pathways HOME staff undergo annual training on motivational interviewing, strengths-based programming, trauma-informed care services, racial equity and racial healing training, and client choice service provision. Home of the Innocents is currently finishing the second year of becoming certified as a Sanctuary Institute agency. Sanctuary incorporates a trauma lens into how our programs are administered and how we treat fellow staff and those we serve. All program participants receive information on VAWA and reporting IPV at the time of program intake and Pathways HOME direct service staff are continually screening and addressing IPV through monthly home visits and general case management services. All program participants have a strength-based service plan that is adjusted throughout their time in the program. Program participants receive on-going referrals throughout their time at Pathways HOME; including referrals for child care, parenting classes, food, and life skills. Pathways HOME maintains a bi-monthly Life Skills curriculum where all program participants can learn new skills around budgeting/financial empowerment, how to cook and shop for food on a budget, peer to peer learning, and a young mother's support group. Pathways HOME utilizes private agency funding in many cases to provide these essential services. In addition, Home of the Innocents is currently incorporating racial healing and racial equity training for all staff. This training is focused on addressing privilege and healing from institutional racism. All staff will be fully trained by mid-2020.

In general, Pathways HOME is here to provide client-centered services to homeless young adults. Care is taken to provide holistic services that are based on equal access and client choice. Pathways HOME is a Housing First program and barriers to entry and maintaining housing have been removed from programming. Comprehensive case management services are provided to all program participants with an emphasis on developing life skills, sustaining housing, and alleviation of barriers.

Pathways HOME clients are welcome to take advantage of many other Home of the Innocents services, including the PASS and Safe Exchange programs. Parents Acquiring Skills & Strength (PASS) is a twelve-week parenting course using the evidence-based Nurturing Parenting Program curriculum. PASS is available at no cost to program participants. Due to the COVID-19 pandemic, PASS classes are currently offered in a virtual format. Safe Exchange is the Home's safe custody exchange program for parents with a history of or potential

for domestic violence. Safe Exchange offers a safe, neutral site for regular custody exchanges. Using staggered arrival and departure times, Safe Exchange eliminates contact between parents while on-site security personnel ensure the safety of all participants. Safe Exchange is also offered at no cost to participating families.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

**(limit 5,000 characters)**

During the past year, Pathways HOME has provided housing relocation and case management services to multiple program participants who have experienced IPV. In all cases, safety was the first priority and hotel/motel stays were provided in multiple instances for several weeks at a time to ensure immediate safety. Pathways HOME direct service staff ensured that proper protective orders were filled and that new housing options were presented in timely manner. A network of private landlords are used to provide immediate housing options to all victims of IPV in the Pathways HOME program. Pathways HOME direct service staff continue to provide housing search and relocation services until a new unit is secured – all while maintaining confidentiality to the victim. Referrals have been made to the Center for Women and Families (Louisville's victim services shelter) when applicable so that additional services can be accessed. Pathways HOME direct service staff provide transportation for housing search and relocation services and public transportation passes and tickets are also provided to all program participants. Direct service staff also provide continuing counseling on credit, budgeting, and education services throughout the time in the program. Pathways HOME employs a full-time Employment Specialist to ensure all program participants have access to employment options and GED classes/continuing education.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;

6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

Pathways HOME has many years of experience with IPV and VAWA with the young adults that we serve. A new direct service staff person will be hired specifically to provide services for this new project. This new person will ideally have prior experience working with victims of IPV and will have experience working with homeless young adults. This new staff person will be incorporated into existing programming here at Pathways HOME. The Pathways HOME staff undergo annual training on motivational interviewing, strengths-based programming, trauma-informed care services, racial equity and racial healing training, and client choice service provision. Home of the Innocents is currently finishing the second year of becoming certified as a Sanctuary Institute agency. Sanctuary incorporates a trauma lens into how our programs are administered and how we treat fellow staff and those we serve. All program participants receive information on VAWA and reporting IPV at the time of program intake and Pathways HOME direct service staff are continually screening and addressing IPV through monthly home visits and general case management services. All program participants have a strength-based service plan that is adjusted throughout their time in the program. Program participants receive on-going referrals throughout their time at Pathways HOME; including referrals for child care, parenting classes, food, and life skills. Pathways HOME maintains a bi-monthly Life Skills curriculum where all program participants can learn new skills around budgeting/financial empowerment, how to cook and shop for food on a budget, peer to peer learning, and a young mother's support group. Pathways HOME utilizes private agency funding in many cases to provide these essential services. In addition, Home of the Innocents is currently incorporating racial healing and racial equity training for all staff. This training is focused on addressing privilege and healing from institutional racism. All staff will be fully trained by 2021.

Program participants always get to choose their own housing through our relationships with multiple private landlords. Upon initial program referral, Pathways HOME direct care staff will immediately work to assist in identifying a housing option that meets the needs of the program participant. Transportation to view potential units will be provided and all program participants can access public transportation passes and tickets. All decisions will be client led and motivational interviewing and existing staff training will be utilized to ensure that power differentials do not develop. Information on Fair Housing and discrimination is provided at program entry and throughout on-going case management. Peer to peer learning and a young mother's support group are all provided throughout the program through the twice monthly Life Skills curriculum.

In general, Pathways HOME is here to provide client-centered services to homeless young adults. Care is taken to provide holistic services that are based on equal access and client choice. Pathways HOME is a Housing First program and barriers to entry and maintaining housing have been removed from programming. Comprehensive case management services are provided to all program participants with an emphasis on developing life skills, sustaining housing, and alleviation of barriers.

## Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	Volunteers of America Mid-States
2.	Rate of Housing Placement of DV Survivors–Percentage	67.20%
3.	Rate of Housing Retention of DV Survivors–Percentage	100.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,000 characters)**

VOA identified 72 clients during a 12-month period from 10/1/2020 to 9/30/2021 who reported experiencing DV. Of the 72 clients, 12 remain in their current program. Of the 60 clients with exit destinations, 41 exited to a positive housing destination, representative of the 68.3%. Project type for this measure is ES, TH, and RRH. No client exited an RRH project in less than 365 days in the past 12-month period, resulting in a 100% housing retention rate.

This data is from HMIS for non-DV projects.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	connected survivors to supportive services; and



- |    |   |
|----|---|
| 4. | moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends. |
|----|---|

**(limit 2,000 characters)**

Volunteers of America Mid-States (VOA) currently operates several housing programs, including a Joint RRH/TH program, meaning this specific program will be exclusively for domestic violence survivors. DV clients will be identified through the coordinated single point of entry process and will be the only population served through this funding. VOA will either receive DV clients to our emergency shelter or from area shelters to place in RRH. After a client is placed, they receive on-going case management, crisis support, access to resources, and linkage to community partners with dedicated support for DV survivors. Through regular assessments, VOA evaluates benchmarks to ensure a client will achieve and maintain housing stability, or if they need to move to a different housing program.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.
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NOFO Section II.B.11.
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Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
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- |    |  |
|----|--|
| 1. | training staff on safety planning;   |
| 2. | adjusting intake space to better ensure a private conversation;  |
| 3. | conducting separate interviews/intake with each member of a couple;  |
| 4. | working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance; |
| 5. | maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and       |
| 6. | keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.       |

**(limit 5,000 characters)**

VOA's Senior Director of Housing, who has 16 years of experience in the DV field, regularly provides staff with safety planning and DV 101 training. The shelter's intake coordinator conducts safe and separate interviews in a private intake space for all clients entering care. The city's coordinated point of entry role is to identify and direct DV survivors to this program, which prevents couples entering together.

The shelter itself is a safe location for clients, with a locked entry and the ability to place clients in rooms on the second floor away from windows. While the shelter's location is not confidential, VOA's confidentiality policy ensures there is no disclosure of current residents. Case managers work directly with clients to identify residential locations that feel safe and secure.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety—Project Applicant Experience.
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NOFO Section II.B.11.
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Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.
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**(limit 2,000 characters)**

In the previous fiscal year, 51% of VOA's clients served were DV survivors and there were zero safety incidents. VOA works closely with the Louisville Metro Police Department on an as needed basis. Clients are also connected with the DV intake center to secure protective orders if wanted or needed. VOA's staff is trained on domestic violence and safety planning, as well as confidentiality. If there is an active perpetrator, the appropriate information and photo will be shared with staff.

4A-4d.	Trauma-Informed, Victim-Centered Approaches--Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

VOA operates its housing programs using Housing First practices, meaning there are no mandatory requirements to receiving or maintaining housing. Staff are trained in trauma-informed practices, and all living spaces are trauma-informed. Case managers use a strength-based process for goal setting when working with clients to achieve their next phase of housing. Client care is victim-centered, taking into consideration the client's lived experiences and addressing their needs with individualized case plans.

The agency has a uniformed policy approach to ensure equity when interacting with clients. Volunteers of America Mid-States serves all clients, regardless of their race, gender, sexual orientation, or religion. VOA has a Diversity, Equity and Inclusion committee that evaluates and addresses any concerns regarding racial equity, and the committee will recommend policy changes to senior leadership and the board. Additionally, our Vice President of DEI/Quality is developing a dashboard to ensure outcomes are achieved that show measurable progress in providing access to care for the most marginalized.

VOA provides in-house support services to meet clients needs and provide individualized support, including AA/NA meetings, budgeting and financial support, life skills groups, and support for and referrals for parenting classes. DV support groups within the shelter are possible, and case managers will make referrals to external partners who provide DV-specific support.

4A-4e.	Meeting Service Needs of DV Survivors--Project Applicant Experience.	
	NOFO Section II.B.11.	
	Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and	
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.	

**(limit 5,000 characters)**

VOA staff will assist DV survivors pursuing custody by connecting them with Legal Aid and the Center for Women and Families. Clients will be provided transportation via public transportation vouchers or company vehicle if necessary. VOA offers a six-week financial class through PNC Bank that educates clients on credit repair, budgeting, opening a checking account. On staff, the Housing Specialist assists with the housing search, working with the client to ensure their safety. The Housing Specialist maintains and grows relationships with local landlords to allow for rapid placement for clients. Additionally, VOA has a clinical therapist available for DV-specific counseling and will make connections to agencies with DV-specific resources for survivors.

4A-4f.	Trauma-Informed, Victim-Centered Approaches--New Project Implementation.	
	NOFO Section II.B.11.	
	Provide examples in the field below of how the new project will:	
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;	
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;	
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;	
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;	
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offer support for parenting, e.g., parenting classes, childcare.	

**(limit 5,000 characters)**

When implementing the DV-specific program, VOA will use victim-centered care, relying on the client's lived experiences to develop individualized care plans. Program staff will be trained in trauma-informed practices and emphasize victim choice when creating goals and identifying next steps. All living settings will be trauma-informed. VOA will review and update housing policy and procedures to confirm specifics for serving survivors with trauma-informed standards.

VOA will include at least one DV client on the Residential Advisory Council,

providing insight from a lived experience perspective. The agency will also explore adding a survivor to the Program Policy and Procedure committee. Additionally, VOA will actively participate in the Coalition of the Homeless' committee for VAWA and DV. These efforts will inform the program's ability to serve DV clients appropriately.

VOA will serve all clients, regardless of their race, gender, sexual orientation, or religion. VOA's Diversity, Equity and Inclusion committee will evaluate and addresses any concerns regarding racial equity or LGBTQ+ equity, and the committee will recommend policy changes to senior leadership and the board. Additionally, our Vice President of DEI/Quality is developing a dashboard to ensure outcomes are achieved that show measurable progress in providing access to care for the most marginalized.

VOA will provide in-house support services to meet clients' needs through individualized plans that are client-centered. In-home supports include AA/NA meetings, budgeting and financial classes with PNC Bank, life skills groups, support for and referrals for parenting classes. VOA will create DV-specific support groups that are victim-centered and make referrals to external partners who provide DV supports.

## 4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/12/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/12/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/12/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/12/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/12/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	Public Posting - ...	11/12/2021
1E-5a. Public Posting—Projects Accepted	Yes	Public Posting - ...	11/12/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	11/12/2021
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/12/2021
3C-2. Project List for Other Federal Statutes	No		

## **Attachment Details**

**Document Description:** CE Assessment Tool

## **Attachment Details**

**Document Description:** PHA Homeless Preference

## **Attachment Details**

**Document Description:** PHA Moving On Preference

## **Attachment Details**

**Document Description:** Local Competition Announcement

## **Attachment Details**

**Document Description:** Project Review and Selection Process

## **Attachment Details**

**Document Description:** Public Posting - Projects Rejected-Reduced

## **Attachment Details**

**Document Description:** Public Posting - Projects Accepted

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Housing Leveraging Commitment

## **Attachment Details**

**Document Description:** Healthcare Formal Agreement

## **Attachment Details**

**Document Description:**

## Submission Summary

**Ensure that the Project Priority List is complete prior to submitting.**

Page	Last Updated
1A. CoC Identification	09/15/2021
1B. Inclusive Structure	11/10/2021
1C. Coordination	11/10/2021
1C. Coordination continued	11/12/2021
1D. Addressing COVID-19	11/11/2021
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	11/09/2021
2B. Point-in-Time (PIT) Count	09/15/2021
2C. System Performance	11/10/2021
3A. Housing/Healthcare Bonus Points	11/10/2021
3B. Rehabilitation/New Construction Costs	09/15/2021

FY2021 CoC Application	Page 64	11/12/2021
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**3C. Serving Homeless Under Other Federal Statutes**

11/06/2021

**4A. DV Bonus Application**

11/11/2021

**4B. Attachments Screen**

Please Complete

**Submission Summary**

No Input Required

## **Included in this Attachment**

1. 1C-14. CE Assessment Tool

[illegible]

Louisville VI-SPDAT Version 2 – Revised 4/23/18

Client Name/Nickname:	HMIS:
Assessor's Name/Agency:	Date:

General

What is your age?	_____ <input type="checkbox"/> Refused
IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1	SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> <b>Outdoors</b> <input type="checkbox"/> <b>Other (specify):</b> _____ <input type="checkbox"/> Refused
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	SCORE:
2. How long has it been since you lived in permanent stable housing?	_____ <input type="checkbox"/> Refused
3. In the last three years, how many times have you been homeless?	_____ <input type="checkbox"/> Refused
IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	SCORE:

## B. Risks

4. In the past six months, how many times have you...	
a) Received health care at an emergency department/room?	_____ <input type="checkbox"/> Refused
b) Taken an ambulance to the hospital?	_____ <input type="checkbox"/> Refused
c) Been hospitalized as an inpatient?	_____ <input type="checkbox"/> Refused
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ <input type="checkbox"/> Refused
e) Talked to the police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____ <input type="checkbox"/> Refused
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?	_____ <input type="checkbox"/> Refused
<b>IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.</b>	<b>SCORE:</b>
5. Have you been attacked or beaten up since you've become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.</b>	<b>SCORE:</b>
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.</b>	<b>SCORE:</b>

8. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
9. Do you ever do things that may considered risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.</b>	<b>SCORE:</b>

### C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.</b>	<b>SCORE:</b>
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.</b>	<b>SCORE:</b>
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "NO," THEN SCORE 1 FOR SELF-CARE.</b>	<b>SCORE:</b>
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.</b>	<b>SCORE:</b>

## D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
19. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. <i>FOR FEMALE RESPONDENTS ONLY:</i> Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A or Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.</b>	<b>SCORE:</b>
21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.</b>	<b>SCORE:</b>
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:	
a) A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c) A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

<b>IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.</b>	<b>SCORE:</b>
<b>IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.</b>	<b>SCORE:</b>
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
26. Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.</b>	<b>SCORE:</b>
27. <i>YES OR NO:</i> Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF “YES”, SCORE 1 FOR ABUSE AND TRAUMA.</b>	<b>SCORE:</b>

#### Scoring Summary

DOMAIN	SUBTOTAL
<b>PRE-SURVEY</b>	
<b>A. History of HOUSING &amp; HOMELESSNESS</b>	
<b>B. RISKS</b>	
<b>C. SOCIALISATION &amp; DAILY FUNCTIONS</b>	
<b>D. WELLNESS</b>	
<b>GRAND TOTAL:</b>	

#### Follow-up Questions

On a regular day, where is it easiest to find you and what time of day is it easiest to do so?	
Is there a phone number and/or email where someone can safely get in touch with you or leave a message?	
Is there an agency, outreach worker, or case manager that you work with regularly or trust more than others? If so, who is that?	
Who is someone that you could provide as an emergency contact?	



Louisville Family VI-SPDAT Version 2 – Revised 4/23/18

Head of House Name/Nickname:	HMIS#:
Spouse Name/Nickname:	HMIS#:
Assessor's Name/Agency:	Date:

General

What is your age?	_____ <input type="checkbox"/> Refused
What is your spouse's age (if applicable)?	
<b>IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1</b>	<b>SCORE:</b>

Children

1. How many children under the age of 18 are currently with you?	_____ <input type="checkbox"/> Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?	_____ <input type="checkbox"/> Refused
3. <i>IF HOUSEHOLD INCLUDES A FEMALE:</i> Is any member of the family currently pregnant?	
4. Please provide a list of children's names and ages:	
<b>First Name</b>	<b>Last Name</b>
	Age
<b>IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.</b>	<b>SCORE:</b>
<b>IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.</b>	

## A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> Outdoors <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Refused
<b>IF THE FAMILY ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.</b>	<b>SCORE:</b>
6. How long has it been since you and your family lived in permanent stable housing?	_____ <input type="checkbox"/> Refused
7. In the last three years, how many times have you and your family have been homeless?	_____ <input type="checkbox"/> Refused
<b>IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.</b>	<b>SCORE:</b>

## B. Risks

8. In the past six months, how many times have you or anyone in your family...	
a) Received health care at an emergency department/room?	_____ <input type="checkbox"/> Refused
b) Taken an ambulance to the hospital?	_____ <input type="checkbox"/> Refused
c) Been hospitalized as an inpatient?	_____ <input type="checkbox"/> Refused
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ <input type="checkbox"/> Refused
e) Talked to the police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____ <input type="checkbox"/> Refused
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?	_____ <input type="checkbox"/> Refused
<b>IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.</b>	<b>SCORE:</b>

9. Have you or anyone in your family been attacked or beaten up since they've become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR <b>RISK OF HARM.</b>	<b>SCORE:</b>
11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES," THEN SCORE 1 FOR <b>LEGAL ISSUES.</b>	<b>SCORE:</b>
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR <b>RISK OF EXPLOITATION.</b>	<b>SCORE:</b>

### C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR <b>MONEY MANAGEMENT.</b>	<b>SCORE:</b>
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "NO," THEN SCORE 1 FOR <b>MEANINGFUL DAILY ACTIVITY.</b>	<b>SCORE:</b>

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "NO," THEN SCORE 1 FOR SELF-CARE.</b>	<b>SCORE:</b>
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.</b>	<b>SCORE:</b>

#### D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.</b>	<b>SCORE:</b>
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.</b>	<b>SCORE:</b>

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:	
a) A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c) A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.</b>	<b>SCORE:</b>
28. <i>IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:</i> Does any single member of your household have a medical condition, mental health concerns, <b>and</b> experience with problematic substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES", SCORE 1 FOR TRI-MORBIDITY.</b>	<b>SCORE:</b>
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.</b>	<b>SCORE:</b>
31. <i>YES OR NO:</i> Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.</b>	<b>SCORE:</b>

## E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.</b>	<b>SCORE:</b>
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
36. <i>IF THERE ARE SCHOOL-AGED CHILDREN:</i> Do your children attend school more often than not each week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.</b>	<b>SCORE:</b>
37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.</b>	<b>SCORE:</b>
39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...	
a) 3 or more hours per day for children aged 13 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) 2 or more hours per day for children aged 12 or younger?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
41. <i>IF THERE ARE CHILDREN BOTH 12 AND UNDER &amp; 13 AND OVER:</i> Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.</b>	<b>SCORE:</b>

### Scoring Summary

DOMAIN	SUBTOTAL
<b>PRE-SURVEY</b>	
<b>A. History of HOUSING &amp; HOMELESSNESS</b>	
<b>B. RISKS</b>	
<b>C. SOCIALISATION &amp; DAILY FUNCTIONS</b>	
<b>D. WELLNESS</b>	
<b>E. Family Unit</b>	
<b>GRAND TOTAL:</b>	

### Follow-up Questions

On a regular day, where is it easiest to find you and what time of day is it easiest to do so?	
Is there a phone number and/or email where someone can safely get in touch with you or leave a message?	
Is there an agency, outreach worker, or case manager that you work with regularly or trust more than others? If so, who is that?	
Who is someone that you could provide as an emergency contact?	

Name \_\_\_\_\_ Marital Status: ☐ S ☐ M ☐ D ☐ W

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

SSN: \_\_\_\_\_ U.S. Military Veteran? ☐ No ☐ YesDOB: \_\_\_\_\_ Gender: ☐ Female ☐ Male ☐ Trans M to F ☐ Trans F to M

Race ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American  
☐ Native American/Other Pacific Islander ☐ White ☐ Other: \_\_\_\_\_

Hispanic/Latino? ☐ No ☐ Yes ENTRY DATE: \_\_\_\_\_Head of Household: ☐ Self ☐ Child ☐ Spouse/Partner ☐ Other Relation ☐ Non RelationHealth Insurance? ☐ Medicaid ☐ Medicare ☐ KCHIP ☐ VA Medical ☐ Other \_\_\_\_\_

Disability: (Check all that apply):

☐ Alcohol abuse ☐ Chronic health condition ☐ Developmental ☐ Drug abuse  
☐ HIV/AIDS ☐ Mental health problem ☐ Physical

Phone Number \_\_\_\_\_

Domestic violence (DV) victim/survivor? ☐ No ☐ YesIf yes, when DV occurred: ☐ W/in past 3 mos ☐ 3-6 mos ago ☐ 6-12 mos ago ☐ More than a year agoIf yes, are you currently fleeing DV? ☐ No ☐ Yes Ever in foster care? ☐ No ☐ Yes

Residence Prior to Entry: ☐ Place not meant for habitation ☐ Emergency shelter ☐ Hospital ☐ Jail/Prison  
☐ Long Term Care Facility ☐ Psych Facility ☐ SA treatment ☐ Hotel ☐ Transitional Housing  
☐ Other \_\_\_\_\_

Length of stay?

☐ 1 night or less ☐ 2-6 nights ☐ 1 week or more but less than one month  
☐ 1 month or more but less than 90 days ☐ 90 days or more but less than 1 year ☐ 1 year or longer

Approximate date homelessness started: \_\_\_\_\_

# of times homeless on street or emergency shelter in past 3 years: ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

Total # of months homeless in the last 3 years: \_\_\_\_\_ Zip code of last perm address: \_\_\_\_\_

Cash Income? ☐ No ☐ Yes If yes, check all sources & enter monthly \$ amount. Enter income of children under 18 years old under Head of Household.

☐ Child Support \$ \_\_\_\_\_ ☐ Earned income \$ \_\_\_\_\_ ☐ Pension/retirement \$ \_\_\_\_\_  
☐ Retire from SS \$ \_\_\_\_\_ ☐ SSDI \$ \_\_\_\_\_ ☐ SSI \$ \_\_\_\_\_  
☐ TANF (KTAP) \$ \_\_\_\_\_ ☐ Unemployment \$ \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

Non-cash benefits? ☐ No ☐ Yes ☐ SNAP ☐ WIC ☐ TANF child care ☐ TANF transportation services

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



**Dependent ENTRY Form – COMMON ASSESSMENT TEAM**

FHC Acct #: \_\_\_\_\_

Name \_\_\_\_\_

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

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: ☐ Female ☐ Male ☐ Trans M to F ☐ Trans F to M

Race ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American  
☐ Native American/Other Pacific Islander ☐ White ☐ Other: \_\_\_\_\_

Hispanic/Latino? ☐ No ☐ Yes ENTRY DATE: \_\_\_\_\_Head of Household: ☐ Self ☐ Child ☐ Spouse/Partner ☐ Other Relation ☐ Non RelationHealth Insurance? ☐ Medicaid ☐ Medicare ☐ KCHIP ☐ VA Medical ☐ Other \_\_\_\_\_

Disability: (Check all that apply):

☐ Alcohol abuse ☐ Chronic health condition ☐ Developmental ☐ Drug abuse  
☐ HIV/AIDS ☐ Mental health problem ☐ Physical

Please enter any cash and non-cash benefits under head of household.

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

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**Dependent ENTRY Form – COMMON ASSESSMENT TEAM**

FHC Acct #: \_\_\_\_\_

Name \_\_\_\_\_

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

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: ☐ Female ☐ Male ☐ Trans M to F ☐ Trans F to M

Race ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American  
☐ Native American/Other Pacific Islander ☐ White ☐ Other: \_\_\_\_\_

Hispanic/Latino? ☐ No ☐ Yes ENTRY DATE: \_\_\_\_\_Head of Household: ☐ Self ☐ Child ☐ Spouse/Partner ☐ Other Relation ☐ Non RelationHealth Insurance? ☐ Medicaid ☐ Medicare ☐ KCHIP ☐ VA Medical ☐ Other \_\_\_\_\_

Disability: (Check all that apply):

☐ Alcohol abuse ☐ Chronic health condition ☐ Developmental ☐ Drug abuse  
☐ HIV/AIDS ☐ Mental health problem ☐ Physical

Please enter any cash and non-cash benefits under head of household.

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

## **Included in this Attachment**

### 1C-7 PHA Homeless Preference

1. Selection from Louisville Metro Housing Authority Admissions and Continued Occupancy Plan listing the Homeless Preference. Full ACOP available here:

[http://www.lmha1.org/about\\_lmha/acop.php](http://www.lmha1.org/about_lmha/acop.php)

2. Selection from Louisville Metro Housing Authority Administrative Plan listing further Homeless Preferences. Full Admin plan available here:

[http://www.lmha1.org/about\\_lmha/admin\\_plan.php](http://www.lmha1.org/about_lmha/admin_plan.php)

## 10.0 TENANT SELECTION AND ASSIGNMENT PLAN

### 10.1 PREFERENCES

The LMHA will select families based on the following preferences within each bedroom size (0-bedroom, 1-bedroom, 2-bedroom, etc.). These preferences are based on local housing needs and priorities:

- A. *Former Clarksdale residents who were relocated by the LMHA as a result of the Housing Authority's HOPE VI Revitalization of the site receive a one-time preference for all rental units built through the Liberty Green Revitalization effort.*

These families should apply through the Liberty Green site-based waiting list for units at Liberty Green, and through the agency's central waiting list for all other units built through the Revitalization effort;

- B. *Former Sheppard Square residents who were relocated by the LMHA as a result of the Housing Authority's HOPE VI Revitalization of the site receive a one-time preference for all rental units built through the Sheppard Square Revitalization effort.*

These families should apply through the Sheppard Square site-based waiting list for units at Sheppard Square, and through the agency's central waiting list for all other units built through the Revitalization effort;

- C. *Families referred by the Family Health Center Common Assessment Team that are experiencing homelessness.*

Families must be referred to the LMHA by the Family Health Centers Common Assessment Team. Families that believe they may qualify for this admissions preference should contact:

Family Health Centers Common Assessment Team

1300 S. 4<sup>th</sup> St., Suite 200

Louisville, KY 40208

Phone: (502) 637-2080

- F. *Participants successfully graduating from the YouthBuild Louisville program.*

This preference only applies to participants living in subleased LMHA public housing at the time of program completion. Such individuals receive a preference for either the Housing Choice Voucher or Public Housing Program, but not both;

Within the same preference category, applicants that qualify for multiple preferences will not be housed before applicants that qualify for fewer preferences.

Within the same preference category, the date and time of pre-application will be used to determine the sequence in which applicants are housed.

When the LMHA receives the Applicant Family's completed pre-application, the postmark date recorded on the envelope containing the pre-application is used to determine the order in which the Family's name is added to the HCV Program's waiting list. If the postmark date is a business day, that date is used. If the postmark date is not a business day, the date of the next business day is used. If multiple pre-applications are dated the same business day, a randomized, objective method will be used to decide the order in which these Families are added to the waiting list.

## **2. Assistance Available to Persons with Disabilities**

Persons with disabilities who require a reasonable accommodation in order to complete a pre-application may contact the LMHA to make special arrangements for assistance.

Any Applicant with a hearing or speech impairment can receive assistance contacting the Housing Authority by dialing 7-1-1 to reach the Kentucky Telephone Relay Service or may contact the LMHA directly by dialing 502-587-0831 to be connected using a Telecommunication Device for the Deaf (TDD).

If an Applicant is visually impaired, all notices can be made available in appropriate alternate formats.

## **3. Reporting Changes to Applicant Information**

While on the waiting list, Applicant Families are required to report changes related to their address, Family composition, or their eligibility for any waiting list preference:

Changes may be reported by writing:

Attention: Waiting List

Louisville Metro Housing Authority

P.O. Box 189

Louisville, Kentucky 40201-0189

The LMHA prefers that families use the Pre-Application Update Form, which is available at the 600 S 7th Street Office or online at the Housing Authority's website ([www.lmha1.org](http://www.lmha1.org)).

The LMHA will annotate the Family's file and will update their place on the waiting list if appropriate.

# **C. WAITING LIST MANAGEMENT**

## **1. Opening and Closing the Waiting List<sup>2</sup>**

### ***a. Opening the Waiting List***

Opening of the waiting list will be announced via public notice that applications for the HCV Program will again be accepted. The public notice will state where, when, and how to apply. The notice will be published in a local newspaper of general circulation, and by any available minority media. The public notice will state any limitations to who may apply.

The notice will state that Applicants already on waiting lists for other housing programs must apply separately for this program, and that such Applicants will not lose their place on other waiting lists when they apply for the HCV Program. The notice will include the Fair Housing logo and slogan and otherwise follow HUD Fair Housing requirements.

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<sup>2</sup> 24 CFR 982.206, Waiting List: Opening and Closing; Public Notice

*b. Closing the Waiting List*

Closing of the waiting list will be announced via public notice. The public notice will state the date the waiting list will be closed. The public notice will be published in a local newspaper of general circulation, and also by any available minority media.

**2. Waiting List Organization**

*a. Determining Waiting List Placement*

Applicant Families will be added to the waiting list according to the postmark date associated with their completed pre-application. If the postmark date is a business day, that date is used. If the postmark date is not a business day, the date of the next business day is used. If multiple pre-applications are dated the same business day, a randomized, objective method will be used to decide the order in which these Families are added to the waiting list.

All Applicants who claim eligibility for at least one preference will be listed before Applicants who do not claim eligibility for any preference.

*b. Preferences<sup>3</sup>*

Consistent with the Housing Authority's Moving to Work (MTW) Annual Plan; the Consolidated Plan that covers the LMHA jurisdiction; and local housing needs and priorities, the Housing Authority will give an admissions preference to Applicant Families that meet at least one of the following criteria:

- i. Applicant Families that successfully completed the Housing Authority's HCV Homeownership Program by becoming economically independent, and who still own and reside in the formerly assisted unit, but who now, through extenuating services, need HCV assistance again.
- ii. Applicant Families that have applied to (and met the admissions criteria for) one of the Housing Authority's Special Referral Programs. Information on applying to these Programs can be found in Appendix 9.
- iii. Public Housing Program Participant Families graduating from the Housing Authority's Special Referral Program with Family Scholar House in good standing. Applicant Family eligibility for this preference must be verified by Family Scholar House.
- iv. Applicant Families referred by the Family Health Centers Common Assessment Team that include an Adult Household Member who is a Homeless veteran. For the purpose of determining eligibility for this preference, the term "veteran" includes anyone who wore the uniform of any of the military forces. It does not include National Guard members who were never called up for service.<sup>4</sup> Families that believe they may qualify for this admissions preference should contact:  
Family Health Centers Common Assessment Team  
1300 S. 4th St., Suite 200  
Louisville, KY 40208  
Phone: (502) 637-2080  
Website: <http://www.fhclouisville.org/health-services/healthcare-for-the-homeless>

<sup>3</sup> 24 CFR 982.202, How Applicants Are Selected: General Requirements and 24 CFR 982.207, Waiting List: Local Preferences in Admission to Program

<sup>4</sup> *RX: Housing Veterans*. Report to Mayor Fischer on Ending Veteran Homelessness in Louisville, Kentucky. 5 December 2014.

- v. Applicant Families referred by the Family Health Centers Common Assessment Team that are currently assisted through the Louisville Metro Continuum of Care **including families referred to the Emergency Housing Voucher program**. Families that believe they may qualify for this admissions preference should contact:  
Family Health Centers Common Assessment Team  
1300 S. 4th St., Suite 200  
Louisville, KY 40208  
Phone: (502) 637-2080  
Website: <http://www.fhclouisville.org/health-services/healthcare-for-the-homeless>

The LMHA will not deny a local preference, nor otherwise exclude or penalize an Applicant Family, solely because the Family resides in public housing.

c. *Selection from the Waiting List*

All admissions preferences will be treated equally. For the purpose of waiting list placement, an Applicant Family that is eligible for more than one preference will be treated the same as a Family with only one preference.

The date the pre-application was postmarked will be utilized to determine the sequence in which preference holders are added to the waiting list. If the postmark date is a business day, that date is used. If the postmark date is not a business day, the date of the next business day is used. If multiple pre-applications are dated the same business day, a randomized, objective method will be used to decide the order in which these Families are added to the waiting list.

Non-preference holders will be listed on the waiting list after preference holders. If the postmark date is a business day, that date is used. If the postmark date is not a business day, the date of the next business day is used. If multiple pre-applications are dated the same business day, a randomized, objective method will be used to decide the order in which these Families are added to the waiting list.

Notwithstanding the above, if necessary, to meet the statutory requirement that 75% of newly admitted Participant Families in any fiscal year be Extremely Low-Income Families, the LMHA retains the right to skip higher income Applicant Families on the waiting list to reach Extremely Low-Income Families. This measure will be taken only if it appears that the statutory goal will not otherwise be met. To ensure this goal is met, the Housing Authority will monitor the incomes of newly admitted Participant Families and the incomes of Applicant Families on the waiting list.<sup>5</sup>

If there are not enough Extremely Low-Income Applicant Families on the waiting list, the LMHA will conduct outreach on a non-discriminatory basis to attract these Families.

d. *Removing an Applicant Family from the Waiting List*<sup>6</sup>

The LMHA will not remove an Applicant Family from the waiting list unless:

- i. The person listed as the head of household on the pre-application requests their Family be removed;
- ii. The Applicant Family fails to respond to a written request for information or to a request to declare their continued interest in the HCV Program;
- iii. The Applicant Family misses scheduled appointments (see subsection D (2)); or

<sup>5</sup> 24 CFR 982.201, Eligibility and Targeting

<sup>6</sup> 24 CFR 982.204, Waiting List: Administration of Waiting List

iv. The Applicant Family does not meet either the eligibility or screening criteria for the HCV Program.

v. The Applicant has been issued a Housing Choice Voucher.

The reason the Family is removed from the waiting list will be documented in the Family's file. Once closed, the file will be retained for three years.

e. *Purging the Waiting List*<sup>7</sup>

The LMHA will purge its waiting list when the Housing Authority determines such action is necessary to ensure that the pool of Applicant Families reasonably represents interested Families. Waiting list purges also enable the LMHA to update information regarding Applicant Family address, Family composition, and preferences.

The purge will consist of the LMHA mailing via first class mail a form to be completed by the Applicant Family and returned to the Housing Authority within a specified number of calendar days. If the envelope is returned as undeliverable or if no response is received from the Family within the specified time frame, the Applicant Family will be removed from the waiting list. If the envelope is returned with a forwarding address on it, the LMHA will mail the form to the new address, with a new deadline for response.

Applicant Families will be advised when they sign up for the waiting list that they need to promptly update the LMHA on all changes to address, Family composition, and eligibility for waiting list preferences.

## ***D. THE FULL APPLICATION***

### **1. The Full Application Process**

When an Applicant Family nears the top of the waiting list, they will be invited to attend a New Family Orientation.

Following the Orientation, LMHA staff will verify the Family's eligibility for any waiting list preference they have claimed. If the LMHA determines that the Family is not eligible for a waiting list preference, they will be placed back on the waiting list behind all Families claiming eligibility for any preference and according to the date the Family's pre-application was postmarked. If the postmark date is a business day, that date is used. If the postmark date is not a business day, the date of the next business day is used.

The LMHA will notify the Family in writing of this determination and give them the opportunity to request an informal review (see subsection F).

Once the Applicant Family has attended the New Family Orientation (and had their waiting list preference verified, if applicable), the Family will be scheduled for an eligibility appointment.

### **2. Missed Appointments**

During the full application process, any Applicant Family that fails to keep a scheduled appointment and does not contact the LMHA before the originally scheduled appointment time to re-schedule, will be sent a notice of denial. The full application process extends from the time the Family is invited to attend a New Family Orientation until the time they sign a lease.

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<sup>7</sup> 24 CFR 982.204, Waiting List: Administration of Waiting List and *HCV Program Guidebook*, 4-7

The Applicant Family will be offered the right to an informal review before being removed from the waiting list (see subsection F for additional information on the informal review process). Scheduled appointments include, but are not limited to, New Family Orientations, eligibility appointments, and briefings.

## ***E. NON-WAITING LIST ADMISSIONS***

### **1. Special Admissions When Assistance Is Targeted by HUD<sup>8</sup>**

Occasionally, the LMHA receives HCV (Section 8) funding from HUD that is targeted for Families living in specified units. In these cases, the LMHA must use the assistance for Families living in these units. If necessary, to meet the HUD requirements associated with this funding, the LMHA may admit Applicant Families that are not on the Housing Authority's waiting list or admit Applicant Families without considering their waiting list position.

The following are examples of types of program funding that may be targeted for a Family living in a specified unit:

- a. A Family displaced because of demolition or disposition of a public housing project;
- b. A Family residing in a multifamily rental housing project when HUD sells, forecloses, or demolishes the project;
- c. For housing covered by the Low-Income Housing Preservation and Resident Homeownership Act of 1990 (41 U.S.C. 4101 *et seq.*):
  - i. A non-purchasing Family residing in a project subject to a homeownership program (under 24 CFR 248.173); or
  - ii. A Family displaced because of mortgage prepayment or voluntary termination of a mortgage insurance contract (as provided in 24 CFR 248.165);
- d. A Family residing in a project covered by a project-based Section 8 HAP contract at or near the end of the HAP contract term; and
- e. A non-purchasing Family residing in a HOPE 1 or HOPE 2 project.

### **2. Special Purpose Vouchers**

Occasionally, the LMHA receives an allocation of HCV vouchers from HUD that is targeted to assist Families that meet specified eligibility criteria. Applicants for these vouchers are not selected through the Housing Authority's waiting list, but through a separate selection process determined by HUD.

#### **VASH**

The LMHA currently has HCV vouchers designated to assist homeless veterans. For information on how to apply for these vouchers, see Appendix 7.

Once the Family has begun participation in the VASH Program, a Department of Veterans Affairs Medical Center determination that the Family no longer requires case management is not grounds for termination of assistance. In such cases, the LMHA will offer the Family continued assistance through one of its tenant-based HCV vouchers, in order to free up a VASH voucher for another eligible Family referred by the Department of Veterans Affairs Medical Center. If the

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<sup>8</sup> 24 CFR 982.203, "Special Admissions (Non-Waiting List): Assistance Targeted by HUD"



Housing Authority has no tenant-based HCV voucher to offer the Family, the Family will retain their VASH voucher until such time as the LMHA has an available tenant-based HCV voucher to offer the Family.<sup>9</sup>

#### Mainstream

Louisville Metro Housing Authority will provide a preference through its Mainstream Voucher Program for non-elderly persons with disabilities transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless. Referral partners include The Coalition for the Homeless, Center for Accessible Living, Wellspring, **Seven Counties, and St. John Center.**

#### Family Unification Program

LMHA administers the Family Unification Program (FUP) under which housing choice vouchers are provided for two different populations:

1. Families for whom the lack of adequate housing is a primary factor in:
  - a. The imminent placement of the family's child or children in out-of-home care, or
  - b. The delay in the discharge of the child or children to the family from out-of-home care.

There is no time limitation on FUP family vouchers.

2. For a period not to exceed 36 months, otherwise eligible youths who have attained at least 18 years and not more than 24 years of age and who have left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act, and is homeless or is at risk of becoming homeless at age 16 or older.

LMHA administers the FUP in partnership with the Kentucky Cabinet for Health and Family Services (CHFS) and the Louisville Continuum of Care (COC). CHFS is responsible for referring FUP families and youths to LMHA for determination of eligibility for rental assistance. Once CHFS makes the referral, LMHA places the FUP applicant on its waiting list, determines whether the family or youth meets HCV program eligibility requirements, and conducts all other processes relating to voucher issuance and administration.

In addition to rental assistance, the COC provides supportive services to FUP youths for the entire 18 months in which the youth participates in the program; examples of the skills targeted by these services include money management skills, job preparation, educational counseling, and proper nutrition and meal preparation.

Occasionally, the LMHA receives an allocation of HCV vouchers from HUD that is targeted to assist Families that meet specified eligibility criteria. Applicants for these vouchers are not selected through the Housing Authority's waiting list, but through a separate selection process determined by HUD.

The LMHA currently has HCV vouchers designated to assist homeless veterans. For information on how to apply for these vouchers, see Appendix 7.

Once the Family has begun participation in the VASH Program, a Department of Veterans Affairs Medical Center determination that the Family no longer requires case management is not grounds for termination of assistance. In such cases, the LMHA will offer the Family continued assistance through one of its tenant-based HCV vouchers, in order to free up a VASH voucher for another eligible Family referred by the Department of Veterans Affairs Medical Center. If the Housing Authority has no tenant-based HCV voucher to offer the Family, the Family will retain

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<sup>9</sup> 77 FR 17086, *Section 8 Housing Choice Vouchers: Revised Implementation of the HUD-VA Supportive Housing Program*

their VASH voucher until such time as the LMHA has an available tenant-based HCV voucher to offer the Family.<sup>10</sup>

Louisville Metro Housing Authority will provide a preference through its Mainstream Voucher Program for non-elderly persons with disabilities transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless. Referral partners include The Coalition for the Homeless, Center for Accessible Living, Volunteers of America, and Wellspring.

### **3. The Single Room Occupancy (SRO) Program**

Through HUD's Single Room Occupancy (SRO) Program, the LMHA provides Section 8 rental assistance for homeless individuals. Individuals assisted under the SRO Program are not selected through the Housing Authority's HCV Program waiting list. Instead, they must apply directly to the designated housing development receiving assistance. For information on how to apply for assistance through the SRO Program, see Appendix 9.

Moving out of an SRO-assisted unit is not grounds for termination of assistance. LMHA will offer lease-compliant Families continued assistance through the use of a tenant-based HCV voucher, should the LMHA have a voucher available at the time of the Family's move.

## ***F. INFORMAL REVIEW<sup>11</sup>***

### **1. Notification of Removal from Waiting List or Denial of Assistance**

Any Applicant Family that is being removed from the waiting list or that is being denied assistance because they do not meet the admissions criteria for the Housing Authority's HCV Program will be notified by the LMHA, in writing, that they have 10 calendar days from the date of the written correspondence, to request an informal review in writing or to present documentation demonstrating that the Housing Authority's reason for removing them from the waiting list or for denying them assistance is invalid.

The notification letter will contain a brief statement of the reason(s) for the decision, describe how the Applicant may obtain an informal review, and also indicate that the Applicant Family will be removed from the waiting list if they fail to respond within the timeframe specified.

If the LMHA denies admission to the Housing Authority's HCV Program on the basis of a criminal record, the LMHA will provide the person with the criminal record (i.e., the Family member) and the Applicant head of household with a copy of the criminal record.

The LMHA's system of removing Applicant Families from the waiting list will not violate the rights of persons with disabilities. If an Applicant's failure to respond to a request for information or updates was caused by the Applicant's disability (as verified by the LMHA), the Housing Authority will provide a reasonable accommodation. For additional information on the reasonable accommodation process, see Section 2(B).

### **2. Informal Review Process**

- a. The review will be conducted by any person or persons designated by the LMHA other than the person who made or approved the decision under review or a subordinate of this person.

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<sup>10</sup> 77 FR 17086, *Section 8 Housing Choice Vouchers: Revised Implementation of the HUD-VA Supportive Housing Program*

<sup>11</sup> 24 CFR 982.554, Informal Review for Applicant

## **Included in this Attachment**

### 1C-7 PHA Moving On Preference

1. Selection from Louisville Metro Housing Authority Administrative Plan listing Special Referral Programs. Full plan available here:  
[http://www.lmha1.org/about\\_lmha/admin\\_plan.php](http://www.lmha1.org/about_lmha/admin_plan.php)

## **APPENDIX 9: SPECIAL REFERRAL PROGRAMS**

Using regulatory flexibilities provided through the Department of Housing and Urban Development's Moving to Work (MTW) Program, the Louisville Metro Housing Authority (LMHA) has created a number of unique Special Referral Programs in partnership with local social service organizations. These programs assist traditionally underserved populations, including the homeless and those with severe mental illness, by combining rental assistance with wraparound social services.

Special Referral Program Applicants must meet both Housing Choice Voucher (HCV) Program eligibility requirements and any additional eligibility criteria of the social service partner. Families interested in participating in one of these Special Referral Programs should contact the social service partner directly. Contact information for each partner agency is listed on the following page.

*Note:* Participants in a number of these programs are required to reside in housing units designated by the partner agency. Other programs allow participants to select a housing unit anywhere within the LMHA jurisdiction, subject to the same limits normally imposed on unit selection in the tenant-based HCV Program. Prospective Applicants should contact the social service partner directly to find out whether or not they will be required to live at a certain housing site.

Louisville Metro Housing Authority (LMHA)  
Housing Choice Voucher (HCV) Administrative Plan  
EFFECTIVE September 30, 2021

Social Service Partner	Population Served	Contact Information			Vouchers Available
		Address	Phone <sup>1</sup>	Web	
Boys' and Girl's Haven	Foster youth transitioning out of residential programming, transitional living, or therapeutic foster care.	2301 Goldsmith Lane; Louisville, KY 40218	458-1171 x149	boysandgirlshaven.org	10
Catholic Charities of Louisville, Inc.	Eligible individuals who are victims of human trafficking, eligible refugees or immigrants, and participants of Family Support Services	2911 S 4 <sup>th</sup> St., 40208	637-9786	archlou.org	20
Center for Accessible Living (Olmstead Mainstream Program)	Families where head-of-household or spouse is disabled	305 W. Broadway, Suite 200, 40202	Voice: 589-6620 TTY: 589-6690	www.calky.org/services/housing	400
Center for Women & Families	Victims of domestic or sexual violence	927 S. 2 <sup>nd</sup> St., 40206	581-7200	www.thecenteronline.org	32
Centerstone	People with Severe Mental Illness	101 W. Muhammad Ali Blvd, 40202	589-1100	www.sevencounties.org	60
Choices	Homeless Families	419 S. Shelby St, 40202	585-3780	www.choiceshome.org	6
ChooseWell Communities	Pregnant or post-partum mothers who have completed addiction treatment	323 W. Broadway, #504, 40202	800-520-4914	www.choosewell.org/what-we-do/project-thrive/	80
Coalition for the Homeless	Homeless Families with school-age child(ren)	1300 S. 4 <sup>th</sup> St., #250, 40208	636-9550	http://louhomeless.org	20
Coalition for the Homeless	Chronically homeless Families transitioning from temporary homeless services vouchers	1300 S. 4 <sup>th</sup> St., #250, 40208	636-9550	http://louhomeless.org	100
Day Spring	Adults with developmental disabilities	3430 Day Spring Court, 40213	636-5990	http://dayspringky.org	4
Family & Children's Place	Those leaving an institution who are also at risk of homelessness	525 Zane St., 40203	893-3900	www.familyandchildrensplace.org/our-services/homeless-prevention-services/	10
Family Scholar House	One parent Families & foster care alumni who are Independent Students.	403 Reg Smith Circle, 40208	584-8090	www.familyscholarhouse.org	294
Goodwill Industries of Kentucky	Youth ages 18-24 at risk of homelessness	909 E Broadway;	585-5221 x2057	goodwillky.org	10

<sup>1</sup> Area code is 502 unless otherwise noted.

Louisville Metro Housing Authority (LMHA)  
Housing Choice Voucher (HCV) Administrative Plan  
EFFECTIVE September 30, 2021

Social Service Partner	Population Served	Contact Information			Vouchers Available
		Address	Phone <sup>1</sup>	Web	
		Louisville, KY 40204			
Home of the Innocents	Homeless youth ages 18-24 & their dependents	1100 E. Market St., 40206	596-1000	<a href="http://www.homeoftheinnocents.org">www.homeoftheinnocents.org</a>	20
House of Ruth	Individuals who are homeless & HIV-positive	607 E. St. Catherine St., 40203	587-5080	<a href="http://www.houseofruth.net/our-programs/glade-house/">www.houseofruth.net/our-programs/glade-house/</a>	10
Joshua Community Connectors	Eligible individuals at-risk of homelessness in the Russell neighborhood who participate in JCC case management	816 East Broadway, serving 40212 and adjacent	407-2749	<a href="http://Kimchangesthins.com">Kimchangesthins.com</a>	20
Kentuckiana Builds/Kentuckiana Works	Adults over the age of 24 at risk of homelessness participating in employment readiness and wraparound services	410W Chestnut St, Ste. 200; Louisville, KY 40202	574-3154	<a href="http://kentuckianaworks.org">kentuckianaworks.org</a>	10
Kentucky Cabinet for Health & Family Services (Partnership for Families)	Families where housing is the only remaining issue preventing reunification of child(ren) with parents or child(ren) being removed from household	CHFS DCBS Jefferson Regional Office 908 W. Broadway, 4 East, 40203	595-4732		70
Kentucky Cabinet for Health & Family Services / Kentucky Housing Corporation	Families where at least one Family Member has a severe psychiatric illness	CHFS DCBS Jefferson Regional Office 908 W. Broadway, 4 East, 40203	595-4732		10
Kentucky Department for Behavioral Health	Individuals with severe & persistent psychiatric illness	100 Fair Oaks Ln., 4E-B, Frankfort, KY, 40621	564-4527	<a href="http://dbhddid.ky.gov">http://dbhddid.ky.gov</a>	60
Kentucky Youth Career Center/Kentuckiana Works/	Youth ages 18- 24 (under 18 if emancipated) at risk of homelessness	612 S 4 <sup>th</sup> , 4 <sup>th</sup> Floor; Louisville, KY 40202	574-4115	<a href="http://wearekycc.org">wearekycc.org</a>	10
Louisville Substance Abuse & Mental Health Administration Community Consortium (100,000 Homes Initiative)	Chronically Homeless Families	712 E. Muhammad Ali Blvd, 40202	568-6972	<a href="http://www.fhclouisville.org/health-services/healthcare-for-the-homeless">www.fhclouisville.org/health-services/healthcare-for-the-homeless</a>	130

Louisville Metro Housing Authority (LMHA)  
Housing Choice Voucher (HCV) Administrative Plan  
EFFECTIVE September 30, 2021

Social Service Partner	Population Served	Contact Information			Vouchers Available
		Address	Phone <sup>1</sup>	Web	
Louisville Metro Government Office of Resilience and Community Services <sup>2</sup>	Homeless individuals participating in employment readiness programming	701 W Ormsby, 40203	574-4377	Louisvilleky.gov/government/resilience-and-community-services	30
Louisville Metro Government Office of Safe and Healthy Neighborhoods	Participants who are in unstable and/or unsafe housing conditions due to being victims of gun violence	517 Court Place; Louisville, KY 40202	574-1903	louisvilleky.gov/government/safe-neighborhoods	10
Louisville Metro Police Department	Victims or witnesses of criminal activities in need of relocation	633 W Jefferson St; Louisville, KY 40202	574-LMPD	https://louisville-police.org/	10
Mattingly Edge	Individuals with intellectual and/or physical disabilities transitioning out of congregated residential settings	1930 Bishop Lane, Suite 1001	794-2241	https://www.mattinglyedge.org/	10
My Chosen People	Pregnant mothers and individuals released from incarceration who participate in treatment and case management	3221 Kirby Ave	709-5600		10
Phoenix Health Center	Families leaving HUD's Shelter + Care Program	712 E. Muhammad Ali Blvd, 40202	568-6972	www.fhclouisville.org/health-services/healthcare-for-the-homeless	10
St. John Center	Individuals aged 24-55 experiencing homelessness	700 E Muhammad Ali Blvd; Louisville, KY 40202	568-6758	stjohncenter.org	10
Volunteers of America Mid-States	Women recovering from substance abuse disorders and who are pregnant and/or parenting and who are referred by VOA's Living for Woman program	4303 West Broadway, 40211	636-4649	www.voamid.org	50
Wellspring	Individuals with severe & persistent psychiatric illness or intellectual disabilities	PO Box 1927, 40201	753-1456	www.wellspring-house.org	33

## **Included in this Attachment**

1E-1

1. Local Competition Announcement website posting dated 8-28-2021.
2. Local Competition Announcement email (bottom of newsletter).  
This was secondary notification.





**Subject:** Coalition news: Give for Good, housing ask, NOFO funding, more

**Date:** Wednesday, September 15, 2021 at 9:18:50 AM Eastern Daylight Time

**From:** Coalition for the Homeless

**To:** Brandi Scott

## MONTHLY NEWSLETTER



*Welcome to the Coalition for the Homeless newsletter, where you'll get a quick summary of advocacy action alerts, events, community updates, and more.*

September 2021



**Increase  
your impact!  
Make a gift.**



The Coalition for the Homeless is participating in Give for Good Louisville this Friday, September 17. **Will you help us reach our goal of \$20,000 and 90 unique donations to unlock matching funds by [making a gift on Friday?](#)**

So many of our great partners who fight homelessness every day are also participating in Give for Good. Be sure to make gifts in support of their tireless efforts, too! Thank you for your generosity.



# ASK METRO COUNCIL TO FUND HOUSING FOR POOR LOUISVILLIANS



**Affordable housing was the top priority** in the ARP funding survey for Louisville! Thank you so much for your advocacy.

Now it's time to hold our elected officials accountable to these survey results. **Affordable housing must be the top spending priority for these federal dollars**—and because "affordable housing" can mean a lot of things, we also need to remind Metro Council to be specific. In Louisville, we desperately need affordable rental housing for our poorest neighbors: people at 30% of area media income (AMI). For a family of three, that's a household income of \$20,000 or less.

**We must spend at least \$100 million of ARP dollars on affordable rental housing for people at 30% AMI or lower**, in addition to \$20 million for a housing stability team, other affordable housing dollars for people at higher incomes, and any other funding to fight homelessness.

**[Please tell Council to dedicate housing dollars and supportive services for extremely low-income Louisvillians.](#)**



The Whisky Chicks and Bourbon Brotherhood hosted the eighth annual [Bourbon Mixer](#), presented by Splash Analytics, on Saturday, August 21, at Blackacre Conservancy.

Ten distilleries participated in the outdoor event, with Limestone Branch Distillery winning Whisky Chicks fan favorite and Bardstown Bourbon Company winning both the Bourbon Brotherhood fan favorite and top fundraiser. And special congratulations to G. Ballantoni from New York for winning all six bottles of the Pappy Van Winkle collection during our first annual Pappy raffle!

**The sold-out event, auction, and raffle netted \$135,000 to help move people from homelessness into permanent housing.** Check out the highlights [in this video](#)!

Thanks to all of our sponsors, especially [Splash Analytics](#) (Presenting Sponsor), [Louisville Eye Center](#) (Master's Select Sponsor), and our Single Barrel Sponsors: [Hatfield Media](#); [Legacy Louisville](#); [Big Day Events](#); [First Kentucky Securities Corporation](#); [White Picket Real Estate](#); and [Execuity](#).



The Coalition for the Homeless is now accepting **nominations for our Board of Directors**. We are seeking people who work with our member agencies; people who have experienced homelessness; and people with fundraising, organizational development, and/or marketing experience. Black, Indigenous, and other people of color are encouraged to apply. To request a nomination form, [email Erica](#).

# HUD Program Competition Now Open

HUD has released the [FY2021 Notice of Funding Opportunities \(NOFO\)](#) for the Continuum of Care (CoC) program.

If you are interested in applying for this funding, please read the NOFO in its entirety. **Applications are due to the Coalition for the Homeless on at 5pm on Thursday, October 14, 2021.**

The CoC will also consider applications from organizations that have not previously received CoC funding. If your organization is interested and has not previously submitted a pre-application, please contact Mary Frances Schafer [by email](#) as soon as possible to discuss.

Thank you for all the good work you do in our community!

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## About Us

The [Coalition for the Homeless](#)'s mission is to prevent and end homelessness in Louisville. We advocate for change, educate the public about homelessness, and coordinate the work of our 30+ member agencies across the city. Thank you so much for your continued support!

[Donate Now](#)



Coalition for the Homeless  
1300 S. 4th Street #250  
Louisville, KY 40208  
United States

*Did someone forward you this message? Do you want to join our list? [Subscribe here.](#)*

*Unsubscribe here: [unsubscribe.](#)*

## **Included in this Attachment**

### **1E-2: Project Review and Selection Process**

- 1. 2021 Ranking and Review Procedure**
- 2. Blank score sheet for TH, RRH, PSH, and Non-CE SSO**
- 3. Blank score sheet for Joint TH/RRH**
- 4. Copy of one scored score sheet used by most projects**
- 5. Final project scores for new and renewal project applications**

## Louisville/Jefferson Co. KY Continuum of Care

KY-501

1300 S. 4<sup>th</sup>. St. Suite 250

Louisville, KY 40208

### **2021 Ranking and Review Procedure**

On August 2, 2021 at the monthly CoC meeting all the members were notified of the release of the project pre-application process and that the pre-applications were due to the CoC office by September 1, 2021. This included all CoC renewals and any possible new projects. Notification of the NOFO's release was posted on the Collaborative Applicants website on August 28, 2021. Official verbal notification of the NOFO's release took place at the September 13, 2021 monthly CoC meeting. Members were notified of the October 13, 2021 deadline for project applications in ESNAPS at the same September monthly meeting. At this time projects were advised to examine the project's HMIS data for accuracy and completeness as most of the scoring information would be taken from HMIS. Encouragement to review HMIS data quality is expressed many times during the year reminding projects of the affect it will have on the success of the CoC as a whole and on individual projects.

ESNAPS Project applications were reviewed by the CoC staff between October 13 and October 20<sup>th</sup> for completeness and accuracy. Applications were returned to various projects as needed until a final submission was achieved.

In order to meet HUD requirements and achieve a scoring process that focused on the seven system's performance measures (SPM) the score sheet was updated. Two score sheets were developed. One for Transitional Housing, Rapid Rehousing, Permanent Supported Housing and Non-C/E SSO projects and another for Joint Transitional Housing/Rapid Rehousing projects. Information for each of the scoring categories/questions was gleaned from the project's ESNAPS application submission, the APR using the date range of October 1, 2020 - September 30, 2021, Unspent Funds information from HUD taken from Sage, CoC meetings and training attendance sheets, 2021 HIC and PIT data reports and the HMIS System-Wide Project Recidivism Report. (See attached Score Sheets)

Each submitted renewal project (YHDP projects excluded) was scored and a percentage was calculated using the total number of points possible for the project. These scores were reviewed by four different people employed by the Coalition for the Homeless - the CoC Lead agency. The CoC Board received the final scores and eight different funding scenarios at the CoC Board meeting on October 28, 2021. These scenarios were based on individual project scores, placement of projects crucial to the running of the CoC (HMIS, Coordinated Entry and Common Assessment projects), and four new bonus projects. No participating member of the board was connected to any of the agencies submitting a project.

The Board by unanimous vote to put all projects funding essential CoC functions at the top of Tier 1 and new DV Bonus projects at the bottom of the ranking. It was also decided by unanimous vote to put other new projects at the bottom of Tier 1. The placement of all other projects is ranking in percentage order from highest to lowest.

All projects and the entire CoC membership were notified of the board's decision on November 1, 2021.

On November 10, after confirming with the HUD help desk email this was allowable, one grantee asked to voluntarily move their new SSO-CE project proposal into Tier 2 to ensure the maximum amount of PH was funded. The CoC lead granted this request.

Louisville/Jefferson Co. KY Continuum of Care  
KY-501  
1300 S. 4<sup>th</sup>. St. Suite 250  
Louisville, KY 40208

# of Clients:	# of Households:	# of Adults:	# of "Leavers":	# of Adult "Leavers":	# of "Stayers":	# of Adult "Stayers":
# of Adult "Stayers" annual assessment not yet required:				# of "Leavers" not included in PH destination outcome:		
Total # of "Leavers" minus those not included:				APR date range used:		

**2021 CoC Renewal Scoresheet for TH, RRH, PSH & Non-C/E SSO**

Note: Separate scoresheets are used for SSO-C/E & Joint TH/RRH Projects. Victim Service Providers (VSP) client-level data will be evaluated using the provider's HMIS comparable database. References to "HMIS" in this scoresheet include data generated from these comparable databases.

Project Points: \_\_\_\_\_ / TH - \_\_\_\_\_ RRH - \_\_\_\_\_ PSH - \_\_\_\_\_ SSO - \_\_\_\_\_ Project Score: \_\_\_\_\_

**ANSWER Q 30 FIRST: PASS \_\_\_\_\_ FAIL \_\_\_\_\_ If Fail, project will not be submitted in the application.**

<b>Agency Name:</b>				<b>Project Name:</b>		
<b>Project Type:</b> TH    RRH    PSH    SSO				<b>Victim Service Provider</b>	Yes	No
				<b>Facility-Based Housing</b>	Yes	No
<b>Q#</b>	<b>Priority Area</b>	<b>Goal</b>	<b>Points Possible</b>	<b>Score</b>	<b>Data Source/Calculation</b>	
<b>Project Type, Priority Populations &amp; Geographic Coverage</b>						
1	<b>All Projects:</b> Permanent Housing Projects & rapid placement into permanent housing is prioritized.	Resources are prioritized for highest needs & rapid placement/stabilization in permanent housing.	3 = PSH 2 = RRH 1 = SSO 0 = TH		E-SNAPS Application	
2	<b>SSOs:</b> Project is able to explain why funding is necessary & how it positively contributes to the Louisville CoC's systems performance goals.	Non-housing resources are used effectively to help people obtain & maintain housing.	10 = Strong Justification 5 = Somewhat justified 0 = Justification not sufficient		E-SNAPS Application	
3	<b>RRH, TH &amp; SSO:</b> Project is able to serve both HHs with children & HHs without children incl. individuals & HHs with one or more adults & regardless of the sexual orientation of the HH members.	Resources are available for all HH types	2 = Yes, all 0 = No, limited to one household type		E-SNAPS Application	
4	<b>All Projects:</b> Project is able to serve people regardless of gender identity & is not limited to one gender (Equal Access Rules apply).	Resources available for all genders	2 = Yes, all 0 = No, limited to one gender		E-SNAPS Application	
5	<b>DV Projects: PSH, RRH, TH</b> Project improved safety for DV survivors	Safety outcomes improved for survivors	6 = Maximum points 6 = Non-DV projects N/A			



Length of Stay/Homeless (Quickly Moves People into Permanent Housing)					
6	<b>RRH &amp; PSH:</b> Average length of time between “Project Entry” to “Housing Move-in” date <i>* System Performance Measure Scoring Criterion</i>	Quickly moves to permanent housing (30 days or less)	3 = 30 days or less 2 = 31 - 45 days 1 = 46 - 60 days 0 = Over 60 days		HMIS Data/CoC APR Q 22c
7	<b>TH:</b> On average, participants (adults & children) exiting project have stayed 270 days or less. <i>* System Performance Measure Scoring Criterion; Length of Stay</i>	Move to permanent housing in 9 months or less from traditional Transitional housing	3 = 270 days or less 0 = 271 days or more		HMIS Data/APR, Q 22b: (Average length for “Leavers” only)
8	<b>PSH:</b> Length of stay 12 months (366 days) or longer (adults & children) <i>*System Performance Measure Scoring Criterion; PH Housing Retention</i>	80%	5 = 80% or more 3 = 60 - 79% 0 = 59% or less		HMIS Data/APR, Q 22a1 (“Leavers” Only) * If no “Leavers”, data will be for “Stayers” at the end of the reporting period.
9	<b>SSO, TH &amp; RRH:</b> % of participants (adults & children) exiting to permanent housing destinations <i>*System Performance Measure Scoring Criterion; Exits to PH</i>	90%	10 = 90% or more 7 = 80-89% 5 = 70 - 79% 3 = 60 - 69% 0 = 59% or less		HMIS Data/APR: Q 23C
10	<b>PSH:</b> % of participants (adults & children) remaining in PSH or exiting to permanent housing destinations <i>* System Performance Measure Scoring Criterion; Retention in/Exits to PH</i>	90%	10 = 90% or more 7 = 80-89% 5 = 70 - 79% 3 = 60 - 69% 0 = 59% or less		HMIS Data/APR: Q 23C
11	<b>TH, RRH, PSH (excluding VSPs):</b> Returns to Homelessness - % of participants who exited to permanent housing & returned to homelessness within 2 years (24 months) of exit <i>*System Performance Measure Scoring Criterion; Returns to Homelessness</i>	Less than the CoC System-wide % for project component  SSO = 25% TH = 20.78% RRH & PSH = 15.94%	6 = No returns 4 = More than zero but less than the CoC’s % 2 = Within 3% points more than the CoC’s % 0 = More than 3 % points than CoC’s %  6 = VSP (N/A)		HMIS Data/System-Wide Project Recidivism Report, Metric 2.b.2
Connecting Participants to Mainstream Benefits/Community Resources & Increasing Participants’ Income					
12	<b>All Projects:</b> Program’s commitment to connecting participants with mainstream resources	Yes to all relevant questions on the 2021 project application.	10 = Yes to all 4 8 = Yes to 3 3 = Yes to 2 0 = Yes to 1 or less		ESNAPS Project Application, 4A, questions 2,3,4,4a

13	<b>PSH:</b> % of ADULT “Stayers” who gained or increased income from employment (ie, earned income) from entry to HMIS annual follow-up/assessment <b>*System Performance Measure Scoring Criterion; Increase Income</b>	8%	3 = 8% or more 2 = 6-7% 1 = 4-5% 0 = 3% or less  Rounding up = .5+	HMIS Data/APR Q19a1 Universe = # of adult “Stayers” minus # of adult “Stayers” not yet required to have an annual assessment in APR Q18
14	<b>RRH, TH &amp; SSO:</b> %age of adult “Stayers” who gained or increased income from employment (ie, earned income) from entry to annual follow-up. <b>*System Performance Measure Scoring Criterion; Increase Income</b>	10%	3 = 10% or more 2 = 8-9% 1 = 6-7% 0 = 5% or less  Rounding up = .5+	HMIS Data/APR Q19a1 Universe = # of adult “Stayers” minus # of adult “Stayers” not yet required to have an annual assessment in APR Q18
15	<b>PSH:</b> % of adult “Leavers” who gained or increased income from employment (ie, earned income) from entry to exit <b>*System Performance Measure Scoring Criterion; Increase Income</b>	12%	3 = 12% or more 2 = 9-11% 1 = 6-8% 0 = 5% or less  Rounding up = .5+	HMIS Data/APR Q19a2 Universe = Total # of adult “Leavers”.
16	<b>RRH, TH, SSO:</b> % of adult “Leavers” who gained or increased income from employment (ie, earned income) from entry to exit <b>*System Performance Measure Scoring Criterion; Increase Income</b>	15%	3 = 15% or more 2 = 10-14% 1 = 6-9% 0 = 5% or less	HMIS Data/APR Q19a2 Total # of adults minus # of adult “Stayers” not yet required to have an annual assessment in APR Q18
17	<b>All Projects:</b> % of adult participants who gained, maintained, or increased income from other sources (non-employment, non-earned cash) from entry to exit or at follow-up <b>*System Performance Measure Scoring Criterion; Increase Income</b>	30%	3 = 30% or more 2 = 25-29% 1 = 20-24% 0 = 19% & below	HMIS Data/APR Q19a1 & Q19a2 Universe = Total # of adults minus # of adult “Stayers” not yet required to have an annual assessment in APR Q18
18	<b>All Projects:</b> % of adult “Leavers” with at least 1 or more non-cash benefits at exit <b>*System Performance Measure Scoring Criterion; Increase Income</b>	70%	3 = 70% or more 1 = 50-69% 0 = less than 50%	HMIS Data/APR Q20b # of adult “Leavers”  If no “Leavers”, data will be for “Stayers” at annual follow-up.

Utilization Rate					
19	<b>PSH, RRH, TH:</b> Average unit utilization rate	85%  <u>Q8b equation</u> October _____ January + _____ April + _____ July + _____ = _____ (A)  Total # of units in application _____ X 4 = _____ (B)  A/B = _____	5 = 85% or more 3 = 75-84% 1 = 65-74% 0 = 64% & below		HMIS Data/APR Q8b # of households served last Wed in Oct/Jan/Apr/July divided by total units in application times 4
Severity of Need & Commitment to HUD Policy Priorities					
20	<b>PSH:</b> % of chronically homeless households at the end of the reporting period	60%	2 = 60% or more 1 = 40-59% 0 = Less than 40%		HMIS Data/APR Q26a
21	<b>RRH, TH, SSO:</b> % of adult participants with at least 1 condition (ie, disability) at entry	40%	2 = 40% or more 1 = 25-39% 0 = Less than 25%		HMIS Data/APR Q13a2
22	<b>PSH:</b> % of participants with at least 2 conditions (disabilities) at entry	50%	2 = 50% or more 1 = 40-49% 0 = Less than 40%		HMIS Data/APAR Q13a2
23	<b>All Projects:</b> % of participants with health insurance at exit or at annual follow-up.	90%	3 = 90% or more 1 = 80-89% 0 = Less than 80%		HMIS Data/APR Q21
24	<b>SSO, TH:</b> % of adult participants with no income at program entry	50%	5 = 50% or more 3 = 40-49% 2 = 30-39% 0 = Less than 30%		HMIS Data/APR Q18
25	<b>SSO:</b> % of adult participants entries from streets/emergency shelters	60%	10 = 60% or more 5 = 50-59% 0 = Less than 50%		HMIS Data/APR Q15
26	<b>All Projects:</b> Housing First Fidelity - Low Barriers to entry	Individuals are rapidly placed/stabilized in permanent housing without any preconditions besides CoC program eligibility requirements	5 = Project clearly demonstrates full fidelity to low-barrier principle. 3 = Project somewhat demonstrates fidelity, but needs improvement 0 = Project does not demonstrate sufficient fidelity		ESNAPS Housing First Chart  CoC project application narrative response

27	<b>All Projects:</b> Housing First Fidelity - Housing retention/Program termination	Individuals are not terminated from the project for failure to participate in supportive services; make progress on service plan, loss of or failure to improve income; domestic violence victimization; or any other activity typically not included in a lease agreement in the service area	5 = Project clearly demonstrates full fidelity to housing retention principle 3 = Project somewhat demonstrates fidelity, but needs improvement 0 = Project does not demonstrate sufficient fidelity		ESNAPS Housing First Chart  (CoC project application narrative response)
28	<b>Racial Equity:</b> Agency participated in at least one racial equity training within the past two years		1 = Yes 0 = No		CFH training attendance logs
29	<b>Racial Equity:</b> Agency has taken steps to address current &/or potential racial disparities in program access & outcomes	NOT scored in 2021			(CoC project application narrative response)
<b>Program Management, Capacity, HMIS, Data Quality &amp; CoC Participation</b>					
30	<b>All Projects:</b> Project sponsor meets minimum threshold & self-certification criteria on CoC Capacity Scorecard	If agency does not meet criteria, application will not be accepted.	Pass/Fail		CoC Capacity Scorecard
31	<b>All Projects:</b> Project sponsor spent all funds allocated to this project in 2020	Less than 5% of the grant has been returned to HUD in 2020 AND The amount turned back to HUD is less than the amount of \$\$ needed to rent a 1 BR unit for 12 months.	3 = Under 5% returned 2 = 5-9.99% returned 1 = Over 10% or Over \$10,000 whichever is lower 0 = Over 10% If a project based project +2 (max 3 pts)		HUD CoC Quarterly Spending Report  HUD provided/eLOCCS information
32	<b>All Projects:</b> Has there been HUD &/or CFH/CoC monitoring with findings since 7/1/19	No findings or findings corrected & accepted.	5 = No findings or no review completed 3 = Findings, but corrected & accepted (or correction period still within allowed time) 0 = Uncorrected findings		CoC Project Application/HUD/CoC verified
33	<b>All Projects:</b> For HMIS or VSP comparable database, missing data for client Personal ID Information, Universal Data Elements & Income & Housing Data Quality	No missing data	5 = No missing data 4 - 5% or less % of Error Rate 3 = 1-2 items with 10% or above error rate 2 = 3-4 items with 10% or above error rate 0 = 5 or more items with 10% error rate		HMIS Data/APR 6a, 6b, 6c

34	<b>All Projects:</b> # of Adult “Stayers” without required Annual Assessment	100% completed/No Adult “Stayers” without HMIS Annual Assessment completed	5 = 0 without required assessment 3 = 1-10% without A/A 1 = 11-25% without A/A 0 = More than 25% without A/A		HMIS Data/APR Q18 Universe: Adult “Stayers” minus Adult “Stayers” not yet required to have an annual assessment
35	<b>All Projects:</b> All 2021 HIC/PIT data submitted on time, OR for SSOs, agency helped with 2020 unsheltered PIT	Yes  Projects who communicated to the CoC that a report would be late PRIOR to the submission deadline = Yes.	5 = Yes 4 = No		HIC/PIT Data Records
36	<b>All Projects:</b> Agency representative attended monthly CoC meetings	10 of last 12 monthly meetings	5 = At least 10 of 12 meetings 2 = 5-9 meetings 0 = less than 5 meetings		CoC Planning & Coordination Records
37	<b>Bonus:</b> Vaccination Outreach	Yes	3 = Yes 0 = No		All projects received this 3 point bonus

#### System Performance Measures

In the 2020 CoC Program Competition Notice of Funding Opportunity, HUD is awarding points to CoCs where the use of measures in the project application local scoring accounts for at least 20 % of the available points for project applications.

The following questions are directly tied to HUD’s System Performance Measures (SPMs).

- Length of Time Homeless: 3 pts, Q6 or Q7 depending on component type.
- Retention in PH: 5 pts, Q8 for PSH
- Exits to/Retention in Permanent Housing: 10 pts, Q9 or Q10 depending on component type
- Returns to Homelessness: 6 pts, Q11.
- Increase in Income: 9 pts, Q13 or Q14, Q15 or Q16, Q17, Q18 depending on component type.

28 - 31 points on this score sheet (25 - 29% of total points possible depending on component type) are directly related to HUD/s seven overarching SPMs.

In addition, HUD is awarding points to CoC’s well at least 33 % of the total points possible are based on objective criteria. The vast majority of scoring criteria in this scoresheet comes from HMIS quantitative data, eLOCCS, attendance records & selections to yes/no responses in the Project’s e-snaps applications.

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KY-501  
1300 S. 4<sup>th</sup>. St. Suite 250  
Louisville, KY 40208

# of Clients:	# of Households:	# of Adults:	# of "leavers":	# of Adult "leavers":	# of "stayers":	# of Adult "stayers":
# of Adult "stayers" annual assessment not yet required:				# of "leavers" not included in PH destination outcome:		
Total # of "leavers" minus those not included:				APR date range used:		

**2021 CoC Renewal Scoresheet for Joint TH/RRH**

Note: Separate scoresheets are used for SSO-C/E & Joint TH/RRH Projects. Victim Service Providers (VSP) client-level data will be evaluated using the provider's HMIS comparable database. References to "HMIS" in this scoresheet include data generated from these comparable databases.

Project Points: \_\_\_\_\_ / TH - \_\_\_\_\_ RRH - \_\_\_\_\_

Project Score: \_\_\_\_\_

**ANSWER Q 23 FIRST: PASS \_\_\_\_\_ FAIL \_\_\_\_\_ If Fail, project will not be submitted in the application.**

<b>Agency Name:</b>			<b>Project Name:</b>		
<b>Project Type:</b> Joint TH/RRH			<b>Victim Service Provider</b>	Yes	No
			<b>Facility-Based Housing</b>	Yes	No
<b>Q#</b>	<b>Priority Area</b>	<b>Goal</b>	<b>Points Possible</b>	<b>Score</b>	<b>Data Source/Calculation</b>
<b>Project Type, Priority Populations &amp; Geographic Coverage</b>					
1	Project is able to serve both Households with children and Households without children (including individuals and households with one or more adults and regardless of the sexual orientation of HH members).	Resources available for all household types	2 = Yes, both 0 = No, limited to one household type		E-SNAPS Application
2	Project is able to serve people regardless of gender identity and is not limited to one gender (Equal Access Rules apply).	Resources available for all genders	2 = Yes, all 0 = No, limited to one gender		E-SNAPS Application
3	<b>VSP</b> DV project improved safety for survivors	Safety outcomes improved for survivors	6 = Max points 6 = Non-VPS		Information provided by VSP
<b>Length of Stay/Homeless (Quickly Moves People into Permanent Housing)</b>					
4	<b>RRH Portion:</b> Average length of time between "Project Entry" to "Housing Move-in" date <b>* System Performance Measure Scoring Criterion</b>	Quickly moves to permanent housing (30 days or less)	3 = 30 days or less 2 = 31 - 45 days 1 = 46 - 60 days 0 = Over 60 days		HMIS Data/CoC APR Q 22c

5	<b>TH Portion:</b> On average, participants (adults and children) exiting project have stayed 180 days or less. <i>* System Performance Measure Scoring Criterion; Length of Stay</i>	Move to permanent housing in 6 months or less from transitional housing program	3 = 180 days or less 0 = 181 days or more		HMIS Data/APR, Q 22b: (Average length for ""leavers"" only)
<b>Housing Stability (Permanent Housing Destination at Exit and/or Maintaining Permanent Housing)</b>					
6	<b>TH Portion:</b> Percent of participants (adults and children) exiting to permanent housing destinations <i>*System Performance Measure Scoring Criterion; Exits to PH</i>	90%	10 = 90% or more 7 = 80-89% 5 = 70 - 79% 3 = 60 - 69% 0 = 59% or less		HMIS Data/APR: Q 23C
7	<b>RRH Portion:</b> Percent of participants (adults & children) exiting to permanent housing destinations <i>*System Performance Measure Scoring Criterion; Exits to PH</i>	90%	10 = 90% or more 7 = 80-89% 5 = 70 - 79% 3 = 60 - 69% 0 = 59% or less		HMIS Data/APR: Q 23C
8	Returns to Homelessness - percent of participants who exited to permanent housing & returned to homelessness within 2 years (24 months) of exit <i>*System Performance Measure Scoring Criterion; Returns to Homelessness</i>	Less than the CoC System-wide % for project component  Joint TH/RRH = 15.94%	6 = No returns 4 = More than zero but less than the CoC's % 2 = Within 3% points more than the CoC's % 0 = More than 3 % points than CoC's %  6 = VSP (N/A)		HMIS Data/System-Wide Project Recidivism Report, Metric 2.b.2
<b>Connecting Participants to Mainstream Benefits/Community Resources &amp; Increasing Participants' Income</b>					
9	Program's commitment to connecting participants with mainstream resources	Yes to all relevant questions on the 2021 project application.	10 = Yes to all 4 8 = Yes to 3 3 = Yes to 2 0 = Yes to 1 or less		ESNAPS Project Application, 4A, questions 2,3,4,4a
10	<b>RRH Portion:</b> Percent of ADULT "stayers" who gained or increased income from employment (ie, earned income) from entry to annual follow-up/assessment <i>*System Performance Measure Scoring Criterion, Increase Income</i>	10%	3 = 10% or more 2 = 8-9% 1 = 6-7% 0 = 5% or less  Rounding up = .5+		HMIS Data/APR Q19a1 Universe = # of adult "stayers" minus # of adult "stayers" not yet required to have an annual assessment in APR Q18

11	<b>RRH Portion:</b> Percent of adult “leavers” who gained or increased income from employment (ie, earned income) from entry to exit <i>*System Performance Measure Scoring Criterion; Increase Income</i>	15%	3 = 15% or more 2 = 10-14% 1 = 6-9% 0 = 5% or less		HMIS Data/APR Q19a2 Total number of adult “leavers”
12	<b>RRH Portion:</b> Percent of adult participants who gained, maintained, or increased income from other sources (non-employment, non-earned cash) from entry to exit or at follow-up <i>*System Performance Measure Scoring Criterion; Increase Income</i>	30%	3 = 30% or more 2 = 25-29% 1 = 20-24% 0 = 19% & below		HMIS Data/APR Q19a1 & Q19a2 Universe = Total number of adults minus number of adult “stayers” not yet required to have an annual assessment in APR Q18
13	<b>RRH Portion:</b> Percent of adult “leavers” with at least 1 or more non-cash benefits at exit <i>*System Performance Measure Scoring Criterion; Increase Income</i>	70%	3 = 70% or more 1 = 50-69% 0 = less than 50%		HMIS Data/APR Q20b Number of adult “leavers”  If no “leavers”, data will be for “stayers” at annual follow-up.
<b>Utilization Rate</b>					
14	<b>TH Portion:</b> Average unit utilization rate	85%  <u>Q8b equation</u> October _____ January + _____ April + _____ July + _____ = _____ (A)  Total # of units in application _____ X 4 = _____ (B)  A/B = _____	5 = 85% or more 3 = 75-84% 1 = 65-74% 0 = 64% & below		HMIS Data/APR Q8b # of households served last Wed in Oct/Jan/Apr/July divided by total units in application times 4
15	<b>RRH Portion:</b> Average unit utilization rate	85%  <u>Q8b equation</u> October _____ January + _____ April + _____ July + _____ = _____ (A)  Total # of units in application _____ X 4 = _____ (B)  A/B = _____	5 = 85% or more 3 = 75-84% 1 = 65-74% 0 = 64% & below		HMIS Data/APR Q8b # of households served last Wed in Oct/Jan/Apr/July divided by total units in application times 4



Severity of Need & Commitment to HUD Policy Priorities					
16	<b>RRH Portion:</b> Percent of adult participants with at least 1 condition (ie, disability) at entry	40%	2 = 40% or more 1 = 25-39% 0 = Less than 25%		HMIS Data/APR Q13a2
17	<b>TH Portion:</b> Percent of participants with health insurance at exit or at annual follow-up	90%	3 = 90% or more 1 = 80-89% 0 = Less than 80%		HMIS Data/APR Q21
18	<b>TH Portion:</b> Percent of adult participants with no income at program entry	50%	5 = 50% or more 3 = 40-49% 2 = 30-39% 0 = Less than 30%		HMIS Data/APR Q18
19	Housing First Fidelity - Low Barriers to entry	Individuals are rapidly placed/stabilized in permanent housing without any preconditions besides CoC program eligibility requirements	5 = Project clearly demonstrates full fidelity to low-barrier principle. 3 = Project somewhat demonstrates fidelity, but needs improvement 0 = Project does not demonstrate sufficient fidelity		ESNAPS Housing First Chart  CoC project application narrative response
20	Housing First Fidelity - Housing retention/Program termination	Individuals are not terminated from project for failure to participate in supportive services; make progress on service plan, loss of or failure to improve income; domestic violence victimization; or any other activity typically not included in a lease agreement in the area	5 = Project clearly demonstrates full fidelity to housing retention principle 3 = Project somewhat demonstrates fidelity, but needs improvement 0 = Project does not demonstrate sufficient fidelity		ESNAPS Housing First Chart  (CoC project application narrative response)
21	<b>Racial Equity:</b> Agency participated in at least one racial equity training within the past two years		1 = Yes 0 = No		CFH training attendance logs
22	<b>Racial Equity:</b> Agency has taken steps to address current &/or potential racial disparities in program access & outcomes	NOT scored in 2021			(CoC project application narrative response)
Program Management, Capacity, HMIS, Data Quality and CoC Participation					
23	Project sponsor meets minimum threshold and self-certification criteria on CoC Capacity Scorecard	If agency does not meet criteria, application will not be accepted.	Pass/Fail		CoC Capacity Scorecard


24	Project sponsor spent all funds allocated to this project in 2020	Less than 5% of the grant has been returned to HUD in 2020 AND The amount turned back to HUD is less than the amount of \$\$ needed to rent a 1 BR unit for 12 months.	3 = Under 5% returned 2 = 5-9.99% returned 1 = Over 10% or Over \$10,000 whichever is lower 0 = Over 10% If project based +2 (max 3 pts)		HUD CoC Quarterly Spending Report  HUD provided/eLOCCS information
25	Has there been HUD &/or CFH/CoC monitoring with findings since 7/1/19	No findings or findings corrected & accepted.	5 = No findings or no review completed 3 = Findings, but corrected & accepted (or correction period still within allowed time) 0 = Uncorrected findings		CoC Project Application/HUD/CoC verified
26	For HMIS or VSP comparable database, missing data for client Personal ID Information, Universal Data Elements & Income & Housing Data Quality	No missing data	5 = No missing data 4 - 5% or less % of Error Rate 3 = 1-2 items with 10% or above error rate 2 = 3-4 items with 10% or above error rate 0 = 5 or more items with 10% error rate		HMIS Data/APR 6a, 6b, 6c
27	<b>RRH Portion:</b> Number of Adult “stayers” without required Annual Assessment	100% completed/No Adult “stayers” without HMIS Annual Assessment completed	5 = 0 without required assessment 3 = 1-10% without A/A 1 = 11-25% without A/A 0 = More than 25% without A/A		HMIS Data/APR Q18 Universe: Adult “stayers” minus Adult “stayers” not yet required to have an annual assessment
28	All 2021 HIC/PIT data submitted on time, OR for SSOs, agency helped with 2020 unsheltered PIT	Yes  Yes = those who communicated to CoC that a report would be late PRIOR to the submission deadline.	5 = Yes 4 = No		HIC/PIT Data Records
29	<b>All Projects:</b> Agency representative attended monthly CoC meetings	10 of last 12 monthly meetings	5 = At least 10 of 12 meetings 2 = 5-9 meetings 0 = less than 5 mtgs		CoC Planning and Coordination Records
30	<b>Bonus:</b> Vaccination Outreach	Yes	3 = Yes 0 = No		All projects received this 3 point bonus

### System Performance Measures

In the 2020 CoC Program Competition Notice of Funding Opportunity, HUD is awarding points to CoCs where the use of measures in the project application local scoring accounts for at least 20 % of the available points for project applications.

The following questions are directly tied to HUD’s System Performance Measures (SPMs).

- Length of Time Homeless: 6 pts, Q4 & Q5.
- Exits to/Retention in Permanent Housing: 20 pts, Q6 & Q7
- Returns to Homelessness: 6 pts, Q8
- Increase in Income: 12 pts, Q10, Q11, Q12, Q13



44 points on this score sheet (25% of total points possible) are directly related to HUD/s seven overarching SPMs.

In addition, HUD is awarding points to CoC's well at least 33 percent of the total points possible are based on objective criteria. The vast majority of scoring criteria in this scoresheet comes from HMIS quantitative data, eLOCCS, attendance records & selections to yes/no responses in the Project's e-snaps applications.

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Louisville, KY 40208

# of Clients: <b>82</b>	# of Households: <b>77</b>	# of Adults: <b>78</b>	# of "Leavers": <b>12</b>	# of Adult "Leavers": <b>12</b>	# of "Stayers": <b>70</b>	# of Adult "Stayers": <b>66</b>
# of Adult "Stayers" annual assessment not yet required: <b>13</b>				# of "Leavers" not included in PH destination outcome: <b>3</b>		
Total # of "Leavers" minus those not included: <b>9</b>				APR date range used: <b>10/1/2020 – 9/30/2021</b>		

**2021 CoC Renewal Scoresheet for TH, RRH, PSH & Non-C/E SSO**

Note: Separate scoresheets are used for SSO-C/E & Joint TH/RRH Projects. Victim Service Providers (VSP) client-level data will be evaluated using the provider's HMIS comparable database. References to "HMIS" in this scoresheet include data generated from these comparable databases.

Project Points: 87 / TH - \_\_\_\_\_ RRH - \_\_\_\_\_ PSH - 111 SSO - \_\_\_\_\_ Project Score: 78.38%

**ANSWER Q 30 FIRST: PASS \_\_\_\_\_ FAIL \_\_\_\_\_ If Fail, project will not be submitted in the application.**

Agency Name: <b>CFH</b>			Project Name: <b>CH2</b>		
Project Type: TH RRH <u>PSH</u> SSO			Victim Service Provider	Yes	<u>No</u>
			Facility-Based Housing	Yes	<u>No</u>
Q#	Priority Area	Goal	Points Possible	Score	Data Source/Calculation
<b>Project Type, Priority Populations &amp; Geographic Coverage</b>					
1	<b>All Projects:</b> Permanent Housing Projects & rapid placement into permanent housing is prioritized.	Resources are prioritized for highest needs & rapid placement/stabilization in permanent housing.	3 = PSH 2 = RRH 1 = SSO 0 = TH	<b>3</b>	E-SNAPS Application
2	<b>SSOs:</b> Project is able to explain why funding is necessary & how it positively contributes to the Louisville CoC's systems performance goals.	Non-housing resources are used effectively to help people obtain & maintain housing.	10 = Strong Justification 5 = Somewhat justified 0 = Justification not sufficient	<b>N/A</b>	E-SNAPS Application
3	<b>RRH, TH &amp; SSO:</b> Project is able to serve both HHs with children & HHs without children incl. individuals & HHs with one or more adults & regardless of the sexual orientation of the HH members.	Resources are available for all HH types	2 = Yes, all 0 = No, limited to one household type	<b>N/A</b>	E-SNAPS Application
4	<b>All Projects:</b> Project is able to serve people regardless of gender identity & is not limited to one gender (Equal Access Rules apply).	Resources available for all genders	2 = Yes, all 0 = No, limited to one gender	<b>2</b>	E-SNAPS Application
5	<b>DV Projects: PSH, RRH, TH</b> Project improved safety for DV survivors	Safety outcomes improved for survivors	6 = Maximum points 6 = Non-DV projects N/A	<b>6</b>	

Length of Stay/Homeless (Quickly Moves People into Permanent Housing)					
6	<b>RRH &amp; PSH:</b> Average length of time between “Project Entry” to “Housing Move-in” date <i>* System Performance Measure Scoring Criterion</i>	Quickly moves to permanent housing (30 days or less)	3 = 30 days or less 2 = 31 - 45 days 1 = 46 - 60 days 0 = Over 60 days	2	HMIS Data/CoC APR Q 22c
7	<b>TH:</b> On average, participants (adults & children) exiting project have stayed 270 days or less. <i>* System Performance Measure Scoring Criterion; Length of Stay</i>	Move to permanent housing in 9 months or less from traditional Transitional housing	3 = 270 days or less 0 = 271 days or more	N/A	HMIS Data/APR, Q 22b: (Average length for “Leavers” only)
8	<b>PSH:</b> Length of stay 12 months (366 days) or longer (adults & children) <i>*System Performance Measure Scoring Criterion; PH Housing Retention</i>	80%	5 = 80% or more 3 = 60 - 79% 0 = 59% or less	5	HMIS Data/APR, Q 22a1 (“Leavers” Only) * If no “Leavers”, data will be for “Stayers” at the end of the reporting period.
9	<b>SSO, TH &amp; RRH:</b> % of participants (adults & children) exiting to permanent housing destinations <i>*System Performance Measure Scoring Criterion; Exits to PH</i>	90%	10 = 90% or more 7 = 80-89% 5 = 70 - 79% 3 = 60 - 69% 0 = 59% or less	N/A	HMIS Data/APR: Q 23C
10	<b>PSH:</b> % of participants (adults & children) remaining in PSH or exiting to permanent housing destinations <i>* System Performance Measure Scoring Criterion; Retention in/Exits to PH</i>	90%	10 = 90% or more 7 = 80-89% 5 = 70 - 79% 3 = 60 - 69% 0 = 59% or less	8	HMIS Data/APR: Q 23C
11	<b>TH, RRH, PSH (excluding VSPs):</b> Returns to Homelessness - % of participants who exited to permanent housing & returned to homelessness within 2 years (24 months) of exit <i>*System Performance Measure Scoring Criterion; Returns to Homelessness</i>	Less than the CoC System-wide % for project component  SSO = 25% TH = 20.78% RRH & PSH = 15.94%	6 = No returns 4 = More than zero but less than the CoC’s % 2 = Within 3% points more than the CoC’s % 0 = More than 3 % points than CoC’s %  6 = VSP (N/A)	0	HMIS Data/System-Wide Project Recidivism Report, Metric 2.b.2
Connecting Participants to Mainstream Benefits/Community Resources & Increasing Participants’ Income					
12	<b>All Projects:</b> Program’s commitment to connecting participants with mainstream resources	Yes to all relevant questions on the 2021 project application.	10 = Yes to all 4 8 = Yes to 3 3 = Yes to 2 0 = Yes to 1 or less	10	ESNAPS Project Application, 4A, questions 2,3,4,4a

13	<b>PSH:</b> % of ADULT “Stayers” who gained or increased income from employment (ie, earned income) from entry to HMIS annual follow-up/assessment <b>*System Performance Measure Scoring Criterion; Increase Income</b>	8%	3 = 8% or more 2 = 6-7% 1 = 4-5% 0 = 3% or less  Rounding up = .5+	3	HMIS Data/APR Q19a1 Universe = # of adult “Stayers” minus # of adult “Stayers” not yet required to have an annual assessment in APR Q18
14	<b>RRH, TH &amp; SSO:</b> %age of adult “Stayers” who gained or increased income from employment (ie, earned income) from entry to annual follow-up. <b>*System Performance Measure Scoring Criterion; Increase Income</b>	10%	3 = 10% or more 2 = 8-9% 1 = 6-7% 0 = 5% or less  Rounding up = .5+	N/A	HMIS Data/APR Q19a1 Universe = # of adult “Stayers” minus # of adult “Stayers” not yet required to have an annual assessment in APR Q18
15	<b>PSH:</b> % of adult “Leavers” who gained or increased income from employment (ie, earned income) from entry to exit <b>*System Performance Measure Scoring Criterion; Increase Income</b>	12%	3 = 12% or more 2 = 9-11% 1 = 6-8% 0 = 5% or less  Rounding up = .5+	0	HMIS Data/APR Q19a2 Universe = Total # of adult “Leavers”.
16	<b>RRH, TH, SSO:</b> % of adult “Leavers” who gained or increased income from employment (ie, earned income) from entry to exit <b>*System Performance Measure Scoring Criterion; Increase Income</b>	15%	3 = 15% or more 2 = 10-14% 1 = 6-9% 0 = 5% or less	N/A	HMIS Data/APR Q19a2 Total # of adults minus # of adult “Stayers” not yet required to have an annual assessment in APR Q18
17	<b>All Projects:</b> % of adult participants who gained, maintained, or increased income from other sources (non-employment, non-earned cash) from entry to exit or at follow-up <b>*System Performance Measure Scoring Criterion; Increase Income</b>	30%	3 = 30% or more 2 = 25-29% 1 = 20-24% 0 = 19% & below	0	HMIS Data/APR Q19a1 & Q19a2 Universe = Total # of adults minus # of adult “Stayers” not yet required to have an annual assessment in APR Q18
18	<b>All Projects:</b> % of adult “Leavers” with at least 1 or more non-cash benefits at exit <b>*System Performance Measure Scoring Criterion; Increase Income</b>	70%	3 = 70% or more 1 = 50-69% 0 = less than 50%	0	HMIS Data/APR Q20b # of adult “Leavers”  If no “Leavers”, data will be for “Stayers” at annual follow-up.

Utilization Rate					
19	<b>PSH, RRH, TH:</b> Average unit utilization rate	85%  <u>Q8b equation</u> October <u>61</u> January + <u>62</u> April + <u>56</u> July + <u>61</u> = <u>240</u> (A)  Total # of units in application <u>61</u> X 4 = <u>244</u> (B)  A/B = <b>98.4%</b>	5 = 85% or more 3 = 75-84% 1 = 65-74% 0 = 64% & below	<b>5</b>	HMIS Data/APR Q8b # of households served last Wed in Oct/Jan/Apr/July divided by total units in application times 4
Severity of Need & Commitment to HUD Policy Priorities					
20	<b>PSH:</b> % of chronically homeless households at the end of the reporting period	60%	2 = 60% or more 1 = 40-59% 0 = Less than 40%	<b>2</b>	HMIS Data/APR Q26a
21	<b>RRH, TH, SSO:</b> % of adult participants with at least 1 condition (ie, disability) at entry	40%	2 = 40% or more 1 = 25-39% 0 = Less than 25%	<b>N/A</b>	HMIS Data/APR Q13a2
22	<b>PSH:</b> % of participants with at least 2 conditions (disabilities) at entry	50%	2 = 50% or more 1 = 40-49% 0 = Less than 40%	<b>2</b>	HMIS Data/APAR Q13a2
23	<b>All Projects:</b> % of participants with health insurance at exit or at annual follow-up.	90%	3 = 90% or more 1 = 80-89% 0 = Less than 80%	<b>0</b>	HMIS Data/APR Q21
24	<b>SSO, TH:</b> % of adult participants with no income at program entry	50%	5 = 50% or more 3 = 40-49% 2 = 30-39% 0 = Less than 30%	<b>N/A</b>	HMIS Data/APR Q18
25	<b>SSO:</b> % of adult participants entries from streets/emergency shelters	60%	10 = 60% or more 5 = 50-59% 0 = Less than 50%	<b>N/A</b>	HMIS Data/APR Q15
26	<b>All Projects:</b> Housing First Fidelity - Low Barriers to entry	Individuals are rapidly placed/stabilized in permanent housing without any preconditions besides CoC program eligibility requirements	5 = Project clearly demonstrates full fidelity to low-barrier principle. 3 = Project somewhat demonstrates fidelity, but needs improvement 0 = Project does not demonstrate sufficient fidelity	<b>5</b>	ESNAPS Housing First Chart  CoC project application narrative response

27	<b>All Projects:</b> Housing First Fidelity - Housing retention/Program termination	Individuals are not terminated from the project for failure to participate in supportive services; make progress on service plan, loss of or failure to improve income; domestic violence victimization; or any other activity typically not included in a lease agreement in the service area	5 = Project clearly demonstrates full fidelity to housing retention principle 3 = Project somewhat demonstrates fidelity, but needs improvement 0 = Project does not demonstrate sufficient fidelity	5	ESNAPS Housing First Chart  (CoC project application narrative response)
28	<b>Racial Equity:</b> Agency participated in at least one racial equity training within the past two years		1 = Yes 0 = No	1	CFH training attendance logs
29	<b>Racial Equity:</b> Agency has taken steps to address current &/or potential racial disparities in program access & outcomes	NOT scored in 2021		N/A	(CoC project application narrative response)
<b>Program Management, Capacity, HMIS, Data Quality &amp; CoC Participation</b>					
30	<b>All Projects:</b> Project sponsor meets minimum threshold & self-certification criteria on CoC Capacity Scorecard	If agency does not meet criteria, application will not be accepted.	Pass/Fail	Pass	CoC Capacity Scorecard
31	<b>All Projects:</b> Project sponsor spent all funds allocated to this project in 2020	Less than 5% of the grant has been returned to HUD in 2020 AND The amount turned back to HUD is less than the amount of \$\$ needed to rent a 1 BR unit for 12 months.	3 = Under 5% returned 2 = 5-9.99% returned 1 = Over 10% or Over \$10,000 whichever is lower 0 = Over 10% If a project based project +2 (max 3 pts)	3	HUD CoC Quarterly Spending Report  HUD provided/eLOCCS information
32	<b>All Projects:</b> Has there been HUD &/or CFH/CoC monitoring with findings since 7/1/19	No findings or findings corrected & accepted.	5 = No findings or no review completed 3 = Findings, but corrected & accepted (or correction period still within allowed time) 0 = Uncorrected findings	5	CoC Project Application/HUD/CoC verified
33	<b>All Projects:</b> For HMIS or VSP comparable database, missing data for client Personal ID Information, Universal Data Elements & Income & Housing Data Quality	No missing data	5 = No missing data 4 - 5% or less % of Error Rate 3 = 1-2 items with 10% or above error rate 2 = 3-4 items with 10% or above error rate 0 = 5 or more items with 10% error rate	4	HMIS Data/APR 6a, 6b, 6c



34	<b>All Projects:</b> # of Adult “Stayers” without required Annual Assessment	100% completed/No Adult “Stayers” without HMIS Annual Assessment completed	5 = 0 without required assessment 3 = 1-10% without A/A 1 = 11-25% without A/A 0 = More than 25% without A/A	3	HMIS Data/APR Q18 Universe: Adult “Stayers” minus Adult “Stayers” not yet required to have an annual assessment
35	<b>All Projects:</b> All 2021 HIC/PIT data submitted on time, OR for SSOs, agency helped with 2020 unsheltered PIT	Yes  Projects who communicated to the CoC that a report would be late PRIOR to the submission deadline = Yes.	5 = Yes 4 = No	5	HIC/PIT Data Records
36	<b>All Projects:</b> Agency representative attended monthly CoC meetings	10 of last 12 monthly meetings	5 = At least 10 of 12 meetings 2 = 5-9 meetings 0 = less than 5 meetings	5	CoC Planning & Coordination Records
37	<b>Bonus:</b> Vaccination Outreach	Yes	3 = Yes 0 = No	3	All projects received this 3 point bonus

#### System Performance Measures

In the 2020 CoC Program Competition Notice of Funding Opportunity, HUD is awarding points to CoCs where the use of measures in the project application local scoring accounts for at least 20 % of the available points for project applications.

The following questions are directly tied to HUD’s System Performance Measures (SPMs).

- Length of Time Homeless: 3 pts, Q6 or Q7 depending on component type.
- Retention in PH: 5 pts, Q8 for PSH
- Exits to/Retention in Permanent Housing: 10 pts, Q9 or Q10 depending on component type
- Returns to Homelessness: 6 pts, Q11.
- Increase in Income: 9 pts, Q13 or Q14, Q15 or Q16, Q17, Q18 depending on component type.

28 - 31 points on this score sheet (25 - 29% of total points possible depending on component type) are directly related to HUD/s seven overarching SPMs.

In addition, HUD is awarding points to CoC’s well at least 33 % of the total points possible are based on objective criteria. The vast majority of scoring criteria in this scoresheet comes from HMIS quantitative data, eLOCCS, attendance records & selections to yes/no responses in the Project’s e-snaps applications.

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Louisville, KY 40208

2021 Final Ranking

Ranking	Score	Raw Score	Max	Projects to be Ranked	Funding Ask	Tier Line
1		Pass		FHC C/A Housing Nav	\$ 209,760	\$ 209,760
2		Pass		Seven Co. MHOT	\$ 94,825	\$ 304,585
3		Pass		SJ C/E Outreach	\$ 271,856	\$ 576,441
4		Pass		CFH HMIS	\$ 130,075	\$ 706,516
5		Pass		CFH C/E Diversion	\$ 110,187	\$ 816,703
6		Pass		CFH C/E SPE	\$ 79,502	\$ 896,205
7		Pass		FHC C/E Com Assess	\$ 299,656	\$ 1,195,861
8	94.59%	105	111	Well Murray/Baxter	\$ 62,157	\$ 1,258,018
9	90.09%	100	111	CFH SHCH	\$ 368,112	\$ 1,626,130
10	87.39%	97	111	SSVdP HwHope	\$ 149,404	\$ 1,775,534
11	87.39%	97	111	Well Journey	\$ 267,415	\$ 2,042,949
12	87.39%	97	111	SSVdP Campus	\$ 408,037	\$ 2,450,986
13	85.71%	108	126	SSVdP DV Bonus TH/RRH	\$ 874,120	\$ 3,325,106
14	85.59%	95	111	VOA RRH/TH	\$ 561,634	\$ 3,886,740
15	84.68%	94	111	WCM Women PSH I	\$ 36,030	\$ 3,922,770
16	84.68%	94	111	CFH RX	\$ 495,354	\$ 4,418,124
17	84.68%	94	111	LMG CH III	\$ 137,417	\$ 4,555,541
18	83.96%	89	106	VOA RRH Families	\$ 125,626	\$ 4,681,167
19	82.88%	92	111	Hor Kersey	\$ 37,185	\$ 4,718,352
20	81.98%	91	111	LMG TBRA	\$ 2,327,937	\$ 7,046,289
21	81.08%	90	111	Choices PSH	\$ 85,132	\$ 7,131,421

Louisville/Jefferson Co., KY, Continuum of Care (KY 501)

22	81.08%	90	111	WCM Men PSH	\$ 137,320	\$ 7,268,741
23	81.08%	90	111	CFH THYA	\$ 230,605	\$ 7,499,346
24	79.28%	88	111	CFH PSHCH	\$ 567,715	\$ 8,067,061
25	79.28%	88	111	CFH PSHYA	\$ 222,726	\$ 8,289,787
26	79.28%	88	111	LMG Non CH I	\$ 176,886	\$ 8,466,673
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28	78.38%	87	111	CFH CH2	\$ 777,597	\$ 9,414,148
29	78.38%	87	111	SSVdP CHI	\$ 569,001	\$ 9,983,149
30	78.30%	83	106	LMG RRH DV	\$ 60,319	\$ 10,043,468
31	77.48%	86	111	LMG Non CH II	\$ 219,826	\$ 10,263,294
32	77.48%	86	111	LMG Simon Scatt Site	\$ 47,854	\$ 10,311,148
33		New Proj		Well Southeast	\$ 398,851	\$ 10,709,999
34	73.87%	82	111	CFH LASH	\$ 707,377	\$ 11,417,376
35		New Proj		FHC Res to Res	\$ 276,482	\$ 11,693,858
36	69.37%	77	111	LMG dePaul Scatt Site	\$ 118,756	\$ 11,812,614
37	66.67%	74	111	WCM Women PSH II	\$ 104,476	\$ 11,917,090
38		New Proj		HOTI DV	\$ 286,690	\$ 12,203,780
39		New Proj		VOA DV	\$ 495,214	\$ 12,698,994

## **Included in this Attachment**

1E-5

1. No projects were rejected or reduced. No public posting of projects rejected or reduced available.

## **Included in this Attachment**

### 1E-5a: Public Posting – Projects Accepted

1. Email to all projects accepted in Tier 1 with ranking
2. Email to all projects accepted in Tier 1 with ranking
3. Ranking

**Subject:** CoC Project Ranking  
**Date:** Monday, November 1, 2021 at 9:44:55 AM Eastern Daylight Time  
**From:** Mary Frances Schafer  
**To:** Andy Patterson, Andrea KeithSC, Alisa Miller, Becky Morris, Cherjuantoe (Juantoe) Moran, Steve Williams, Michael Crenshaw, Lisa Sutton, Jennifer Clark, Jennifer Wilson, Natalie Harris, Brandi Scott, Nina Moseley, Megan Augsburg, Anna Clayton, Greer Hannan, Ajeenah Sharif, Tamara Reif, Laird, Tameka, Sarah Buckler, Joseph Hamilton, Nall, Gail, rmartin@stjohncenter.org  
**Attachments:** Official 2021 CoC Project Ranking.docx

Attached you will find the final project ranking for the 2021 HUD Application. The CoC board met on Thursday October 28th and made the following decisions.

- All projects funding activities HUD has deemed essential to the operation of a CoC was automatically ranked in Tier 1. (HMIS and Coordinated Entry projects)
- The two regular bonus projects would be in Tier 1.
- DV Bonus projects would be listed at the bottom of the ranking due to the possibility of HUD picking these projects up through the DV Bonus opportunity.

With these decisions in place the project scoring was used to determine which projects would be on or over the funding line and thus in Tier 2. Those projects are:

- LASH sits on the line and per HUD will have \$452,101 of their total grant fall into Tier 2
- LMG dePaul is next followed by WCM Women Permanent Supported Housing II

These decisions are always hard as we know every project is greatly needed. It is now important that the overall application be written as strongly as possible so HUD will reach down into Tier 2 to pick as many of the Tier 2 projects as possible.

The ranking will be announced shortly before or at the CoC meeting this afternoon. The scoring sheets will be provided to you as soon as we can.

--

Mary Frances Schafer  
Director of Community Coordination  
Coalition for the Homeless  
1300 S. 4th St., Ste.300  
Louisville, KY 40208  
502-636-9550 ex 1209  
Fax: 502-636-9950  
Email: [mfschafer@louhomeless.org](mailto:mfschafer@louhomeless.org)

Web: [louhomeless.org](http://louhomeless.org)

Facebook: [facebook.com/louhomeless](https://facebook.com/louhomeless)

Twitter: [twitter.com/louhomeless](https://twitter.com/louhomeless)



**Subject:** Project Ranking  
**Date:** Monday, November 1, 2021 at 9:23:37 AM Eastern Daylight Time  
**From:** Mary Frances Schafer  
**To:** Katharine Dobbins, Tony Cecil, Brandi Scott, Ajeenah Sharif, Cherjuantoe (Juantoe) Moran, Andy Patterson, Randy Webber, Nina Moseley, Joseph Hamilton, Steve Williams, Tamara Reif, Becky Morris

**Attachments:** Official 2021 CoC Project Ranking.docx

I want to inform you that one of the projects that you submitted to be funded by the CoC (or that you are a partner in) has been put in Tier 2 of the ranking. The board met on October 28th and made the following decisions.

- All projects funding activities HUD has deemed essential to the operation of a CoC was automatically ranked in Tier 1. (HMIS and Coordinated Entry projects)
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Louisville/Jefferson Co. KY Continuum of Care  
KY-501  
1300 S. 4<sup>th</sup>. St. Suite 250  
Louisville, KY 40208

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## **Included in this Attachment**

1. 3A-1a Housing Leveraging Commitment



November 5, 2021

The Louisville Continuum of Care  
c/o The Coalition for the Homeless  
1300 S. 4<sup>th</sup> Street, Ste. 250  
Louisville, KY 40208

To the Louisville Continuum of Care Board of Directors:

On October 27, 2021, Metro Louisville Council filed an ordinance to allocate \$32 million in American Rescue Plan dollars to permanent supportive housing. One hundred percent of these funds are to be used to subsidize the creation of permanent supportive housing for the homeless.

Further, Metro Louisville issued a request for applications for the use of these permanent supportive housing funds that closed on November 1, 2021. Wellspring, Inc. applied through the RFA for \$9.3 million in funding to subsidize the creation of 50 permanent supportive housing units as part of a new proposal through the Louisville CoC. 100% of the units will be made available for homeless adults with serious mental illness. In addition to being a long-time supportive housing provider, Wellspring is also licensed as a Behavioral Health Services Organization (BHSO) and operates the only two psychiatric crisis stabilization units in our region of the Commonwealth, both being state licensed and fully accredited through CARF International. This new program will take a Housing First approach and will provide services tailored to the participants served through the project.

If you have any questions regarding this project, please do not hesitate to reach out to me. My direct line is 502-753-1450.

Sincerely,

Katharine R. Dobbins, LCSW  
Chief Executive Officer

### **Included in this Attachment**

1. 3A-2a Healthcare Formal Agreement



November 5, 2021

The Louisville Continuum of Care  
c/o The Coalition for the Homeless  
1300 S. 4<sup>th</sup> Street, Ste. 250  
Louisville, KY 40208

To the Louisville Continuum of Care Board of Directors:

This letter serves as documentation that Wellspring, nationally accredited for its behavioral health services, licensed by the Commonwealth of Kentucky as a Behavioral Health Services Organization (BHSO) and holding two additional licenses to operate two psychiatric crisis units, is committing resources valued at \$93,214 for the provision of health care services available to all residents of the proposed Wellspring permanent supportive housing project submitted in the 2021 Louisville Continuum of Care. This commitment is equivalent to 25 percent of the funding being requested through the CoC.

These funds and services for health care will be available between January 1, 2023 and June 30, 2024. Our plan is to acquire and rehab properties in 2022 and into 2023 with clients moving in as apartments are readied for occupancy. Eligibility for the permanent supportive housing project is not restricted by the eligibility requirements of Wellspring's health services. All services will be offered based on participant choice and will be person-centered or, in other words, "tailored" for each program participant.

Sincerely,

Katharine R. Dobbins, LCSW  
Chief Executive Officer