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 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 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 2026 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.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	

	In the chart below for the period from June 1, 2025 to May 31, 2026:
1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	0
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organzation(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	No	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	1
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	Yes	1
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	0
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	0
24.	Other nonprofit homeless assistance provider(s)	Yes	0
25.	Other social service provider(s)	Yes	0
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	0
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	0
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	Yes	0
40.	State Sexual Assault Coalition	Yes	0
41.	Youth Advocate(s)	Yes	0
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	0
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

At least annually, the CoC issues a public invitation for new members to join. Each July the invitation is posted on the Collaborative Applicant's public website and distributed through the CoC's e-newsletter, social media channels, and the full CoC listserv, which includes funded and unfunded agencies and individuals and organizations with knowledge of homelessness in the CoC's geographic area. Because the website, e-newsletter, and social media are open to anyone, the invitation is transparent and publicly available throughout the CoC's geography, not limited to current members. The invitation states that membership is free and open to anyone, explains how to join, and links to the membership form, which stays posted on the website year-round so new members may join at any time.

In addition to the annual invitation, the CoC promotes membership throughout the year. Membership forms are shared at community events and at quarterly in-person meetings held on Saturdays to reach organizations and individuals who cannot attend weekday meetings. CoC staff attend meetings of relevant stakeholder groups to share how to join, and meet one-on-one with interested parties to explain the CoC's purpose, that membership is free and open to all, the resources available to members (including free training and networking), and why a broad range of stakeholders, including those who do not work directly with people experiencing homelessness, strengthens the Continuum of Care.

All invitations and outreach are accessible to the broader community, including persons with disabilities. The website and social media are screen reader accessible, virtual meetings offer closed captioning, and in-person meetings provide an additional way to participate.

This process has expanded CoC membership. In the past year, outreach led to new partnerships with recovery and mental health providers, several of whom have trained the full CoC on their services, strengthening collaboration between these systems and the homeless response system.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The CoC uses a transparent process to solicit and consider opinions on its general performance, strategies, and priority setting from a broad array of individuals and organizations in the CoC's geographic area. Opportunities to give input, including survey links and meeting dates, are posted publicly on the Collaborative Applicant's website and shared through the CoC e-newsletter, social media, and the full CoC listserv, so anyone with knowledge of or interest in homelessness can participate.

Input is gathered through several channels. The CoC board, made up of homeless services providers, local government, law enforcement, mental health and recovery providers, and people with lived experience, reviews CoC performance measures and unmet shelter, housing service needs, and other community issues at bimonthly meetings. The Consumer Consulting Board and a consumer survey gather input from people who experienced homelessness within the last seven years, who bring direct knowledge of how the system works for those it serves.

CoC staff conduct targeted surveys with specific subpopulations, including families with minor children, young adults, and the unhoused population, to gain their input on services provided and perceived barriers to self sufficiency, including recovery, employment, and housing supports.

Collaborative Applicant leadership also meet regularly with key stakeholders, including elected officials, police, judges, the faith community, and local business leaders to address their concerns and policy suggestions regarding the homeless population.
The Collaborative Applicant compiles survey results and feedback and presents them to the CoC board, which uses them to set priorities, update plans to prevent and end homelessness, and [e.g., revise ranking and review criteria for the CoC competition].

Through the Home for Good initiative, the CoC also works with Louisville Metro Government, law enforcement, the Downtown Management District, hospitals, outreach organizations, and private philanthropy on a collaborative plan to reduce street homelessness and connect people to housing, recovery, and mental health resources. These partners bring perspectives from local government, public safety, health care, business, and funders into CoC strategy.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The CoC uses a transparent process to accept and consider proposals from all organizations, including those that have not previously received CoC Program funding and faith-based organizations. On June 26, 2026, the CoC issued an annual public notice that it was accepting new and renewal project applications, including from organizations not previously funded. The notice was posted on the Collaborative Applicant's public website and emailed to community partners. Application opportunities and procedures were also presented at a NOFO requirements overview briefing on June 11, 2026, and a bidders' conference on June 29, 2026, and both meetings were posted on the Collaborative Applicant's website for organizations unable to attend. All notices and meetings encouraged applications from organizations not previously funded, including faith-based groups, and offered technical assistance to anyone interested in applying.

Proposals are submitted electronically through the JotForm platform, making the process accessible to new applicants. Applicants that do not enter data into HMIS may submit alternative data sources to show past program success, so new organizations are not disadvantaged. New proposals are evaluated on the strength of previous programming, program design consistent with CoC Program regulations, and agency capacity, including financial management capacity.

This year, the CoC received proposals from organizations that have not previously received CoC Program funding. Outreach targeted new types of organizations, including workforce training providers, and resulted in new applicants participating this year. Goodwill Industries, a first-time applicant, is seeking funding to expand its successful workforce development program for people experiencing homelessness. The CoC already funds many faith-based organizations and also conducts additional outreach to them about opportunities to apply for new activities. In addition, previously funded agencies, including Volunteers of America Mid-States and St. John Center, are expanding into workforce development programming.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The Louisville CoC annually updates its Comprehensive Plan to Address Homelessness, developed with community partners, which incorporates interventions in 42 U.S.C. 11386b(d) and targets gaps for three subpopulations: people living unsheltered, families with children, and youth and young adults.

Unsheltered: Gap: Providers, government, and HMIS data showed a sustained rise in unsheltered homelessness, concentrated among people with long histories of homelessness and high behavioral health needs. Strategy: Home for Good, launched in 2025 by the CoC and Louisville Metro and modeled on Milwaukee County's approach that cut its unsheltered count 91.8%, pairs permanent housing with case management and behavioral health services, working with police, downtown partners, and the camp docket. Measures and timeline: House at least 250 people from the streets by December 2027; 80 housed to date. In 2025, confirmed camps fell 30% and high-risk camps fell 86%. Funding: Over $10 million in local and private funds, HOME TBRA, and public housing. Oversight: Two Louisville Metro staff, supported by a local Task Force.

Families: Gap: Family emergency shelter has a weekly waitlist. Strategy: A continuum of shelter, transitional housing, and rapid rehousing linked to education and employment, through partners such as Volunteers of America Mid-States, Goodwill, and Family Scholar House. VOA's new Unity House on the Community Care Campus adds 29 total family units. Measures and timeline: Increase housing stability and income for participating families, tracked in HMIS, with campus build-out by the end of 2027. Funding: $23 million in state funding for family shelter and a $5 million Bezos Day 1 Families Fund award. Oversight: The Collaborative Applicant's Family Specialist.

Youth and young adults: Gap: Young adults became the fastest-growing homeless subpopulation, prompting Louisville's Youth Homelessness Demonstration Program (YHDP) plan. Strategy: YHDP transitional housing and rapid rehousing with education and employment support, including YMCA Safe Place Services and The Spot, a KentuckianaWorks and Goodwill young adult opportunity center. Measures and timeline: Increase exits to permanent housing and employment for YHDP participants; Safe Place transitional housing for young women opens by the end of 2026. Funding: HUD YHDP, leveraged with local and private funds. Oversight: The Collaborative Applicant's Young Adult Specialist.

1B-5a	Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.	
1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes

5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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- Frequently Asked Questions

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	89%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

N/A. Not a rural CoC.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The Louisville CoC partners with a network of providers that offer outpatient mental health and substance use disorder (SUD) treatment across a full range of care levels, from crisis response and detox to residential, intensive outpatient, outpatient, and long-term recovery support.

Seven Counties Services, a Certified Community Behavioral Health Clinic (CCBHC), provides outpatient mental health and SUD treatment, psychiatric services, and case management. Its street outreach team delivers mental health care on the street and links people to ongoing treatment, and its mobile crisis team responds to behavioral health crises. For suicide prevention, Seven Counties runs a 24/7 Crisis & Information Center that provides telephone crisis counseling for suicide, mental health, and substance use, and its Regional Prevention Center works to reduce substance misuse and suicide. On September 8, 2026, Seven Counties opened walk-in Adult and Youth Crisis Centers that assess people in crisis and connect them to treatment, with plans to expand to 24/7 operations within a year. The Coalition for the Homeless and Home for Good team partner with the centers to address housing instability, and police are being trained to use them as an alternative to jail or the hospital.

Family Health Centers-Phoenix, a Health Care for the Homeless clinic, provides integrated behavioral health counseling, psychiatric medication management, substance use assessment, and medications for addiction treatment to people experiencing homelessness.

The Healing Place offers non-medical detox, a peer-driven residential recovery program, intensive outpatient services that accept Medicaid, transitional living, and continuing care that helps graduates find employment and housing. Volunteers of America Mid-States' Freedom House provides residential and intensive outpatient treatment for pregnant and parenting women, combining trauma-informed therapy and medications for addiction treatment with parenting education. Wayside Christian Mission also partners with the CoC to connect people to recovery services.

Across these partners, psychosocial interventions include individual, group, and family therapy, trauma-informed care, and case management, and peer support specialists provide recovery support from crisis through long-term recovery.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

The Louisville CoC ensures access to peer support and recovery navigation through CoC-funded projects and community partners, from street outreach and coordinated entry through housing and long-term recovery.

Outreach and Crisis Response: St. John Center and Seven Counties Services include peers on their street outreach teams, so people living unsheltered are engaged by staff with lived experience who help them connect to shelter, housing, and treatment. Seven Counties' Mobile Crisis Unit also includes peer support specialists who respond alongside clinicians during behavioral health crises.

Coordinated Entry: Family Health Centers, the CoC's primary coordinated entry provider, uses peer support workers to help people navigate assessment and connect to housing and services.

Permanent Supportive Housing: CoC-funded PSH providers St. John Center, Family Health Centers, and Wellspring pair peer recovery supports with required case management. Peers help residents build daily living skills, co-facilitate group support, and make referrals to community-based and mainstream services. Wellspring's Peer Support Specialists share their own recovery stories, encourage client voice and choice in treatment planning, attend meetings with or on behalf of clients, and build self-advocacy and community living skills.

Recovery Navigation: Participants can also access the Louisville Recovery Community Connection, a peer-operated recovery community center that supports all pathways to recovery through support groups and recovery coaching. The Healing Place, a key CoC partner, uses a nationally recognized peer-driven social model of recovery, and its graduates receive continuing care support with employment and housing.

Mainstream Resources: Passport by Molina Healthcare provides additional peer support for unhoused members enrolled in its Medicaid plan to increase housing stability.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The Louisville CoC identifies people experiencing serious mental illness (SMI) through assertive street outreach, mobile behavioral health teams, crisis services, and coordination with hospitals, then connects them to intensive, ongoing services that promote housing stability.

Louisville has two ACT (Assertive Community Treatment) teams, led by Seven Counties Services and Wellspring, that engage unhoused people with SMI where they are and continue working with them over time. Seven Counties' ACT team serves people with severe mental illness who have experienced repeated homelessness, incarceration, or institutionalization, with a nurse, psychiatrist, social worker, and case manager providing case management, therapy, housing, and supported employment, available 24/7. Wellspring's ACT team, which includes clinical social workers, a peer specialist, a nurse, and a psychiatrist, focuses on people experiencing chronic homelessness and helps them move from the streets to housing and keep it. Wellspring also operates a Forensic ACT team for people with SMI involved in the justice system.

Seven Counties' Homeless Outreach Team, operated in partnership with the Coalition for the Homeless, engages unhoused people with mental illness or substance use disorders and connects them to services. Behavioral health providers also conduct SMI and substance use assessments on the street, coordinate referrals, and provide medication management, including prescriptions and long-acting injectables, through mobile vans.

Seven Counties' new walk-in Adult Crisis Center assesses people in mental health or substance use crises and connects them to treatment, currently open 3 to 11 p.m. daily and expanding to 24/7. Outreach workers, police, and downtown ambassadors provide transportation to the center. Wellspring's crisis stabilization units offer 24/7 short-term psychiatric care as an alternative to hospitalization, and Seven Counties' jail diversion program helps people with behavioral health needs receive treatment rather than incarceration.

With client consent, the CoC coordinates diagnosis and treatment information between emergency room staff and outreach teams, enabling warm hand-offs from hospital to community that improve medication management, prevent future crises, and shorten homelessness.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The Louisville CoC partners with Wellspring and Louisville's Mental Health Court to divert people with mental illness from jail to Wellspring's crisis stabilization units for treatment, case management, and housing. The CoC also partners with Seven Counties Services, whose Assertive Community Treatment team provides court-ordered Assisted Outpatient Treatment (AOT) under Kentucky's Tim's Law, and with Louisville's camping court through Home for Good.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

Mental Health Court and Wellspring: Through the Mental Health Court, people with mental illness are diverted from jail to a Wellspring crisis stabilization unit, where they receive treatment and case management and are linked to physical health, behavioral health, and substance use providers, mainstream benefits, payees, and support navigating the criminal justice system. The program moves participants quickly from the CSU into court-ordered treatment. Once they are stabilized, Wellspring refers them to coordinated entry, and the CoC connects them to housing. The court order keeps participants engaged in treatment while housing is secured, supporting recovery and preventing returns to incarceration.

Seven Counties Services AOT: Kentucky's Tim's Law allows district courts to order Assisted Outpatient Treatment for people with serious mental illness who cannot follow through with treatment on their own, often those caught in a cycle of repeated hospitalization or incarceration. Jefferson County initiated Kentucky's first Tim's Law case in 2019 through a partnership between the district court and Seven Counties' ACT team. The ACT team delivers the court-ordered treatment, including case management, therapy, psychiatric care, housing assistance, and supported employment, in the community. The CoC coordinates with the ACT team through coordinated entry referrals so AOT participants who are homeless or at risk can access housing, and the court order's emphasis on treatment adherence helps participants maintain housing.

Unlawful Camping Docket: In January 2025, Jefferson District Court judges worked with the CoC to create a monthly docket for people cited for unlawful camping. CoC service providers arrive an hour before court opens to meet with participants, connect them to resources, and complete housing applications. Judges give participants time to engage with services instead of imposing fines or jail, and dismiss charges for participants who enter a recovery program or stabilize in housing. The CoC and Louisville Metro Government's Home for Good initiative targets this docket with housing placements, case management, behavioral health and recovery services, and employment support, using the court process as a structured opportunity to move people from the streets into housing.

Across these partnerships, connections to employment, benefits, and ongoing treatment help participants move from crisis toward long-term housing stability and independence.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC partners with Seven Counties Services, a CCBHC that runs the 24/7 Crisis & Information Center and 988 crisis line, mobile crisis teams, 911 crisis call diversion, and the new Adult and Youth Crisis Centers opened in September 2026. Wellspring's crisis stabilization units provide 24/7 stabilization. Coordinated entry partners to provide on-site shelter and housing assessment, and Home for Good works with the Crisis Centers to address housing instability.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	36

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The CoC has a formal partnership with Seven Counties Services, Louisville's Community Mental Health Center and a CCBHC, which is also the area's PATH provider. Through this partnership, Seven Counties' Homeless Outreach Team engages unhoused people with serious mental illness or substance use disorders and helps them move into housing and services. Seven Counties also provides behavioral health, substance use, and crisis services, operates an ACT team, and serves on the CoC board.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

LMG TH III is a sober housing project that will be operated by Louisville Metro in partnership with recovery provider, Healing Place. This TH project begins with in-patient treatment followed by scattered-site TH with outpatient treatment. Services are mandatory and include monthly in-home case management and peer support. LMG will have a MOU for recovery services and mental health treatment. Wayside TH operates an abstinence-based recovery program staffed with on-site credentialed staff.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The Louisville CoC's coordinated entry system, led by the Common Assessment Team (CAT), coordinates with treatment, crisis, and court partners so people leaving care move directly into stable housing rather than into homelessness.

CAT conducts housing needs assessments on the street, in shelter, and in transitional housing, on site or by appointment. After assessment, CAT notifies participants and program staff of needed verifications, IDs, and other permanent housing requirements and helps obtain documents, so participants are housing-ready when a unit becomes available and before they leave treatment.

CAT coordinates referrals with Seven Counties Services, whose ACT team and court-ordered Assisted Outpatient Treatment program serve people with serious mental illness, and its new Crisis Centers, which partner with the CoC on housing instability. Wellspring refers Mental Health Court participants to coordinated entry once they stabilize in its crisis stabilization units. Family Health Centers-Phoenix links patients experiencing homelessness to CAT, and The Healing Place and Volunteers of America Mid-States' Freedom House coordinate with CAT as participants complete recovery programs, so housing assessment is completed before discharge.

At the monthly camping court docket, CoC providers complete housing applications before court opens, and Home for Good connects participants to housing placements and case management.

For transitional housing and rapid rehousing participants in recovery, the CoC refers to certified recovery residences through the Kentucky Recovery Housing Network. Options include sober apartments and Oxford Houses where three or more residents share a home, all meeting state certification standards.

Referrals are reviewed at weekly outreach and case manager meetings. Outreach workers locate and transport people living outdoors to case management appointments or bring case managers to them, and continue supporting the transition at weekly meetings until the participant is stably housed. If a participant is unsuccessful in housing or services, they are not returned to the streets; the case manager works with CAT to identify other options and make another warm hand-off until stability is achieved.

1C-2.	Supportive Services Investment.		

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$25,330,563
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	$10,802,887
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	43%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	$0
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	43%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

Louisville Metro Government is the only ESG recipient in the CoC's geographic area, receiving its allocation directly from HUD. ESG is administered by the Louisville Metro Office of Social Services (OSS), formerly the Office of Resilience and Community Services, which also administers HOPWA and CDBG public services funding. The CoC has consulted and will continue to consult with OSS at every stage of ESG planning and allocation.

The Collaborative Applicant meets monthly with OSS to discuss priority community needs identified in the CoC plan, set funding priorities, establish scoring and ranking criteria, and coordinate collaborative efforts. OSS consults with the CoC before each annual ESG, HOPWA, and CDBG public services funding notice so these grants align with the CoC's strategic priorities, and CoC input informs Louisville Metro's 5-Year Consolidated Plan and Annual Action Plan, which guide ESG activities. As a result, OSS's FY2027 priorities reflect CoC-identified gaps, including increased emergency shelter capacity, extended shelter hours, 24-hour shelter, and programs that move people from the streets into housing.

The Collaborative Applicant works with OSS to rank and fund ESG projects and to allocate additional local funds for homelessness, including city External Agency Fund grants and inclement weather hotel and motel vouchers. The CoC and OSS jointly advocate for local and private funds to close system gaps such as street outreach, low-barrier shelter, hotel stays, and 24-hour shelter.

An OSS representative sits on the CoC board and leads the city's Home for Good unsheltered homelessness initiative in partnership with the CoC. All ESG-funded agencies must attend quarterly CoC meetings, enter data into HMIS, and participate in CoC needs assessment to inform future ESG funding decisions.

The Collaborative Applicant works with OSS to set community outcomes and maintain an HMIS-based, community-wide reporting system. OSS uses this data to evaluate ESG performance and guide future allocations. The CoC will continue monthly consultation, pre-funding-notice planning, and shared data review to keep ESG investments aligned with community needs.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The Louisville CoC coordinates with emergency shelter providers at every step, from shelter entry to connection with CoC housing assistance.

The Collaborative Applicant, the Coalition for the Homeless, will manage the first step of coordinated entry through Coordinated Shelter Access, a phone line operating seven days a week that assesses newly homeless individuals and families and refers them to appropriate shelter or diversion resources. The Coalition and partners maintain a family shelter waitlist to ensure the families most in need are quickly connected to shelter, and the Winter Shelter Program, established in 2021, expands capacity so more families stay off the streets during cold weather. Because every shelter referral starts in coordinated entry, shelter guests are known to the CoC from day one.

Once in shelter, individuals and families are assessed for CoC housing assistance by the Common Assessment Team, operated by Family Health Centers-Phoenix, which conducts assessments on site at shelters or by appointment and prioritizes households for rapid rehousing and permanent supportive housing.

The Coalition hosts regular meetings with family shelter and transitional housing providers, including Wayside Christian Mission, St. Vincent de Paul, and Volunteers of America Mid-States, to identify gaps, share resources, and lead case conferencing that moves shelter guests into CoC programs. The Coalition also provides technical assistance and training to case managers at ESG- and CoC-funded agencies to strengthen coordination and help move people from shelter to CoC assistance more quickly.

A dedicated CoC Coordinator supports family and young adult providers through case conferencing, monthly meetings on service needs, resource development, and flexible funding to remove barriers to housing. The Coordinator helps providers review outcomes and create improvement plans supported by training and additional assistance.

Shelters enter data into HMIS, allowing the CoC and shelter providers to track length of stay and exits to permanent housing and to identify where additional coordination is needed.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The Louisville CoC shares and will continue to share PIT, HIC, HMIS, and System Performance Measure (SPM) data with state and local government, as permitted by law, to guide planning, funding, and performance review across the homelessness response system. Data is shared in aggregate, de-identified form, and client-level HMIS data is shared only in accordance with HUD HMIS privacy and security standards and client consent.

Louisville's homeless services data is entered into Kentucky HMIS (KYHMIS), a statewide system managed by Kentucky Housing Corporation (KHC). The Collaborative Applicant, the Coalition for the Homeless, administers KYHMIS in Louisville, giving the state direct access to aggregate data for statewide planning. The CoC also provides its annual PIT count results to KHC, which publishes them alongside Balance of State and Lexington data in Kentucky's statewide K-Count results.

The Collaborative Applicant works with Louisville Metro Government's Office of Social Services on the Consolidated Plan, Annual Action Plan, and CAPER, reviewing narratives and providing PIT, HIC, HMIS, and SPM data to set priorities for federal and local dollars and to measure the outcomes of those investments.

The Coalition posts System Performance Measures, Longitudinal Systems Analysis (LSA) data, and an annual Louisville CoC Census on its website so government officials and the public can track trends year over year.

The Collaborative Applicant and Louisville Metro used HMIS and PIT data to assess the number and needs of people sleeping outdoors, leading to the unsheltered homelessness priority in Louisville's Comprehensive Plan and to Home for Good, which has leveraged over $10 million in local and private funding to house at least 250 people from the streets. HMIS tracks Home for Good outcomes so strategies can be adjusted. HMIS data has also measured the need for additional cold weather shelter in hotels and religious buildings, and the city uses HMIS information to expand funding and provider contracts for services such as mental health crisis care and medication management.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The Louisville CoC combines HMIS with health care, court, law enforcement, and state system data to identify people with the greatest needs, coordinate care across systems, and measure outcomes.

The CoC shares data with Medicaid managed care organizations, including Passport by Molina Healthcare, to match HMIS records with member health care utilization. This allows plans to target case management and peer support to unhoused members and to measure cost savings from housing and services.

The CoC works with local hospitals to share data and client information, with client consent, so outreach teams know when participants are hospitalized and can track health outcomes. Hospital and outreach staff coordinate diagnosis and treatment information to create warm hand-offs at discharge, reduce discharges to the street, and increase access to long-acting injectables and medication management.

The CoC partners with Louisville's camping court to track citations for sleeping in public spaces, including where people are cited and what they need. Matching this data with HMIS helps target housing to those with the greatest need through Home for Good, supports public safety, and allows the CoC to track whether participants move into housing and recovery programs.

The CoC partners with state-funded case managers to track people exiting foster care, prison, and state mental health facilities, identifying those at risk of homelessness so prevention and housing resources are in place before discharge.

The CoC partners with Projects for Assistance in Transition from Homelessness (PATH) and Runaway and Homeless Youth Act (RHYA) programs to integrate their data with HMIS so outreach and youth services can be evaluated alongside the broader homeless system.

Together, these sources help the CoC evaluate the need for additional extreme weather shelter capacity, track Home for Good participants' progress in housing and services, and adjust strategies based on outcomes across health, justice, and housing systems.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC partners with KentuckianaWorks, the Louisville region's Local Workforce Development Board, which operates the Kentucky Career Center and with Goodwill for The Spot: Young Adult Opportunity Center and Norton Healthcare Goodwill Opportunity Campus, an American Job Center. This year the CoC is submitting projects with KentuckianaWorks and a YouthBuild registered apprenticeship program, both serving young adults, and with Goodwill.

1C-7. Street Outreach–Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Louisville's five street outreach groups, including teams focused on youth and young adults and on people with mental health and substance use needs, work closely with first responders and law enforcement so that contacts with police lead to housing and services rather than arrest.

Louisville Metro Police Department (LMPD) policy directs MetroSafe to route non-emergency, non-criminal calls about homelessness to the Louisville Metro Office of Social Services, and its Downtown Area Patrol lieutenant serves as LMPD's liaison to coordinate responses. Metro's 16-member Homeless Engagement and Assessment Response Team (HEART) responds to these calls, assesses encampments, and connects people to IDs, documents, transportation, coordinated entry, and Home for Good housing before any camp relocation, with LMPD in a support and safety role.

Seven Counties Services operates a crisis diversion program with LMPD that routes certain behavioral health 911 calls to non-police responders and mobile crisis teams. LMPD is training officers to use Seven Counties' new Crisis Centers as an alternative to jail or the hospital, and outreach workers, police, and downtown ambassadors transport people there. ACT teams led by Seven Counties and Wellspring engage people with serious mental illness living outdoors.

With the Safer Kentucky Act requiring stricter street camping enforcement, St. John Center outreach serves people cited through Louisville's camp docket, providing transportation and helping them avoid judgments by entering recovery, shelter, or housing. Outreach also coordinates with the downtown business improvement district's Block by Block ambassadors to identify people and move them into housing.

The RAVE Alert system shares shelter availability, program openings and closings, camp cleanings, and health and weather alerts with over 600 subscribers. Outreach teams use secure texting to alert the next team about anyone they meet, and monthly case conferencing prioritizes those least likely to seek help, assigning each a lead outreach contact and a plan for housing, ID, and transportation.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

Family and support-network reunification can strengthen housing stability and motivate people toward self-sufficiency. The Louisville CoC and its recipients support reunification through case management, partnerships with child welfare and treatment providers, flexible funding, and travel assistance.

Outreach workers and shelter and CoC case managers ask about family and support networks from first contact and throughout the transition to housing, identifying relatives or friends who can offer housing, caregiving, or ongoing support. Reunification options are discussed at case conferencing, and connections are documented in housing plans so they can be strengthened after move-in.

Once housing is achieved, case managers begin early to engage children and other family members with trauma-informed support. For families involved with child welfare, the CoC partners with KVC Kentucky, which works with the Cabinet for Health and Family Services and Jefferson County's Department for Community Based Services (DCBS) to provide Family Preservation and Reunification Services.

These in-home, evidence-based services help reunify children who have been removed from the home and strengthen family relationships, with referrals to parenting classes, substance use treatment, and home health check-ins. Volunteers of America Mid-States' Freedom House allows mothers in addiction treatment to keep their children with them and helps reunite families separated by substance use.

The CoC manages a flexible funding pool that helps individuals and families overcome barriers to housing, including costs that make reunification possible, such as deposits or furnishings when a household moves in with or near family.

When a family member or friend in another community has agreed to house someone experiencing homelessness in Louisville, case managers verify the arrangement with the receiving household, provide transportation assistance, and make a warm hand-off, connecting the person with services in the new community when needed. Travel and relocation costs are funded through private fundraising.

1C-9	**Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.**		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The Louisville CoC works daily with police, first responders, courts, hospitals, downtown businesses, and Louisville Metro Government to support public safety efforts, and assessed eleven key laws and policies, including the Safer Kentucky Act, to align CoC services with local and state enforcement rather than impede it.

Louisville enforces state and local laws prohibiting camping, sleeping, or storing property on public sidewalks and spaces. Louisville Metro's Homeless Engagement and Assessment Response Team (HEART) assesses encampments to determine when clearing or cleaning is needed and, before any relocation, works with CoC outreach teams to connect people to IDs, documents, transportation, coordinated entry, shelter, and Home for Good housing. LMPD provides a support and safety role. St. John Center outreach works with the camp docket to help cited individuals enter recovery, shelter, or housing, and outreach coordinates with Block by Block ambassadors downtown.

Outreach teams connect people using drugs in public spaces to detox, residential recovery, and medication for addiction treatment through partners such as The Healing Place. Camp docket judges can dismiss cases for participants engaged in recovery, and Seven Counties' new Crisis Centers give police a walk-in alternative to jail or the hospital for people in substance use crises.

Through the Crisis Call Diversion Program, Seven Counties crisis triage workers in the MetroSafe 911 center handle non-emergency behavioral health calls, while calls involving weapons or threats of harm go to police. The CoC supports court-ordered treatment under Kentucky's Tim's Law (Assisted Outpatient Treatment) through Seven Counties' ACT team. Outreach teams have signed agreements with hospital emergency departments to coordinate warm hand-offs after emergency visits.

The CoC does not interfere with sex offender registration or notification. CoC providers cooperate with law enforcement and share information as required by Kentucky law, and support participants who are registrants in meeting registration and address-change requirements when they move into housing.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Laws and practices: Louisville Metro ordinance prohibits erecting or maintaining any structure or object that obstructs a sidewalk, street, alley, or public way without a permit. The state Safer Kentucky Act (2024) created the offense of unlawful camping, banning sleeping, camping, or storing camping items in public places statewide; local governments cannot opt out. A first offense is a violation with a $250 fine, and repeat offenses are a Class B misdemeanor with up to 90 days in jail.

Helpful: These laws, together with Louisville's 311 reporting system and Louisville Metro HEART's risk assessments, allow the city to identify and clear encampments quickly, and large downtown encampments are largely gone. Louisville's monthly camp docket in Jefferson County District Court aims to connect defendants to shelter, housing, and treatment rather than convict them, and cases can be dismissed when participants enter recovery or housing.

Hindering: Enforcement has scattered people away from the city center, making them harder for outreach to find and keep engaged, and fines, missed court dates, and lost belongings and IDs create new barriers to housing. Jefferson County had 178 unlawful camping charges in the law's first year, per state records, and almost 200 in the second, nearly half of all charges statewide.

Plan to leverage beneficial policies:
1. HEART and CoC outreach will continue connecting people to IDs, transportation, coordinated entry, and shelter before any clearing, with LMPD in a support role.
2. CoC providers will continue arriving an hour before each camp docket to complete housing applications and link defendants to recovery and shelter so judges can dismiss cases.
3. Home for Good will continue targeting housing and services to people cited for camping, with over $10 million raised and a goal of housing at least 250 people by December 2027; 80 have been housed to date.

Plan to overcome harmful effects:
1. The COC RAVE system and outreach teams will notify people in camps before clearings so they can protect belongings and documents.
2. St. John Center outreach will provide transportation to court and help participants avoid judgments and warrants.
3. Outreach will use 311 reports and HMIS data to locate people who have dispersed and maintain engagement.
4. The CoC will track citations, dismissals, and housing placements to measure progress and adjust the plan.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

Large encampments that once lined downtown underpasses have largely been cleared, and Louisville Metro Government data shows steady declines in encampments, high-risk camps, and public reports of camping. Remaining camps are smaller and more dispersed across the county.

Residents report camps through Metro311 by phone, app, or online. Louisville Metro's Homeless Engagement and Assessment Response Team (HEART), under the Office of Social Services, confirms each report, assesses the camp for health and safety risks, and determines whether cleaning or clearing is needed. Before any relocation, HEART and CoC outreach teams connect residents to IDs, shelter, coordinated entry, and Home for Good housing.

Louisville Metro data (July 1, 2024 to June 30, 2025 vs. July 1, 2025 to June 30, 2026):
- 311 calls about homeless camping fell 15%, from 1,771 in FY25 to 1,497 in FY26.
- Confirmed camps fell 37% from FY24 to FY25 and another 22% from FY25 to FY26, from 1,071 to 836.
- High-risk camps fell 95% from 2025 to 2026, from 42 to 2.
- The estimated number of people recorded in encampments, based on the number and size of camps documented by city staff, fell 22%, from 10,274 in FY25 to 8,014 in FY26.
- The PIT unsheltered count, conducted by outreach workers, decreased 18%, consistent with the city's encampment data.

Since the Safer Kentucky Act made unlawful camping a statewide offense in 2024, enforcement has reduced large encampments but has also dispersed people to less visible locations, which makes outreach and engagement harder. The CoC and HEART respond by using 311 reports and outreach data to locate people who have moved, connecting people cited for camping to services through Louisville's camp docket, and targeting Home for Good housing and services to people living outdoors.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Laws and policies: Federal and state laws prohibit illicit drug possession and use. Locally, Louisville's Plan to Decrease the Public Use of Illicit Drugs rests on four pillars: overdose response by Louisville Metro Public Health and Wellness, including naloxone distribution and crisis stabilization; alternative legal pathways, including Drug Court, which serves nonviolent offenders whose primary challenges stem from substance use disorder and offers treatment, intensive supervision, drug testing and case management at no cost to participants; youth prevention led by law enforcement; and focused policing of drug distribution networks and repeat violent offenders.

Helpful: Diversion and treatment-first policies give police and outreach a direct path to services. The Crisis Call Diversion Program with Seven Counties routes non-emergency behavioral health 911 calls to crisis triage workers 24/7 in all eight LMPD divisions, and Seven Counties' new Crisis Centers give police a walk-in alternative to jail for people in substance use crises.

Hindering: Enforcement can push drug use into less visible places where overdose risk is higher and outreach is harder, and camping and drug charges create court and record barriers to housing.

Data: Jefferson County overdose deaths fell from a record 493 in 2023 to 351 in 2024 and 237 in 2025, a 32% one-year drop. Seven Counties crisis triage workers handled nearly 5,000 diverted calls in 2025. Qualitatively, the Health Department attributes the decline to a whole-of-government approach combining harm reduction, treatment, and housing and social services. Jefferson County still has the state's highest fentanyl and methamphetamine death rates.

Plan to leverage beneficial policies: CoC outreach will continue connecting people using drugs in public to the Crisis Centers, detox and residential recovery at The Healing Place, and medication for addiction treatment at Family Health Centers-Phoenix.

Plan to overcome harmful effects: CoC outreach will use 311 reports and HEART data to find people who have moved to hidden locations, and providers at the camp docket will link defendants to recovery so cases can be dismissed. Home for Good will continue housing people with substance use disorders with wraparound recovery support, and the CoC will track housing and treatment outcomes in HMIS to adjust strategies.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC’s geographic area.

(limit 2,500 characters)

Overdoses in Louisville (Jefferson County) have declined sharply for two consecutive years, and public drug use has become less visible, particularly downtown, though fentanyl and methamphetamine remain serious threats.

According to the Kentucky Office of Drug Control Policy's 2025 Overdose Fatality Report, 237 Jefferson County residents died from overdose in 2025, a 32% decrease from 351 in 2024. The Jefferson County Coroner's Office reported a 33% decrease in drug deaths in 2024, following a record 493 deaths in 2023. Louisville's decline has outpaced the state, where fatal overdoses fell 29% in 2024 and 23% in 2025, and current rates are at pre-pandemic levels and the lowest in a decade. Jefferson County's 2025 rate was 30.1 deaths per 100,000 residents, ranking 28th among Kentucky’s 120 counties.

EMS runs for suspected opioid overdose in Jefferson County fell 47% since 2023, from 3,742 to 1,983 in 2025. Emergency department visits for nonfatal drug overdose declined 34% over the same period according to Jefferson County Department of Health's overdose surveillance tracking systems.

The greatest improvement has been in the downtown business improvement district, where police, Block by Block ambassadors, HEART, and outreach teams maintain a consistent presence. With the clearing of large encampments, where public drug use was often concentrated, visible drug use in public spaces has declined. City data shows high-risk encampments fell from 42 to 2 between 2025 and 2026.

Jefferson County still has Kentucky's highest rates of fentanyl- and methamphetamine-related overdose deaths, and methamphetamine was the drug most frequently identified in Kentucky overdose deaths in 2025. People using drugs who have been displaced from encampments may use alone in less visible places, increasing overdose risk.

Louisville Metro Public Health and Wellness attributes the decline to a whole-of-government approach combining overdose prevention, harm reduction including naloxone distribution, connection to treatment, and housing and social services. The Crisis Call Diversion Program, Seven Counties' Crisis Centers, and CoC outreach connect people using drugs in public to detox, recovery, and medication for addiction treatment.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Laws and policies: Kentucky's involuntary hospitalization law (KRS Chapter 202A) allows a court to order hospitalization of a person who presents a danger or threat of danger to self, family, or others because of mental illness, can reasonably benefit from treatment, and for whom hospitalization is the least restrictive alternative. In Louisville, a petitioner files a mental inquest warrant in Jefferson District Court. Related tools include Assisted Outpatient Treatment under Tim's Law, Casey's Law, and Louisville's Mental Health Court. Senate Bill 122 (2026), effective October 1, 2026, adds options: a court may order a person who is dangerous but does not meet all hospitalization criteria into community-based outpatient treatment for up to 360 days, or release with conditions, monitored by a three-member team that may include a case manager or peer support specialist. For people recently found incompetent to stand trial, courts may review discharge plans, which must document housing status or housing services offered.

Helpful: These standards give a legal pathway for people who pose a danger to themselves or others, and the 2026 changes add options between hospitalization and release. Alternatives include Seven Counties' Crisis Centers, mobile crisis and ACT teams, Wellspring's crisis stabilization units, and the Crisis Call Diversion Program. About 80% of people referred for commitment receive alternative services.

Hindering: Commitment is short-term, so many people are discharged back to homelessness and cycle through repeated hospitalizations. A 2024 U.S. Department of Justice investigation found that in fiscal year 2022, more than 1,100 Louisville adults had two or more psychiatric admissions and more than 500 had three or more.

Plan to leverage beneficial policies: The CoC will continue working with hospitals, including Central State Hospital, to obtain participant releases so outreach and case managers can coordinate care during commitment and make warm hand-offs to housing at discharge. The CoC will refer eligible people with repeated hospitalizations to Seven Counties' ACT team and will use Mental Health Court diversion to Wellspring's crisis units as a pathway to coordinated entry.

Plan to overcome harmful effects: For people who do not meet commitment criteria or are released, outreach will connect them to the Crisis Centers and ACT teams instead of the streets for ongoing mental health resources.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Laws and policies: Kentucky operates its own sex offender registration system under KRS 17.500-17.580, administered by the Kentucky State Police (KSP), which maintains the statewide registry and makes registrant information public under KRS 17.580. In Louisville, the Jefferson County Sheriff's Office and Louisville Metro agencies handle local registration, residence verification, and compliance checks. Kentucky has not completely implemented federal SORNA because it uses its own framework of 20-year and lifetime registration rather than SORNA's three tiers. Lifetime registrants verify their address every 90 days and 20-year registrants annually.

Helpful: The statewide public registry and local verification allow CoC providers to identify registrants, share location information with law enforcement as required, and match people to shelter and housing where they may legally reside.

Hindering: The Coalition for the Homeless has documented that people on the registry are about twice as likely to become homeless after incarceration, and housing instability makes registration compliance harder and increases recidivism risk.

Plan to leverage beneficial policies: CoC providers will continue using the KSP registry at intake to identify registrants and ensure they receive appropriate shelter and a level of care suited to their history. Providers will confirm every housing placement for a registrant complies with KRS 17.545, help registrants report address changes to KSP and the Sheriff's Office within required timeframes, and support contact with probation or parole officers.

Plan to overcome harmful effects: The Coalition maintains a map of Jefferson County no-go zones so case managers can identify compliant units and shelter options. The CoC will recruit landlords with compliant units, coordinate with the Sheriff's Office so registrants experiencing homelessness can register a compliant location.

1C-11. Outreach Strategy.

Describe your CoC’s strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

Louisville's street outreach system covers all of Jefferson County. Louisville Metro's Homeless Engagement and Assessment Response Team (HEART) and St. John Center lead more than 5 outreach teams, including teams focused on youth and young adults and on people with mental health and substance use needs, in coordination with coordinated entry. Outreach schedules are shared across teams so every area is covered, and teams use secure texting to alert one another to anyone they meet day or night.

Outreach teams use Metro311 reports and HEART camp assessments to find people living in less visible locations, especially those dispersed from former encampments. Monthly case conferencing focuses on people least likely to seek help, assigning each a lead outreach contact and a plan for housing, ID, and transportation. Seven Counties Services and Wellspring ACT teams engage people with serious mental illness living outdoors, Seven Counties crisis triage workers respond to diverted 911 calls, and outreach works with hospital emergency departments, the camp docket, and downtown Block by Block ambassadors to reach people who may not otherwise seek help. Outreach also visits shelters, drop-in centers, and meal sites.

Outreach helps people obtain IDs and verifications, provides transportation to recovery and health services, adds people to the coordinated entry by-name list, and makes warm hand-offs to housing case managers. The CoC successfully advocated for free IDs for all unhoused people, shortening the time from referral to housing. Through Home for Good, outreach teams meet weekly to provide wraparound services to people moving into permanent housing.

The CoC's Street Tips guide explains how to access every emergency service and is distributed free in English and Spanish to schools, hospitals, local government, law enforcement, mental health organizations, and service providers. Residents can call 2-1-1 for resources or report concerns through Metro311. The RAVE alert system notifies people and providers about open shelter space, program changes, and health and weather alerts.

1C-12.	**Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.**	

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	**Child Care (including Child Care and Development Fund)**	No
2.	**Early Childhood Providers**	Yes
3.	**Early Head Start**	Yes
4.	**Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	Yes
5.	**Head Start**	Yes
6.	**Healthy Start**	Yes
7.	**Public Pre-K**	Yes
8.	**Tribal Home Visiting Program**	No

	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers.	

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The Louisville CoC's written policies and procedures for informing people of their eligibility for educational services are found in the Louisville CoC Policies and Procedures, and are supported by a written MOU between the Collaborative Applicant and Jefferson County Public Schools (JCPS), the Local Education Agency (LEA). These documents require all homeless service providers serving children and youth to designate a staff education coordinator, post that person's name and contact information on site, and inform each household with children of their educational rights at entry.

How families are informed:
- At first contact: Families who call Coordinated Shelter Access, including those not entering shelter, are told of their children's educational rights under the McKinney-Vento Act and given JCPS contact information.
- In emergency and transitional shelter: Staff inform families at intake and refer them to the program's education coordinator, whose contact information is posted on site. JCPS trains parents in shelters on school access and conducts an annual assessment of all youth in shelters.
- In transitional housing and rapid rehousing: Information on educational rights and the education coordinator's contact is included in every program entry packet.
- Through case conferencing: The LEA attends monthly family shelter and transitional housing case conferencing to identify children who need help with school enrollment or transportation.
- Early childhood: Providers inform families of eligibility for JCPS Public Pre-K for 3- and 4-year-olds, Head Start, and Early Head Start, and make referrals.
- Unaccompanied youth and young adults: Providers (especially RHY and YHDP partner agencies) inform youth of their rights and connect them to JCPS for school enrollment, GED, college preparation, and FAFSA assistance.

Every JCPS school has a liaison who helps students experiencing homelessness access services under McKinney-Vento. JCPS identified nearly 3,600 students experiencing homelessness in the 2023-24 school year. The LEA leads an annual CoC-wide training on the educational rights of children experiencing homelessness, most recently on July 1, 2026, which is recorded and posted on the Collaborative Applicant's website so provider staff can view it at any time.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The Louisville CoC coordinates with the Kentucky Cabinet for Health and Family Services (CHFS), its Department for Community Based Services (DCBS), and local child welfare partners to prevent youth leaving foster care from entering homelessness and to connect those who do with housing quickly.

The Collaborative Applicant's Family Specialist convenes a Child Welfare workgroup with CHFS to improve coordination on child welfare cases, identify youth approaching exit from foster care who are at risk of homelessness, and plan housing before they leave care. Through the workgroup, the CoC advocates with Louisville Metro Housing Authority and other housing providers for dedicated resources for young adults exiting foster care, such as Foster Youth to Independence vouchers.

Louisville's Youth Homelessness Demonstration Program (YHDP) projects provide rapid rehousing for young adults aging out of foster care, with wraparound case management, therapy, employment support, and social supports. Family Scholar House operates two housing options for foster care alumni that combine stable housing with support to earn a college degree; in 2019, 32 foster care alumni lived at its Louisville properties. The Collaborative Applicant's Young Adult Specialist oversees YHDP implementation and outcomes, and young adults exiting care are connected to coordinated entry and the by-name list so they can be prioritized for these resources.

When custody issues are present, Coordinated Shelter Access works directly with foster care agencies and family shelters to obtain needed documents and coordinate reunification with access to shelter, transitional housing, rapid rehousing, or other housing. The CoC partners with KVC Kentucky, which works with CHFS and Jefferson County DCBS to provide Family Preservation and Reunification Services that help reunify children with their families.

CoC project staff are trained to recognize signs of child abuse and follow Kentucky reporting protocols, and they provide preventive and follow-up support to families through referrals to parenting and family support services.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

YMCA Safe Place Services, a branch of the YMCA of Greater Louisville, is the CoC's RHY-funded provider and operates the RHY programs in the CoC's geographic area. The CoC coordinates with Safe Place through governance, shared projects, shared data, and referral protocols.

Basic Center Program: Shelter House, founded in 1974 as one of the first dedicated youth shelters in the country, provides 24/7 crisis shelter, family mediation, and case management for youth ages 12 to 17. It is the only youth shelter in Louisville that accepts self-referrals at no cost. CoC outreach workers are trained to make quick, safe transfers of minors to Shelter House, and the Collaborative Applicant provides technical assistance to Safe Place case managers to support family reunification or a safe transition to foster care or other community services.

Street Outreach Program: Safe Place's outreach team serves youth and young adults ages 12 to 24 living on the street. It coordinates with other CoC outreach teams through shared schedules and monthly case conferencing, and anyone can call or text Safe Place to refer a youth or report a new camp.

Transitional Living: Safe Place's Transitional Housing Program serves young adults ages 18 to 24 with furnished housing, case management, and life skills, with units for young men and expansion for young women expected by the end of 2026. Safe Place also operates a youth Drop-In Center.
Maternity Group Homes: Louisville does not currently have an RHY-funded Maternity Group Home. Pregnant and parenting youth are connected through coordinated entry to YHDP rapid rehousing, Family Scholar House, and Volunteers of America Mid-States' Freedom House.

National Safe Place: The national Safe Place model began in Louisville. Nearly 300 Safe Place sites across Louisville, Oldham, and Bullitt counties, including every TARC bus and YMCA, let youth ask for help anywhere, and staff respond to connect them to services.

CoC coordination: Safe Place attends quarterly CoC meetings, participates in CoC needs assessment to inform funding decisions, and manages several CoC projects, including outreach and transitional housing, creating smooth transitions between RHY and CoC programs. All RHY and CoC programs enter data into HMIS for shared outcome measurement.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Volunteers of America Mid-States operates Unity House 1 and 2, CoC transitional housing projects exclusively serving families with children experiencing homelessness (27 households). Per 24 CFR 578.93(b), neither project denies admission to or separates any family member based on age, sex, or gender. Families receive case management, child care, education, and employment support, and VOA reports 93% of families it serves move to permanent housing.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

Volunteers of America Mid-States' Unity House 1 and 2 transitional housing projects help families increase income so they can pay rent when they move to permanent housing. Both projects are supported by VOA Works program, which provides job seeking and placement, training, continuing education, career counseling, mentoring, resume and interview preparation, financial assistance, and follow-up for unemployed and underemployed participants.

VOA career coaches begin with a comprehensive needs and strengths assessment and build an individualized service plan focused on each participant's path to self-sufficiency and the income needed to afford rent.

Coaches provide or help obtain state IDs and birth certificates, work clothes and shoes, gas cards, bus passes, and educational materials. Child care support through Unity House allows parents to attend training and work.

Coaches maintain relationships with local employers, enabling quick, direct referrals to openings that match each participant's skills and goals. JPMorgan Chase has committed matching support for workforce services and education for unemployed and underemployed participants.

Once a participant is employed, the coach stays in contact for six months to help resolve workplace challenges, support advancement, and ensure income is sustained after the family moves to permanent housing.

Participants with mental health or substance use needs are referred to community outpatient providers, and an on-site Advanced Practice Registered Nurse provides medication management and coordinates with outside providers. Peer support specialists assist with recovery navigation and ongoing engagement. Veterans and their families can access VOA's veteran programs for intensive case management, education and employment opportunities, and connection to VA benefits.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Volunteers of America Mid-States' Unity House 1 and 2 transitional housing projects leverage mainstream family service systems so that CoC funds are focused on housing and stability while other public programs cover income, health care, child care, and child development.

At intake, every family is screened for mainstream benefit eligibility and helped to apply for any benefits they qualify for but do not receive. Through working relationships with the Kentucky Cabinet for Health and Family Services' Department for Community Based Services (DCBS), VOA career coaches connect families to the Kentucky Transitional Assistance Program (K-TAP), Kentucky's TANF-funded cash assistance program, as well as SNAP, and help families enroll in WIC. Two SOAR-certified VOA staff assist eligible participants with SSI/SSDI applications, and veterans are connected to VA benefits.

VOA connects parents to the Kentucky Child Care Assistance Program through DCBS, which pays for child care so parents can work, attend training, and increase income toward rent.

Before or at housing entry, VOA coordinates with the UP day shelter and Family Health Centers-Phoenix Health Care for the Homeless kynectors, Kentucky's certified health coverage assisters, to enroll families in Medicaid and the Kentucky Children's Health Insurance Program (KCHIP). VOA meets regularly with Medicaid managed care organizations to maximize member benefits and uses Medicaid-funded medical transportation, allowing case managers to focus on housing and stability.

VOA enrolls children in Greater Louisville Head Start and Early Head Start and partners with Metro United Way to complete Ages and Stages developmental screenings, with referrals to Kentucky's First Steps early intervention program. VOA ensures school-age children are enrolled in school and coordinates with Jefferson County Public Schools and McKinney-Vento liaisons to support their education.

By leveraging K-TAP, SNAP, WIC, child care assistance, Medicaid, KCHIP, Head Start, and First Steps, Unity House ensures families' basic, health, and developmental needs are met through mainstream funding, freeing CoC resources for housing and case management and helping families build the income and stability to sustain permanent housing.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

Volunteers of America Mid-States' Unity House 1 and 2 transitional housing projects combine safe, family-centered housing with integrated supports so parents can pursue employment and education while their children stay healthy and in school.

Unity House keeps families together in private family units with individualized case management focused on moving to permanent housing. VOA has served Louisville families experiencing homelessness for more than 40 years, and families can transition to VOA rapid rehousing.

VOA connects parents to the Kentucky Child Care Assistance Program through DCBS and enrolls young children in Greater Louisville Head Start and Early Head Start, giving children safe, high-quality care while parents work, attend training, or go to school.

Case managers provide parenting support and connect families to parenting education and family support services. VOA partners with Metro United Way to complete Ages and Stages Questionnaires, helping parents understand their children's development, with referrals to Kentucky's First Steps early intervention program when needed.

An on-site Advanced Practice Registered Nurse supports family health needs and coordinates with outside providers. VOA works with Family Health Centers-Phoenix Health Care for the Homeless kynectors to enroll families in Medicaid, which covers prenatal and postpartum care, and children in KCHIP, and helps families enroll in WIC for pregnancy and early childhood nutrition. Pregnant participants are connected to prenatal care, and children are connected to well-child visits and immunizations.

VOA ensures school-age children are enrolled in school and coordinates with Jefferson County Public Schools and McKinney-Vento liaisons so children keep school stability and transportation. Children receive afterschool tutoring. VOA career coaches help parents pursue GED, training, and continuing education tied to sustainable employment.

Together, these supports reduce the stress of poverty so families can focus on long-term goals, and a growing body of evidence shows that when parents are equipped to succeed, their children are more likely to achieve higher education, economic stability, and well-being.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The CoC partners with the Robley Rex VA Medical Center, which coordinates street outreach and mental health care with CoC outreach teams, verifies Veteran status, refers Veterans to 193 Grant and Per Diem beds at CoC agencies, and makes HUD-VASH referrals through coordinated entry. The VA also offers 16 substance use treatment beds. Volunteers of America Mid-States, a CoC partner, operates SSVF rapid rehousing, prevention, and employment services for Veterans to address and fill service gaps.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The CoC partners with ZeroV, Kentucky's statewide domestic violence coalition, which directly provides rapid rehousing and permanent housing for survivors and trains CoC providers on domestic violence. The CoC also partners with The Center for Women and Families, Louisville's DV and sexual assault agency, which operates a 24/7 crisis line and emergency shelter. The CoC uses a safety protocol developed with a local provider, and its call center conducts lethality assessments.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The CoC partners with Wellspring, Louisville Metro Corrections, and Louisville's Mental Health Court to divert 100 people a year from jail to Wellspring crisis stabilization units for treatment and case management. Participants are linked to physical, behavioral health, and substance use treatment, mainstream benefits, payees, and criminal justice support. Wellspring refers participants to coordinated entry to connect participants to housing, preventing homelessness and reincarceration.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The CoC partners with Passport by Molina Healthcare, a Louisville-based Medicaid managed care organization. A joint review of Medicaid costs for people experiencing long-term homelessness in HMIS found the top 1% of 589 people averaged $51,720 per year. In response, Passport hired 8 case managers who work alongside CoC case managers to serve these high utilizers, and Passport provides one-time benefits to support their move into housing and coordinates care to help them stay housed.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Family Health Centers-Phoenix, the CoC's Common Assessment Team, has a senior housing expert who identifies eligibility, costs, and application steps for senior housing, shares a monthly outreach schedule, and helps with applications countywide. Its Medical Respite Program, Kentucky's only nationally certified program, works with hospitals to give older and disabled adults a safe place to heal while accessing housing, including senior housing or nursing home care.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The Louisville CoC includes several long-term PSH projects that were created to address chronic homelessness. In 2025, St. John opened Sheehan Landing, a Single Site PSH program, with 80 total units and 24/7 on-site services for those hardest to house. 54 units are reserved for the chronically homeless through KY0275. The Chancery, 34 PSH units owned by Louisville Metro and run by Volunteers of America Mid-States, also serves people experiencing Chronic Homelessness.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Both Sheehan Landing and The Chancery bring behavioral healthcare directly to residents on site, so people with serious mental illness and substance use disorders can get treatment where they live without having to navigate appointments across the city.

Sheehan Landing: St. John Center's Sheehan Landing opened in March 2025 as one of Kentucky's first single-site permanent supportive housing developments, with 80 furnished one-bedroom units. Fifty-four units are dedicated to people experiencing chronic homelessness, including people who have been unsuccessful in other housing. The building was designed with dedicated on-site space for behavioral health and medical services, offices for case managers, and a front desk staffed 24 hours a day. Seven Counties Services, Louisville's Certified Community Behavioral Health Clinic, and the University of Louisville provide on-site therapy, group counseling, art therapy, and medication management. On-site case managers work alongside these clinicians to coordinate care and help residents keep their housing.

The Chancery: Volunteers of America Mid-States operates The Chancery, a 34-unit permanent supportive housing project that opened in 2026 in Louisville's Smoketown neighborhood. Wayspring brings behavioral healthcare to residents on site through a mobile clinic, providing therapy and medication management at the building. VOA case managers coordinate with Wayspring to support residents' treatment and housing stability.

The Chancery is part of Louisville's new Community Care Campus, a partnership of Louisville Metro Government and VOA Mid-States designed as a one-stop hub where people experiencing homelessness can access shelter, housing, and services in one place. The campus already includes VOA's Unity House family shelter, and planned additions include medical and mental health services, Family Health Centers-Phoenix's medical respite program, and transitional housing for young adults, with full build-out expected by the end of 2027. As these services open, Chancery residents will have on-campus access to behavioral healthcare ranging from crisis care to group counseling.

Across both projects, on-site care reduces barriers to treatment, supports medication adherence, and helps residents who have long histories of homelessness remain stably housed.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

St. John Center's Sheehan Landing and Volunteers of America Mid-States' The Chancery follow a policy of ongoing assessment to identify when a participant needs a higher level of care than permanent supportive housing can provide, while prioritizing the least restrictive setting and the participant's choice.

Case managers assess each participant's physical health, behavioral health, and ability to live independently at move-in and throughout their stay. A reassessment is triggered by hospitalizations, behavioral health crises, declining ability to manage daily living activities, missed medications, or health-related threats to housing stability. At Sheehan Landing, case managers work with on-site clinicians from Seven Counties Services and the University of Louisville; at The Chancery, they work with Wayspring's on-site behavioral health staff.

When a reassessment indicates increased need, the case manager, clinical staff, and the participant review options together. Needs are addressed first with added in-home support. If a higher level of care is needed, participants are connected to Louisville resources, including Wellspring and Seven Counties crisis stabilization, residential treatment and recovery programs such as The Healing Place, hospitalization, and Family Health Centers-Phoenix Medical Respite, Kentucky's only nationally certified medical respite program.

When these options do not succeed, physicians, Family Health Centers-Phoenix Health Care for the Homeless, or local hospitals may determine that a participant cannot safely provide self-care in permanent housing and refer them to assisted living or nursing home care. In rare cases, participants are referred to hospice or to Hildegard House, a Louisville home providing end-of-life care for people experiencing homelessness and older adults without family.

The Collaborative Applicant trains CoC program staff on accessing each level of care so assessments lead to timely, appropriate referrals.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

St. John Center's Sheehan Landing and Volunteers of America Mid-States' The Chancery follow the CoC's Move Up policy for assessing participant readiness to move on from permanent supportive housing (PSH) to other permanent housing. The policy applies to all CoC PSH and rapid rehousing (RRH) projects.

Since 2015, the Coalition for the Homeless has partnered with Louisville Metro Housing Authority (LMHA) on Move Up, which transfers participants who no longer need intensive services from CoC-funded housing to LMHA Housing Choice Vouchers. LMHA, a Moving to Work agency that assists about 15,000 households, provides the vouchers. Each move frees a service-enriched CoC unit for someone with greater needs.

Under CoC policy, a participant is assessed for Move Up readiness when they are nearing two years in housing and have lower service needs. Priority candidates have had no recent hospitalization or incarceration and have stepped down to no more than monthly case management. Preference is given to participants with income, including disability benefits or employment.

Case managers assess readiness as part of regular case management. To refer a participant, the case manager confirms that the participant has obtained all eligible benefits, is stable in housing, maintains the unit, pays their share of rent on time, and has positive relationships with neighbors. Participation is voluntary, and case managers help participants with the LMHA application and transition.

St. John Center and VOA also regularly assess whether participants can move to unsubsidized housing through family reunification, employment, or other income. When a participant has that ability, staff help them locate housing and transfer, then help them keep it.

This approach supports participants' independence while making the best use of limited PSH for people experiencing chronic homelessness.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.
Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	

You must enter a date in question 1D-2a.

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	

You must enter a date in question 1D-2b.

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes

1D-2d.	Projects Rejected/Reduced–Notification Outside of e-snaps.	

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/23/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted–Notification Outside of e-snaps.	

	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.	09/23/2026

1D-3.	Reallocation–Reviewing Performance of Existing Projects.	

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, 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 low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and

4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. Reallocation process: The Louisville CoC actively reviews every CoC Program-funded project year-round and during the local competition. The Collaborative Applicant, the Coalition for the Homeless, monitors each project annually for performance and compliance. Serious findings not resolved within 30 days, or of particular concern, go to the CoC board, and projects with outstanding findings are not advanced. In the local competition, renewal projects are scored mainly on HMIS (or comparable database) data, including housing placement and retention, income growth, and returns to homelessness, compared with the CoC average; above-average projects score higher. Projects also answer narrative questions scored by two non-conflicted CoC staff or board members. Projects are identified as low performing if they score well below the CoC average or have unresolved findings, and as less needed if they report low capacity, persistent unspent funds, or serve a need no longer reflected in CoC data and priorities. When these projects are identified and new proposals exceed available funding, the CoC board considers reallocating their funds to new, higher-performing projects that address gaps in the CoC plan. When funding is sufficient for all proposals, lower-performing projects are placed in Tier 2 and receive technical assistance.

2. Identified low performing or less needed projects: No. All renewal projects were scored and ranked against one another, and no renewal project was identified as low performing or less needed.

3. Reallocated low performing or less needed projects: No. The CoC did not reallocate any low performing or less needed projects this year. Several agencies voluntarily reallocated funds, through eliminations or reductions, to create new projects better aligned with HUD priorities and their missions. For example, several supportive services only (SSO) projects that previously lacked resources to expand reallocated to create new, service-rich grants that will substantially increase their scale.

4. Why no low performing or less needed projects were reallocated: The CoC's process identified no low performing or less needed projects, and funding was available to advance every proposal received, so involuntary reallocation was not needed.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Wellsky

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide

2A-3.	PIT Count–Methodology Change.	

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

1. Changes to unsheltered PIT count implementation: The Louisville CoC made one change to its 2026 unsheltered PIT count: with a HUD waiver the count was moved from January to February because of extreme cold. A major winter storm struck Kentucky January 24-25, 2026, followed by extreme cold warnings, lows near -3 degrees, wind chills as low as -15 degrees, and temperatures that stayed below freezing into early February. Conducting the count on the originally scheduled date would have put canvassers and people living outside at risk and made it difficult to reach people in encampments. The unsheltered methodology was otherwise unchanged from 2025. Trained outreach workers canvassed assigned areas for up to seven days, collected individual-level data, and held daily check-ins to confirm all assigned locations were reached and avoid duplicate visits. The CoC's Consumer Consulting Board, made up of people with lived experience of homelessness, reviewed survey questions to ensure they were clear and easy to understand. The sheltered count process was also unchanged: all shelters submitted bed stays to the Collaborative Applicant by the deadline, and counts were verified in HMIS, with discrepancies resolved directly with providers by phone or email.

2. Effect on PIT count results: Because the methodology was consistent with prior years, the 2026 results remain comparable to 2025. Louisville's total PIT count decreased 12%, with decreases in both the unsheltered and emergency shelter counts and a small increase in transitional housing. Moving the count out of the extreme cold period helped canvassers safely reach people in their usual locations rather than during a week when many unsheltered people had temporarily moved into warming centers and emergency weather shelter, which could have distorted the sheltered and unsheltered totals. The decrease in unsheltered homelessness is consistent with Louisville Metro Government's encampment data, which showed fewer confirmed and high-risk camps in 2026, and with the housing placements made through new Permanent Supportive Housing.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

Evaluation period: January 1 to December 31, 2025, compared with calendar year 2024, using Louisville Metro Government's Homeless Engagement and Assessment Response Team (HEART) data.

Results: Metro311 encampment reports fell 31% (2,135 to 1,481), confirmed camps fell 30% (1,237 to 870), and high-risk sites fell 86% (104 to 15), continuing a decline from 272 high-risk sites in 2023. With fewer camps to address, sites cleaned fell 50% (431 to 215). In 2025, 92% of sites had fewer than 10 people.

Actions the CoC and its partners took:
1.Rapid identification and assessment: Residents report camps through Metro311. HEART assessors visit each report, on average within 2 days, and use a standard multi-factor assessment of hazards and risks to the site, neighbors, and residents to prioritize the highest-risk camps for outreach, cleaning, or clearing. Camps on private property are referred to Metro Codes and Regulations while HEART provides outreach.

2.Outreach before clearing: The CoC notifies outreach teams and camp residents before clearings. HEART outreach specialists connect residents to IDs, documents, transportation, shelter, and housing assessments, and enter data into HMIS so providers can coordinate care. In 2025, Metro outreach served 1,478 unique clients (up 13%) through 3,734 contacts (up 47%), recorded 1,208 client milestones (up from 198), and provided 1,823 referrals (up from 17). After outreach, 38% of clients entered shelter (up from 29%), 37% completed a housing referral assessment, and 11% entered a housing program (up from 5%).

3. Camp docket: After the Safer Kentucky Act banned public camping statewide in July 2024, the CoC worked with judges to create a monthly camp docket, where providers meet people before court to connect them to housing and recovery. 178 citations were issued in Jefferson County from July 2024 to July 2025.

4. Home for Good: The CoC and Louisville Metro created Home for Good, a citywide campaign to move 250 people from the streets into permanent housing. Metro outreach works with police and downtown ambassadors to identify participants and help with documents and the move into housing. These combined actions reduced the number of encampments while connecting more people living in them to shelter and housing.

2A-4a.	Reduce Encampments—Number of Encampments.	

1. Enter the estimated number of encampments in the beginning of your evaluation period.	90
2. Enter the reduction in the number of encampments during your evaluation period.	9

2A-4b.	Reduce Encampments—Number of People in Encampments.	

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	405
2. Enter the reduction in the number of people in encampments during your evaluation period.	99

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

N/A. Data indicates encampments were reduced in the above July 1, 2024 - June 30, 2025 timeperiod.

2A-5. Reducing the Number of First Time Homeless–CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The Louisville CoC works with prevention providers, including Louisville's network of Community Ministries, the Louisville Urban League, and Neighborhood Place, to identify people at risk of homelessness and track housing outcomes. These partners have allocated over $20 million in prevention assistance. Outcome data shows the leading risk factors for first-time homelessness are income below 30% of AMI, debt greater than one month of expenses, prior evictions, recent job loss, a recent major expense, and changes in family composition. The CoC also reviews national prevention research, participates in National Low Income Housing Coalition eviction calls, and follows HUD best practices.

Strategy 1, targeted prevention: The most effective intervention has been case management paired with flexible emergency funds for households with these risk factors, an approach that reduced newly homeless numbers during COVID. Although prevention funding has been cut in half, the CoC will continue targeting remaining resources to households with the highest-risk factors and tracking outcomes.

Strategy 2, diversion at the front door: The Collaborative Applicant's Coordinated Services and Shelter Access line will identify people at imminent risk through coordinated entry and divert as many as possible from shelter and the streets through problem-solving, family and friend connections, and flexible funds.

Strategy 3, eviction prevention: In 2021, Louisville became the first city in the South to enact a tenant right to counsel, funding the Legal Aid Society to represent low-income tenants facing eviction. In 2024, the program served 607 clients, and 99% of tenants receiving extended representation avoided or delayed eviction. The ordinance was expanded to tenants without children. Louisville also funds eviction court mediation, and eviction courts have extended the time tenants have to apply for rental assistance.

Strategy 4, mainstream systems: The CoC meets quarterly with administrators of mainstream systems, including child welfare, corrections, health care, and behavioral health, to plan discharges and reduce inflow into homelessness. Measuring progress: The CoC will track first-time homelessness through HMIS and System Performance Measure 5 and use prevention outcome data to adjust targeting.

2A-6. Reducing Length of Time Homeless–CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The Louisville CoC evaluated how people move from homelessness to housing and identified two main drivers of long stays: a group of people who remain unsheltered for long periods because they are the hardest to serve, and delays of more than two months between being matched to housing and moving in. The CoC's plan addresses both.

Strategy 1, housing people with the longest histories of homelessness: Home for Good, a partnership of the CoC and Louisville Metro Government, targets people with the longest stays on the streets and stays with them until they are housed, with a goal of housing at least 250 people by December 2027. The city funds partners to provide added mental health and substance use services, and outreach works with police and downtown ambassadors to find and engage participants. The CoC and city also targeted funding to single-site PSH with on-site services for this population, including St. John Center's 80-unit Sheehan Landing and VOA Mid-States' 34-unit The Chancery.

Strategy 2, cutting the time from referral to move-in:
Weekly housing team: Louisville Metro, outreach teams, the CoC, and case managers meet every Friday to review each referral, resolve barriers, and coordinate support for each participant.
- Public housing commitment: Louisville Metro Housing Authority (LMHA) commits 25% of vacant public housing units to people experiencing homelessness, joins the Friday meetings to offer housing options, and provides an expedited application process.
- Landlord navigation: The city hired a landlord navigator who maintains a list of available units so participants can move as soon as they receive a voucher. The Friday team provides transportation to view units.
- Document readiness: Outreach and HEART help participants obtain IDs and verifications before a unit is available, supported by the CoC's successful advocacy for free IDs for people experiencing homelessness.
- Freeing PSH units: The CoC's Move Up partnership with LMHA moves stable PSH participants to Housing Choice Vouchers, opening PSH units for people waiting in coordinated entry.

Measuring progress: The CoC will track time from housing match to move-in through HMIS and length of time homeless through System Performance Measure 1.

2A-7.	**Successful Permanent Housing Placement–Exits to Unsubsidized Housing.**	

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	53.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Reporting period: January 1, 2025 to December 31, 2025.

Universe of projects: The calculation includes all 55 Louisville CoC transitional housing (TH), rapid rehousing (RRH), and permanent supportive housing (PSH) projects entering data in HMIS during the reporting period: 37 PSH, 12 RRH, and 6 TH projects. Emergency shelter, street outreach, and other project types were excluded. These projects served 2,435 people during the period.

How the data was calculated: The Collaborative Applicant, the Coalition for the Homeless, ran an HMIS Annual Performance Report (APR) for all 55 projects for January 1 to December 31, 2025. The APR identified 526 people who exited these projects during the period; this is the universe of people who exited. Using HMIS Data Element 3.12 (Exit Destination), the CoC summed the exits to the - four unsubsidized destinations:
- Staying or living with family, permanent tenure: 75
- Staying or living with friends, permanent tenure: 29
- Rental by client, no ongoing housing subsidy: 175
- Owned by client, no ongoing housing subsidy: 0

Result: 75 + 29 + 175 + 0 = 279 people exited to unsubsidized permanent housing. Dividing 279 by the 526 people who exited equals 53%.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	02/23/2026

2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes

2A-8b.	Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes

2A-8c.	System Performance Measures (SPM) Data–HDX 2.0 Submission Date.	

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	560	54	614	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	451	0	418	92.68%
4. Rapid Re-Housing (RRH) beds	505	91	596	100.00%
5. Permanent Supportive Housing (PSH) beds	2,056	0	2,056	100.00%
6. Other Permanent Housing (OPH) beds	476	46	119	22.80%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	

	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, 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 2,500 characters)

Other Permanent Housing (OPH) is the only project type below 85%. On the 2026 HIC, 119 of 522 adjusted OPH beds (22.8%) were in HMIS or a comparable database. Most beds not in HMIS are Louisville Metro Housing Authority (LMHA) Mainstream and Foster Youth to Independence (FYI) vouchers set aside for people experiencing homelessness. To reach at least 85%, at least 444 OPH beds must be in HMIS, an increase of about 325 beds.

1. Steps the CoC will propose over the next 12 months:
- Offer Training: Provide hands-on HMIS training to LMHA staff on data entry, privacy and client consent, and data quality, and show how HMIS data helps LMHA, including preventing duplicate referrals, reducing returns to homelessness, and meeting HUD reporting expectations.
- Paying for licenses: The Coalition for the Homeless, as the Collaborative Applicant and Louisville administrator of Kentucky HMIS, will provide HMIS licenses to LMHA at no cost.
- Data entry: If LMHA prefers not to enter data directly, the Coalition will enter the data into HMIS using voucher and lease-up information LMHA shares under the agreement.
- Using existing links: Most set-aside voucher holders are referred through coordinated entry and may already have HMIS records, so the CoC will add their OPH enrollments to existing records.

2. How the CoC will implement these steps: The Coalition's HMIS team will meet with LMHA leadership to present the coverage data, agree on an approach (direct entry, Coalition entry, or a mix). HMIS staff will issue licenses, set up OPH projects in HMIS, and complete training for LMHA staff. Depending on the agreed upon approach, the responsible entity will enter current voucher holders' enrollments, starting with FYI and Mainstream, and run monthly data quality reports. The Coalition's HMIS lead staff will oversee implementation of this plan.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	**Supporting Activities within an Opportunity Zone.**	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	**Will the proposed activities/projects occur within Opportunity Zone Census Tracts?**	Yes
2.	**Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?**	No

3A-2	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**

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

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. 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).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1. List of TH/...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f. List of Co...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3. Language fr...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10. Evidence o...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1. Local Compe...	09/28/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c. Local Comp...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b. FY 2026 HD...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP. Your CoC's...	09/28/2026
11. Other	No		

Attachment Details

Document Description: 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: 1C-3. Language from Project Supportive Service Agreements

Attachment Details

Document Description: 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: 1D-1. Local Competition Scoring Tool

Attachment Details

Document Description: 1D-2c. Local Competition Selection Results

Attachment Details

Document Description: 2A-8b. FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP. Your CoC's Policy or Statement to Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/27/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/27/2026
3A. Policy Initiatives	09/27/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

1C-1: List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Included in this attachment:

- List of TH/RRH/PSH Project that answered the following question in an affirmative and appropriately detailed way during the Local Funding Competition:
    - Does this project have on-site substance abuse treatment services available to participants? (Scattered site programs could meet this requirement through groups available to all scattered site participants or Substance Use Treatment professionals that conduct home visits.) If yes, please describe. List any treatment providers you will partner with by name.

KY-501 List of TH/RRH/PSH Projects with On-Site Substance Abuse Treatement

Applicant Name	Project Name	Expiring Grant Number	Project Type	On Site Substance Abuse Treatemnt
Coalition for the Homeless, Inc.	Permanent Supportive Housing for Chronically Homeless	KY0097L4I012517	PSH	Yes
Coalition for the Homeless, Inc.	Scattered Site Stability Vouchers	KY0300H4I012200	PSH	Yes
Coalition for the Homeless, Inc.	Supportive Housing for Chronically Homeless	KY0048L4I012516	PSH	Yes
Coalition for the Homeless, Inc.	FHC Rx: Housing	KY0173L4I012509	PSH	Yes
Coalition for the Homeless, Inc.	Permanent Supportive Housing for Youth and Adults	KY0061L4I012518	PSH	Yes
Coalition for the Homeless, Inc.	Louisville Alliance for Supportive Housing	KY0124L4I012514	PSH	Yes
Coalition for the Homeless, Inc.	Louisville Alliance for Transitional Housing	N/A	TH	Yes
Coalition for the Homeless, Inc.	Collaboriative Transitional Housing	KY0050L4I012518	TH	Yes
Louisville-Jefferson County Metro Government	SPC Louisville TBRA FY26 (KY0068L4I012618)	KY0068L4I012518	PSH	Yes
Louisville-Jefferson County Metro Government	PSH NC I FY26 (KY0130L4I012612)	KY0130L4I012512	PSH	Yes
Louisville-Jefferson County Metro Government	TH-DV	KY0147L4I012511	TH	Yes
Louisville-Jefferson County Metro Government	TH III	KY0174L4I012509	TH	Yes
Society of St. Vincent de Paul, Council of Louisville, Inc.	SVDP Homes on Campus	KY0107L4I012514	PSH	Yes
Society of St. Vincent de Paul, Council of Louisville, Inc.	DV TH/RRH	KY0230D4I012506	TH-RRH	Yes
Society of St. Vincent de Paul, Council of Louisville, Inc.	Waypoint Transitional Housing	N/A	TH	Yes
Society of St. Vincent de Paul, Council of Louisville, Inc.	SVDP Homes with Hope	KY0131L4I012512	PSH	Yes
St. John Center, Inc.	Single Site Permanent Supportive Housing Services	KY0295H4I012200	PSH	Yes
St. John Center, Inc.	Single Site Permanent Supportive Housing	KY0275L4I012502	PSH	Yes
Volunteers of America Mid-States, Inc.	SNOFO	KY0301H4I012501	RRH	Yes
Volunteers of America Mid-States, Inc.	Monarch Station	KY0309L4I012502	PSH	Yes
Volunteers of America Mid-States, Inc.	RRH CoC	KY0140L4I012512	RRH	Yes
Volunteers of America Mid-States, Inc.	RRH Joint	N/A	RRH	Yes
Volunteers of America Mid-States, Inc.	Unity House 2	N/A	TH	Yes
Volunteers of America Mid-States, Inc.	Unity House 1	N/A	TH	Yes
Wayside Christian Mission	Transitional Housing for Unaccompanied Adults	KY0057L4I012518, KY0102L4I012517, KY0303H4I012501	TH	Yes
Wellspring, Inc. (dba Schizophrenia Foundation, KY, Inc.)	Southeast Permanent Supportive Housing	KY0255L4I012503	PSH	Yes
Wellspring, Inc. (dba Schizophrenia Foundation, KY, Inc.)	Wellspring Murray Baxter	KY0059L4I012518	PSH	Yes
Wellspring, Inc. (dba Schizophrenia Foundation, KY, Inc.)	Journey Permanent Supportive Housing	KY0133L4I012513	PSH	Yes
YMCA of Greater Louisville	YMCA Transitional Housing	N/A	TH	Yes
Young Adult Development in Action, Inc.	FY26 YHDP RRH Renewal	KY0219Y4I012506	RRH	Yes
Young Adult Development in Action, Inc.	FY26 SNOFO to TH	N/A	TH	Yes
Young Adult Development in Action, Inc.	FY26 YHDP TH	N/A	TH	Yes
Young Adult Development in Action, Inc.	FY26 Joint Project to TH2	N/A	TH	Yes
Young Adult Development in Action, Inc.	FY26 Joint Project to TH1	N/A	TH	Yes
House of Ruth, Inc	Homes with Heart	KY0053L4I012518	PSH	No
Louisville-Jefferson County Metro Government	The Chancery FY26 (KY0313L4I012602)	KY0313L4I012502	PSH	No
Uniting Partners for Women and Children	Rapid Rehousing and Supportive Services for Those Fleeing or Homeless Due to Domestic Violence	KY0310D4I012502	RRH	No
ZeroV	ZeroV Louisville Rapid Rehousing	KY0277D4I012503	RRH	No

Total Projects:	38
Yes:	34
No	4
Percent Yes:	89.47%

1C-1f: List of CoC Programs and Number of Units that Require Substance Abuse Treatment

Included in this attachment:

- List of TH/RRH/PSH Projects that Require Substance Abuse Treatment and the number of units/beds reserved for that purpose.

KY-501 CoC Program Projects and the Number of Units that Require Substance Abuse Treatment

Applicant Name	Project Name	Number of Units	Number of Beds
Wayside Christian Mission	Transitional Housing for Unaccompanied Adults	25	50
Louisville-Jefferson County Metro Government	TH III	11	12
	Total:	36	62

Supportive Service Agreements for PH-PSH, TH, PH-RRH and Joint TH-RRH projects within the Louisville/Jefferson County COC

Table of Contents

Blueprint 502 Supportive Services Contract

Participation in supportive services is a requirement of this program. These services are intended to help you move toward greater self-sufficiency and independence and may include case management, employment training, educational supports, substance use disorder treatment, mental health and/or other services tailored to support your self-determined goals.

The foundation of supportive services is case management. You and your case manager will work together to identify, prioritize, and evaluate which supportive services will help you move forward toward your self-determined goals.

Your rights and responsibilities as a program participant in Blueprint 502:

You have the right to determine your own personal goals and priorities. Your case manager is your partner and advocate in identifying and supporting your goals. You have the right to change your goals and priorities in order to best move toward greater self-sufficiency.

You have the responsibility to maintain regular contact with your case manager and to participate in supportive services. Continued non-engagement in supportive services puts you at risk of termination from this program.

If you receive a termination notice from this program, you have the right to appeal under the guidance spelled out in Blueprint 502's grievance/termination policy.

Blueprint 502's rights and responsibilities:

Blueprint 502 has the responsibility to make every effort to regularly engage with you within reasonable measures in order to help you obtain and maintain access to supportive services connected to your self-determined goals.

Blueprint 502 has the responsibility to foster partnerships with supportive services in the community, to engage in ethical communication practices, to provide effective referrals and after-care, to evaluate service partnerships for effectiveness regularly, and to advocate for appropriate services with and for you.

Blueprint 502 has the right to terminate your participation in this program if you repeatedly fail to engage in supportive services. All reasonable efforts will be made to accommodate personal circumstances and promote client choice.

Client Signature: _____ Date:_____

Program Staff Signature:_____ Date:_____

FHC PHOENIX PERMANENT SUPPORTIVE HOUSING
CONSENT FOR SERVICE / CASE MANAGEMENT AGREEMENT / GRIEVANCE POLICY / TERMINATION POLICY

HUD funds our housing program to both end homelessness and improve lives. The program is built on the belief that addressing your underlying disabling condition is the key to overcoming homelessness and achieving self-sufficiency. Our Case Management Agreement has the following rules:

- Participation in supportive services is required (examples include: ongoing case management, home visits, peer support, life skills, recovery group, art therapy group, job training, treatment)
- Staff may require completion of substance use treatment or mental health treatment in order to maintain your housing. Failure to complete this treatment may result in program termination.
- Pay rent as required.
- Abide by the terms of your lease.

If you violate any of these rules, you may receive a written Notice of Program Noncompliance. If you are issued three (3) Notices of Program Noncompliance you may be terminated from our program.

General Grievance Policy
If you have concerns about any aspect of your case management assistance, you have the right to file a grievance. If you wish to file a grievance regarding any of these issues, you may request an explanation of how the decision was formulated. If you disagree with the explanation, you may request a grievance hearing.

Termination Grievance Policy
If you are issued a Termination Notice, you have the right to appeal this termination. You will receive a written Notice of Intent to Terminate from Family Health Centers that will provide a clear statement of the reason for termination. This notice will include an appeal form and an addressed, stamped envelope for you to return it in. **If you wish to appeal the termination, this form must be returned within 14 days.**

If you are comfortable asking your case manager or another advocate for help appealing your termination, you may do so. You may also contact Family Health Centers Program Staff for assistance if needed. Your appeal will be reviewed by someone who was not involved in the decision to terminate you from case management. If your termination is upheld after reviewing your appeal form, they will ask you to meet with them in person to discuss your appeal. It is important that you provide up to date contact information with any appeal so staff can contact you during the appeal process. **Please note that if staff handling your appeal are unable to contact you or you miss your appeal hearing, your termination will be upheld.**

You will receive written notice of the final decision. That is, if the termination was upheld or overturned. If a termination is upheld, the Coalition for the Homeless will be notified that you have been terminated from case management. Housing Assistance payments in the amount of your full rent will continue to be made to your landlord on your behalf during the termination and appeal process.

By signing this form, you are stating that you have read this information and accept the terms of the Case Management Agreement.

_____ _____

Client Signature **Date**

House of Ruth
607 E. Saint Catherine Street, Louisville Kentucky 40203
Phone: 502-587-5080
www.houseofruth.net

Case Management Agreement

Permanent Housing programs offered through House of Ruth (HoR), Inc. are designed to assist household members in reaching their maximum level of independence and self-sufficiency.

In addition to subsidized rent, permanent housing programs provide household members case management services and supportive services. The purpose of this agreement between HoR and housing program participants is to define the terms of case management and supportive services to ensure all parties are well-informed as to the expectations associated with a case management relationship.

Permanent Housing program participants are required to continuously participate in Case Management services for the duration of their residency in a House of Ruth, Inc. housing program. Case Managers are available Monday-Friday, 8:45 a.m.-4:45 p.m., or by special appointment as arranged. Case Management participation requires that the client:

- Regularly communicate with their designated Case Manager, which includes office visits, phone conversations and home visits. Frequency of contact will be established on an individual basis but will occur at least once per month. Clients are to provide their Case Manager with 24 hours of advance notice if appointment cancellation is necessary.
- Complete a needs assessment upon program entry and update it with their Case Manager at minimum annually
- Establish with their Case Manager a service plan upon program entry and update at minimum annually based on identified needs
- Report any significant issues, concerns, or changes to current circumstances within seven days with respect to income, tenancy, household membership, and other related issues

Clients who do not participate in case management as outlined above can receive a Notice of Non-Compliance.

Clients are also expected to:

- Comply with federal, state, and local laws.
- Comply with HoR's drug-free campus policy.
- Refrain from harming or threatening harm to HoR staff.
- Attend and participate in any regularly scheduled house meetings.

Clients are strongly encouraged to take advantage of supportive services offered through House of Ruth, Inc. Supportive services are intended to help clients attain their goals and foster greater self-sufficiency. Supportive services include:

- Access to the HoR's Dare to Care food pantry every Friday from 1:00 p.m. to 4:00 p.m.
- Back to school assistance for children under 18
- Access to reduced-cost TARC bus passes
- Assistance to obtain and maintain education, employment, job training, and volunteer work
- Referral by Case Manager for other services offered by community partners as needed

- Specially donated goods or services and other emergency client assistance as need is determined, funding is available and in accordance with federal regulations defining eligible costs

HoR Case Managers will:

- Interact with household members in a manner of dignity and respect, creating an environment that encourages positive growth and success for all in the community
- Collaborate with household members to complete needs assessment, establish service plans and document progress
- Research and provide information regarding community resources available to assist household members in reaching their maximum level of independence
- Provide verbal and/or written notice, at least 24 hours in advance, informing participants of scheduled home visits and/or office visits
- Advocate for and intercede on behalf of participants in circumstances that do not violate professional boundaries

This agreement is effective (1) day from the date of receipt/signature of head of household.
Participant: I understand the above stated conditions and agree to participate in House of Ruth, Inc.'s Permanent Housing program accordingly. I understand case management participation is a required component of Permanent Housing programs and understand the expectations placed on me, as a participant, and on HoR as the provider of case management services. I understand that failure to participate in case management services may result in my termination from case management services which may affect my ability to continue to receive permanent housing through the assistance of House of Ruth, Inc. Finally, I understand I have a right to file a grievance in accordance with the HoR Grievance Procedure if I feel I am not receiving the case management services as defined above.

Participant Signature _____ Date_____

Case Manager: I understand my roles and responsibilities as a Case Manager at House of Ruth, Inc. I agree to provide the aforementioned services in a manner consistent with the expectations outlined above and those befitting of an employee at House of Ruth, Inc. I understand activities required to perform adequate case management services including but not limited to appropriate assessment, service plan development, knowledge of and referral to community resources, thorough documentation of participant progress and advocacy. Finally, I understand Notices of Non-Compliance should be issued for the most severe offenses only, and extensive efforts should be made to intervene in order to avoid any future Notices of Non-Compliance.

Case Manager Signature _____ Date_____

EQUAL HOUSING OPPORTUNITY

House of Ruth, Inc. conducts business in accordance with federal and local fair housing laws. We do not discriminate against any person based on race, color, religion, national origin, disability, age, gender, familial status, or sexual orientation.

LMG Office of Social Services - Housing and Support

CASE MANAGEMENT EXPECTATIONS

I, _____ (Participant) understand that I will be offered case management supportive services from the Louisville Metro Office of Social Services (OSS) Housing and Support division. Participation in Case Management is a requirement for participation in this project. **It is expected that at a minimum of once monthly, you will check in with your assigned Case Manager by telephone, email, or text. It is also expected that a monthly home visit will occur once housed.** Case management services will include, but are not limited to, obtaining housing, maintaining housing, individual visits, home visits, and advocacy. I understand that case management may be conducted in the privacy of my assisted unit. My assigned Case Manager is: _____

(PRINT CASE MANAGER'S NAME)

GUIDELINES FOR SERVICES

1. **Appointments**: To accommodate Case Manager and Participant needs, appointments should be cancelled at least 24 hours (one day) in advance, when possible, to ensure that your Case Manager is able to plan their day accordingly. If an emergency arises and it is not possible to cancel your appointment in advance, please notify your Case Manager as soon as possible.

Confidentiality: All Housing and Support case management Participants are assured of confidentiality. The OSS Housing and Support Release of Information Consent Form signed by you authorizes consent inclusions and exclusions agreement may be revoked, by you, at any time. Permission is not required to report suspected abuse and neglect or harm to self/others and Louisville Metro employees are mandated reporters when abuse, neglect, or harm to self/others is suspected.

2. **Responsibilities**: The goal of case management is to work with on the goals identified on your individualized Annual Service Plan.

MUTUAL EXPECTATIONS

1. We will treat one another with respect.
2. We will call ahead if meetings need to be rescheduled and will make every effort to arrive on time for scheduled appointments/home visits.
3. The Housing and Support Case Management program offers Participants freedom to choose their provider(s) and Case Manager(s) within program guidelines.

CASE MANGEMENT GRIEVANCE PROCEDURE

If an issue arises between the Participant and Case Manager that cannot be resolved between these parties, the Case Management Supervisor will be contacted by the assigned Case Manager to resolve the issue within five (5) business days. If the issue cannot be resolved by the Case Management Supervisor, the Housing and Support Social Service Policy & Advocacy Manager will be consulted for a final determination regarding resolution within five (5) business days. The Case Management Supervisor or Social Service Policy & Advocacy Manager will notify all parties regarding the resolution either in person or by telephone within five (5) business days of receiving the Grievance request.

_____ I agree to inform Case Manager **of ANY & ALL** changes to household within **15 days** as stated on the Housing and Support Obligations of Participants**.**

_____ I understand that supportive services case management will be offered at a minimum of once monthly for Permanent Supportive Housing or twice monthly for HOME TBRA/Rapid Re-Housing.

I have read and understand this agreement and accept case management supportive services from the Louisville Metro Office of Resilience and Community Services Housing & Support Program.

Participant Signature _____ *Date:* _____

Case Manager Signature _____ *Date:* _____

Case Management Supervisor Signature _____ *Date:* _____

Client: _____

HMIS/Client ID #: _____ *Staff: Note here reason unsigned, if applicable*

Program: _____

Case Management File Checklist (6 Sections)

Program/Grant: _____ Lease End Date: _____ CM Re-Cert Date: _____ HMIS ID#: _____

Head of Household: _____ Co-Head: _____

Case Manager: _____ Housing Specialist: _____

**Represents documents obtained from the Housing Specialist*

Section One (Case Management Intake/Re-Certification Documentation)	✓/ N/A	Date/ N/A	Reviewer Authorization
1. Client Information Sheet			
2. Case Management Expectations			
3. Participant Email Acknowledgment and Text Communication			
4. OSS Release of Information			
5. Unite Us Release of Information			
6. Permission, Release, Waiver, and Indemnification Agreement			
7. Mainstream Benefits Checklist			
8. Seven Counties Services Release of Information			
9. DD214 (Veterans Only)			
10. Income Verification (verification of employment, SS/SSI/SSDI Award Letters, Unemployment, Child Support, etc.)			
Section Two (Service Plans & Goals)			
11. Comprehensive Case Management Service Plan(s)			
12. NPI Outcomes Achieved (printed from "view outcomes" in EmpowOR)			
Section Three (Monthly Documents)			
13. Monthly Home Visit Checklist			
14. Updated Proof of Employment Income (if applicable)			
15. Supportive Service Vouchers (copies, if applicable)			
Section Four (Housing Specialist Documentation)			
16. Non-Compliance Letters/Correspondence (if applicable) *			
17. Rent Notification, Utility Reimbursement Notice (if applicable), Housing Assistance Payment Contract, and Residential Lease (intake/re-certification/ relocation only) *			
18. Program Expectations*			
19. Housing Quality Standards Inspection Pass Reports*			
20. HUD Release of Information*			
21. HMIS Release of Information*			
22. Louisville CoC Verification of Homelessness and 3rd Party Documentation* - INTAKE			
23. Louisville CoC Disability Verification (PSH only) * - INTAKE			
24. Signed & Dated Grievance and Conciliatory Conference Information*			
25. Declaration of Section 214 & Citizenship Documentation* - INTAKE/ NEW HH MEMBER			
26. Picture ID for Household Members 18 years of Age and Older* – INTAKE/ NEW HH MEMBER			
27. Social Security Cards for all Household Members & Birth Certificates for all Minor Dependents * - INTAKE/NEW HH MEMBER			
28. Lou-CAT (or previous assessment versions) from Common Assessment Team* - INTAKE			
Section Five (Case Management Letters/Referrals/Documentation)			
29. Case Manager Correspondence (letters, memos, emails – most recent on top)			
30. Case Manager Letter of Introduction			
31. Letter of Case Management Transfer (if applicable)			
32. Application(s) for LMHA/Move Up & Supportive Documentation (**for CoC Rapid Re-Housing, if available**)			
Section Six (Miscellaneous / CoC Match Documentation/ File Review Notes)			
33. Miscellaneous (external correspondence, expenditure documentation, etc.)			
34. Documentation Supporting Sources of Match			
35. Supervisor Notes			

CLIENT INFORMATION SHEET

INITIAL CM INTAKE CONTACT DATE_____ **REVISION DATE_____**

HMIS ID# _____ **FUND SOURCE _____** **TERMINATION DATE _____**

THIS FORM TO BE COMPLETED USING THE CLIENT'S INFORMATION **PLEASE PRINT**

Participant's Last Name_____ First Name_____

Co-Participant's Last Name _____ First Name _____

AKA, Nickname or Maiden Name _____Date of Birth _____

Social Security number _____

Gender (Circle One): Female, Male, Trans Female (MTF or male to Female), Trans Male (FTM or Female to male), Non-Conforming (not exclusively male or female), Do not Know/Refuse

Address _____ Bldg# _____ Apt #_____

City: Louisville State: KY **Zip Code: _____**

Home Phone_____ Cell_____

1. **Marital Status** (Circle One) Single/Never Married Divorced Widowed Married Cohabitating Separated
2. **Race** (Circle One) American Indian/Alaskan Native, Asian, Black/African American, Native Hawaiian or Pacific Islander, White, Don't Know, Refuse
3. **Primary language is**_____

4. Number of minor dependents in the household? _____
   a. Please list name and age of each minor:

1. _____ 2. _____

3. _____ 4. _____

4. Employment Status: Full Time Looking for Work Student Part Time Retired Laid off Unemployed Not Seeking Employment

5. If Employed: Name of Employer_____ Address _____

6. Number of years of education completed by client _____yrs. completed

7. Name of School Client is attending: _____ Status_____

8. Is there current involvement with DCBS/CPS? Yes _____ No _____
Worker's Name _____ Phone No: _____

9. Do you have any past or current criminal charges that may hinder you from obtaining housing in a timely manner? _____

CLIENT INFORMATION SHEET

10. Have you applied/established credit in the past? _____
If yes, are you aware of your current credit score and or history? _____

11. Would you like assistance obtaining and improving your credit score? _____

12. EMERGENCY CONTACT INFORMATION (Names & daytime phone # we can reach in case of emergency)

1._____ Relationship_____ Phone_____

2. _____ Relationship_____ Phone_____

PRIMARY SOURCE OF INCOME? (CIRCE ONE):

Wages/Salary/Self-employed Public Assistance Retirement/Pension Disability Other No income/Support

Do you or any other persons in household receive any of the following?

WAGES ____ No ____Yes $_____per_____ SSI/SSDI ____No ____ Yes $_____per_____

OTHER INCOME ____No ____Yes $_____per____ SNAP (food stamps) ____No ____Yes $ ____/mo

TOTAL **GROSS MONTHLY HOUSEHOLD** INCOME: $_____NUMBER OF PERSONS IN HOME? ___

Please Check All that Apply:

1. MEDICAID/PASSPORT YES_____
2. MEDICARE YES_____
3. INSURANCE (OTHER) YES_____

NOTES:

_____
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_____

OFFICE OF SOCIAL SERVICES

LOUISVILLE, KENTUCKY

CRAIG GREENBERG
MAYOR

PATRICIA WILLIAMS
DIRECTOR

JOSH SWETNAM
DIRECTOR

Participant Email Acknowledgement and Text Communication

The Louisville-Jefferson County Metro Government Office of Social Services (OSS) Housing and Support Case Management Supportive Services division encourages all participants to have email access. As a Housing and Support program participant, you have the right to request that Case Managers communicate with you by electronic mail (e-mail). However, electronic mail has a number of risks that you should consider.

- A response to an e-mail sent between you and your case manager may not be immediate. This means that there could be a delay in receiving a response to an e-mail sent.
- E-mail will not be used to discuss urgent or an emergency situation, do not rely on email to request assistance or to describe the urgent or emergency situation. Instead, you should act as though email is not available to you- and seek assistance by telephone.
- E-mail will not be used to discuss complex subjects. If a long explanation is needed, or if the e-mail string becomes prolonged, a telephone call or scheduled face-to-face discussion will be used.
- Your e-mail message and any and all responses to it will become part of your Housing Support case management record and will be subject to access by others in the Housing Support division.
- **All e-mail communication received by and sent from a Louisville-Jefferson County Metro Government email address is subject to open records.**

To assist Housing and Support Case Mangers with easily contacting you, please provide your email address below:

Participant's Email Address: _____

If you do not have an email address, your assigned Case Manager will help you to set up your own email account that you can access from home, smartphone, or from any public computer, such as the library.

Provide your initials next to each of the following statements:

____ I would like to communicate via e-mail or text message with my case manager

____ I have been given "Important Information about E-mail Communication" and have been given the opportunity to ask questions (this includes text messages).

____ I understand that this authorization and all e-mail/text communication will be filled in my participant record.

____ I agree to follow the guidelines for e-mail and text communication with my case manager and will use email and or text for nonemergency purposes only.

____ I agree to inform my case manager if my e-mail or phone number changes.

____ I do not agree to email or text communication with my Case Manager.

I have read the information regarding email above.

Client Signature: _____ Date: _____

Print full name: _____

OFFICE OF SOCIAL SERVICES

LOUISVILLE, KENTUCKY

CRAIG GREENBERG
MAYOR

PATRICIA WILLIAMS
DIRECTOR

JOSH SWETNAM
DIRECTOR

HOUSING AND SUPPORT RELEASE OF INFORMATION CONSENT FORM

I, _____ (print full name), am seeking services from **Louisville Metro Office of Social Services (OSS)** Housing and Support division for (**check all that apply**) __ myself, __ my family, __ my child. By signing this form, I am giving **Louisville Metro OSS** staff permission to communicate regarding services offered to me and/or my family. I understand that all records and information regarding services will be protected by regulations that govern the exchange of confidential information. I further understand that services may include an assessment of our needs and the development of a service plan to meet those needs.
It is understood that by authorizing the release of such information, it will be used for the sole purpose of providing and enhancing services to me, my family, and/or my child and to avoid duplication between the agencies. The disclosure of information will be limited to staff at OSS and within these organizations and will not be released to anyone else without my written consent.

Government or Private Non-profit Providers

Please initial those agencies you want **excluded**. (***Write in additional agencies you want*** **to add**.)

_____ Ky. Cabinet for Families and Children – Division of Protection and Permanency
_____ Jefferson County Public Schools*
_____ Seven Counties
_____ Ky. Cabinet for Families and Children - Division of Family Support
_____ Louisville Water Company
_____ Louisville Gas & Electric Company*
_____ Louisville Metro OSS*
_____ Landlord*
_____ Louisville Metro Health Department*
_____ Louisville Metro Continuum of Care*
_____ Case Management Agency/Treatment Team*
_____ Louisville Metro auditors*
_____ Louisville Metro Office of Management and Budget*
_____ Other: _____
_____ Other: _____

Please initial the information you wish to have **excluded** ***from this authorization.*** **(Write in information you wish to add to this authorization.)**

_____ The full name and other identification of myself, my family, or my child
_____ Recommendations to other providers
_____ Social and educational history and observations
_____ Medical records and information pertaining to medical history, physical condition, services rendered, and treatments given
_____ Records pertaining to dependency rendered and treatments given proceedings in juvenile court
_____ Medical records and information pertaining to mental health
_____ HANDS records
_____ Other: _____
_____ Other: _____

I have read and understand the contents of this form; I have received a copy and agree to its provisions with the exception of any items I initialed above. This authorization to receive services from the above agencies and to exchange confidential information shall remain in effect for a period of twelve (12) months. I understand that this release may be revoked, by me, at any time if requested, in writing, but understand my records may have been released and re-released to others before I request that this consent be revoked.*

_____ _____
Signature Date

_____ _____
Witness Signature Date

UNITE US

Informed Consent for Participation and Information Sharing

By signing this form, you are agreeing to participate in a network made up of health and social service partners ("The Network") who work together to connect clients with services using Unite Us, a web-based platform. In order to connect you to people/agencies that can help you, we ask you to allow us to share your information with those partners. Your information will be kept confidential and will be used to help you get the services you want. Some partners may ask you to sign another consent or authorization to share your information in order to comply with federal, state, and local privacy and data protection laws, such as federal HIPAA laws.

Please read each statement and sign at the bottom if you agree. I agree that:

- My information may be accessible within Unite Us to-the partners that participate in the Network;
- My information may be shared with agencies, within or outside of the Unite Us platform, to help me get services and to report on the quality of services I have received;
- Service partners and/or Unite Us may contact me by phone, email, text, fax or mail to help me get the services I need and to follow up on my status and experience with those services. I understand that the information sent to me may contain sensitive information which I may not be able to secure when delivered to me via these channels;
- I will not hold Unite Us or any participating partner legally responsible if I do not get services or am unhappy with the services I receive;
- I need to give accurate information about myself and I may ask to change or add to information in my file that is not correct or up to date;
- I may be asked to fill out a survey about my experience with Unite Us and/or a participating partner;
- My information (but not my name or other specific things about me) may be used to improve service;
- I may be enrolled into programs funded by local, state or federal agencies and these groups may contact me for information about the services I receive;
- This consent may be changed and I will be informed if the changes are meaningful. The current consent will always be available at www.uniteus.com/consent;
- I can at any time withdraw my consent and ask that my information not continue

to be shared on the Unite Us platform. Any withdrawal of consent will not apply to information that was already shared before I withdrew my consent;

- If I ask to withdraw my consent, it will take at least one business day for that to happen;
- If I am signing as a personal representative of another person, I affirm that I am legally allowed to sign this release of information for that person;
- If I am under the age to provide consent under appropriate laws, and am not an emancipated minor, a legal guardian, a personal representative or person legally authorized must sign this form on my behalf.

Name: _____ Signature: _____

Date: _____

Personal Representative (if applicable)

Name: _____ Signature: _____

Date: _____

Relationship: _____

OFFICE OF SOCIAL SERVICES

LOUISVILLE, KENTUCKY

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PERMISSION, RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT

1. **PERMISSION:** I, the undersigned, am a Participant in the Louisville- Jefferson County Metro Government Office of Social Services (OSS) Housing & Support division's supportive program.
2. **RELEASE, WAIVER, AND IDEMNIFICATION:** In consideration of the Louisville-Jefferson County Metro Government Office of Social Services (OSS) Housing & Support division's supportive program allowing me to participate in supportive services, I hereby waive and release Louisville- Jefferson County Metro Government, its officers, agents, employees, and volunteers from any and all claims or causes of actions for injury, damage or loss to my person or property during my participation in the Event. I further herby agree to indemnify, hold harmless and defend Louisville- Jefferson County Metro Government, its officers, agents, employees, and volunteers from any and all losses, claims, or causes of action for injury, damage, or loss in any way relating to or arising from any incidence occurring during the Event. This Waiver and Release is intended to be an express waiver of and release from any and all claims against Louisville- Jefferson County Metro Government, its officers, agents, employees, and volunteers arising from the Event, including all claims or causes of action based on the alleged negligence or gross negligence of Louisville- Jefferson County Metro Government, its officers, agents, employees, and volunteers.
3. **I EXPRESSELY AGREE:** that this permission, Release, Waiver, and Indemnification Agreement shall be interpreted as releasing Louisville- Jefferson County Metro Government, its officers, agents, employees, and volunteers from all liability and claims to the fullest extent allowable by the law in Kentucky.

I, _____ acknowledge receipt of a copy of this disclosure form.
(Printed Name)

_____ _____
(Signature) **(Date)**

OFFICE OF SOCIAL SERVICES

LOUISVILLE, KENTUCKY

CRAIG GREENBERG
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DIRECTOR

DISCUSSION AND REFUSAL TO SIGN PERMISSION RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT/ REFUSAL OF TRANSPORTATION

1. Participant's Name _____ I am being provided this information and refusal form so I may fully understand the consequences of my refusal. I have been provided with enough information to make a well-informed decision regarding the Permission, Release, Waiver, and Indemnification Agreement.

2. I understand that refusal to sign the Permission, Release, Waiver, and Indemnification Agreement acknowledges my understanding that I may not be transported at any time or for any reason by Louisville- Jefferson County Metro Government Office of Social Services (OSS) Housing & Support, its officers, agents, employees, and volunteers.

3. I have had an opportunity to ask questions about how this refusal will affect Case Management Services provided by Louisville- Jefferson County Metro Government Office of Social Services (OSSS) Housing & Support.

4. I also understand that by signing below I am only Acknowledging Refusal to Release. Waiver, Permission, and Indemnification Agreement.

Signed: _____ Date: _____
(Participant)

Signed: _____ Date: _____
(Case Manager)

Signed: _____ Date: _____
(Supervisor)

MAINSTREAM BENEFITS CHECKLIST

Client Name: _____

Client HMIS Number: _____ Intake Date: _____ Update Date: _____

Case Manager: _____

Mainstream Resources	Already Receives? Yes/No N/A	Eligible? Yes/No/ Don't Know N/A	Application Date	Outcome	Notes/Comments
KTAP					
SSI					
SSDI					
FOOD STAMPS/SNAP					
JOB TRAINING EMPLOYMENT					
MEDICAID					
MEDICARE					
VETRANS HEALTH CARE					
WIC					
MENTAL HEALTH CARE					
SUBSTANCE ABUSE TREATMENT					
DCBS					
LIHEAP					

AUTHORIZATION TO DISCLOSE INFORMATION

1. I, Client Name: _____ Social Security Number: _____

Date Of Birth: _____ Health Record ID#: _____

authorize the use and disclosure of the listed individual's health information as described below. I understand that I need not sign this form in order to assure treatment. I understand that I may inspect or copy the information to be used or disclosed.

2 **a. Disclosures by Seven Counties Services**

☒ **FROM** (List address of office)
Seven Counties Services (SCS)
708 Magazine Street
Louisville KY 40203
502-589-8926 fax 502-585-4218

☒ **TO** (Full name and address of individual or agency)
Louisville Metro Office of Resilience and Community Service (RCS)
701 W Ormsby Avenue Suite 102
Louisville KY 40203
502-574-4377

b. Disclosures to Seven Counties Services

☒ **TO** (List address of office)
Seven Counties Services
708 Magazine Street
Louisville KY 40203
502-589-8926 fax 502-585-4218

☒**FROM** (Full name and address of individual or agency)
Louisville Metro Office of Resilience and Community Service (RCS)
701 W Ormsby Avenue Suite 102
Louisville KY 40203
502-574-4377

3. I understand that the purpose of this disclosure is for:
☒Use in future treatment
☒ Other (specify) communication regarding service coordination offered by RCS with treatment provider SCS
Please Call ___502-589-8926_ if there will be a charge for this information.

4. The type of information to be used or disclosed is as follows: (include dates where appropriate)

☐ Initial Evaluation
☐ Medical/Physical History
☐ Psychiatric Evaluation
☐ Laboratory Tests
☐ History/Psychosocial
☐ Treatment Plan
☐ Medication History
☐ Treatment Progress
☐ Discharge Summary
☐ Alcohol and Other Drug Use, Abuse, and/or Treatment Information
☐ Treatment Information which may include Human Immunodeficiency Virus (HIV) Infection, Acquired Immunodeficiency Syndrome (AIDS), or Tests for HIV.
☐ Other: _____

5. Any person, insurer or third party who receives mental health or chemical dependency client information is prohibited by KRS 304.17A.555 from redisclosing that information without specific written consent of the patient. However, Seven Counties Services cannot prevent the redisclosure by the recipient, and the potential exists that information disclosed pursuant to this authorization will be redisclosed and no longer protected by HIPAA.

6. If the information being requested is from an alcohol or drug treatment case **42 C.F.R. Part 2, Confidentiality of Substance Use Disorder Patient Records** applies: This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any substance use disorder patient.

7. I understand that I have a right to revoke this authorization at any time. To revoke this authorization, I must do so in writing and present my written revocation to the health information management personnel. I understand that the revocation will not apply to information that has already been released in response to this authorization or information disclosed for the purpose of receiving reimbursement from a third party payer.

8. Unless otherwise revoked, this authorization will expire one year from date signed _____
or after the following event has occurred or condition has been met Duration of Treatment.

_____
Client / Personal Representative Signature Date

Personal Rep's Authority ☐ Parent ☐ Spouse ☐ Adult Child
☐ Other _____

_____
Staff Witness / Verification Date

☐mail ☐fax processed by _____ date_____

REVOCATION OF AUTHORIZATION My signature in this space indicates that I have revoked this authorization to disclose form, and from this date information may not be release to the entity listed above without my resigned authorization. **Signature** _____ **Date** _____

St. Vincent de Paul Louisville

Phone: 502-584-2480
www.svdplou.org

Supportive Services Agreement

St. Vincent de Paul Louisville's (SVDP) housing programs are designed to assist participants reach their maximum level of independence and self-sufficiency and improving long-term housing stability through case work and customized supportive services.

The purpose of this Supportive Services Agreement (SSA) is to define the requirements to participate in supportive services and ensure all parties are well-informed of the requirements. All program participants are required to meet with SVDP staff to create a customized service plan to participate in 20 hours of weekly supportive services (and/or employment). The hourly requirements may be adjusted pending a verified employment schedule. Participants who are 62 years of age and older or meet disability eligibility may not be required to meet hourly services obligations. Hourly services may include a combination of:

- Intensive case management - either bi-weekly or monthly - depending on the need of the household as determined by the intake assessment and service plan.
- Weekly individual and/or group counseling sessions hosted on campus by our Mental Health and Substance Use team. A variety of dates/times are available throughout the week and weekend to provide flexibility.
- Referrals and participation in external treatment programs if identified as a significant need through the needs assessment.
- Case conferencing with housing and employment navigators
- Employment readiness and/or job training, including an intensive employment bootcamp opportunity through a partnership with Goodwill KY.
- Working with a Housing Specialist to create a housing plan for exiting the program to a positive housing destination.
- Verified educational hours.
- Verified employment hours.
- Verified volunteer hours.

Regular communication with designated Case Manager includes office visits, phone conversations, and home visits. SVDP staff are available Monday-Friday, 9 a.m.-5 p.m., or by special appointment as arranged. Other times may be made available specifically for mental health groups as scheduled by the MHSU team. Frequency of contact will be established on an individual basis but will occur, at a minimum, once per month. Participants are to provide 24 hours of advance notice if appointment cancellation is necessary.

In addition, participants are also expected to:

- Comply with federal, state, and local laws.
- Comply with SVDP's drug-free campus policy.
- Refrain from harming or threatening harm to SVDP staff.
- Attend and participate in any regularly scheduled house meetings, as applicable.

Additional wraparound services are available and include:

- Daily lunch and dinner at the Open Hand Kitchen (Noon and 5PM). DV on site participants will have meals delivered to facility;
- Groceries at the SVDP Food Pantry every Tuesday and Thursday from 9AM to Noon;
- Holiday assistance for children 17 and under through Santa Shop;
- Life skills classes offered on campus;

- Referrals to AA/NA meetings offered;
- Access to reduced-cost TARC bus passes purchased through the Coalition for the Homeless; and
- On-campus computer access.

SVDP staff will Interact with participants and their family in a manner of dignity and respect creating an environment that encourages positive growth and success including:

- Collaborating with household members to complete needs assessment, establish service plans and document progress;
- Research and provide information regarding community resources as well as provide effective referrals and after-care, to evaluate service partnerships for effectiveness regularly;
- Provide written notice, at least 24-hrs in advance, informing participants of scheduled home visits and/or office visits;
- Provide appropriate notice, at least five business days in advance, for other activities pertaining to the particular housing program including house meetings, life skills classes, and community events; and
- Advocate for and on behalf of participants in professional circumstances related to housing and/or other pertinent matters

Participants who do not meet the requirements of this SSA or violate the terms of the lease or occupancy agreement will receive a letter of non-compliance. Three letters of noncompliance will result in termination from SVDP programs and assistance. Per Termination and Grievance procedure, participants may appeal any non-compliance or termination by written request.

***Participant*:** I understand the requirements above and agree to participate in SVDP's housing program accordingly. I understand 20 hours of supportive services participation is a required component and understand the expectations placed on me, as a participant, and on SVDP as the provider of services. I understand that failure to participate in 20 hours of weekly services requirement will result in termination from SVDP's housing programs. Finally, I understand I have a right to file a grievance in accordance with the SVDP Grievance Procedure if I feel I am not receiving the services as defined above.

Participant's Name: _____

Participant's Signature:_____Date:_____

***Case Manager*:** I understand my roles and responsibilities as a Case Manager at St. Vincent de Paul. I agree to provide the aforementioned services in a manner consistent with the expectations outlined above and those befitting of an employee at St. Vincent de Paul. I understand activities required to perform adequate case management services including but not limited to appropriate assessment, service plan development, knowledge of and referral to community resources, thorough documentation of participant progress and advocacy. Finally, I understand Notices of Non-Compliance should be issued for the most severe offenses only, and extensive efforts should be made to intervene in order to avoid any future Notices of Non-Compliance.

Case Manager's Name: _____

Case Manager's Signature:_____ Date:_____

St John Center Permanent Supportive Housing (PSH)
Program Agreement

This agreement describes the St John Center Permanent Supportive Housing (PSH) and outlines the partnership between you and St. John Center.

The scattered-site PSH program provides long-term housing with an array of supportive services to people with disabilities who have experienced homelessness. The goal of PSH is to help you maintain housing stability. Our approach is client-centered, trauma-informed, strength-based, recovery-focused, and designed to support your well-being and self-determined goals. You will work with your case manager to choose the services that best support your needs.

PSH participants must be willing and able to live independently. If you are unable to live independently, we will work with you to advocate for the most appropriate housing available to you that you desire. We do not provide medication management, nor do we ever seclude or restrain program participants. St John Center staff are mandated reporters. Mandated reporters have an individual duty to report known or suspected abuse or neglect relating to children, elders, or dependent adults.

We recognize that, for people with substance use disorder and/or severe mental illnesses, safety, recovery and wellness are essential elements of long-term stable housing. As a HUD funded program, St John center does not operate a safe consumption or injection site, and we do not distribute drug paraphernalia. Illegal drug use/or distribution, and other criminal activity that violates your lease can result in termination from the PSH program.

As a PSH participant you will receive:

- Subsidized rent for **an apartment**. The rent you pay will be 30% of your income.
- Furniture for your apartment, as well as other **essentials needed at move-in.**
- **Case management** to help you maintain housing stability. Case management services include:
    - Comprehensive strengths and needs assessment
    - Housing stability action-planning based on self-determined goals
    - Support with daily living activities as needed
    - Support maintaining compliance with your lease, including conflict resolution, mediation, and eviction prevention planning as needed
    - Connections to financial coaching and services, legal assistance, educational opportunities, and employment services to help you increase your income, access benefits (SSI/SSDI, SNAP, Medicaid), manage your resources, and achieve your goals.
    - Advocacy and service coordination, as needed, to obtain necessary documentation and navigate community resources

    - Transportation assistance as eligible
- **Connections** to community-based services to support your physical and emotional well-being, including:
    - Clinical and peer-based mental health assessment and treatment services
    - Clinical and peer-based substance use disorder assessment treatment services
    - Medical services
    - Social enrichment activities such as field trips and holiday celebrations.

You have the right to:

- Be treated with **dignity and respect.**
- Receive support **free of discrimination**.
- **Choose your own housing**, provided the housing unit and lease terms meet all requirements of your housing voucher program.
- Determine **your goals and priorities**. Your case manager is your partner and advocate in your transition from homelessness to housing stability. You have the right to disagree with your case manager. You may adjust your goals and priorities at any time.
- **Choose** mental health and substance use recovery treatments that support your self-determined housing stability goals. We value your well-being and recovery. We will support you in obtaining and participating in faith-based, peer-based and/or clinical services that align with your values and goals.
- Decide who and what you allow in **your home**, provided you are in compliance with the terms of your lease, the program agreement, and all applicable laws.
- **Confidentiality**. Any personal information you share with us will only be shared with your written consent, except when. required by law, or when necessary for safety or emergency response. You may withdraw consent at any time.
- Be **notified of changes** in program policy and rules that could affect you, your housing, and/or other services provided by the program.
- You have the right to **make complaints and report grievances** with the program without repercussions. Complaints will not result in the termination of your housing or any other services. When making a complaint, you may request that your name not be disclosed to staff members.

You have the responsibility:

- To pay 30% of your income (wages, SSI, SSDI, retirement benefits, etc.) as **rent.** Failure to pay your rent portion can result in termination from PSH.
- To abide by the terms of yo**ur lease**. Lease violations can result in termination from PSH.
- To engage in case management. **You are required to maintain regular contact with your case manager and attend all scheduled case management appointments**. At a minimum, you must meet with your case manager once each month. Failure to maintain monthly contact or repeated

failure to attend scheduled appointments will result in termination from the PSH program, subject to applicable program requirements and termination procedures. You have the right to choose your own housing, provided the housing unit and lease terms meet all requirements of your housing voucher program.

- To **reside** in your housing. If you are incarcerated or vacate your housing for any other reason for a period of 90 days or longer, your housing can be terminated.

Your case manager can help you fulfill these responsibilities.

By signing below, I acknowledge that I have reviewed my rights and responsibilities as a participant in this program with a staff member and that I have been given the opportunity to address any questions or concerns I have with them. I understand the PSH program and will comply with this program agreement as written.

Client Name: _____

Client Signature: _____ Date: _____

Staff Member Name: _____

Staff Member Signature: _____ Date: _____

UP for Women and Children 425 S. Second St, suite 100
Louisville, KY 40202 •Phone (502) 384-0001 •https://www.uplouisville.org/

Case Management and Supportive Services Agreement

Housing programs at Uniting Partners for Women and Children (UP) are designed to help families move into stable, permanent housing as quickly as possible. In addition to subsidized rent, participants in the program receive case management and support services. This agreement explains the rights and responsibilities of both the participant and UP to ensure everyone understands the expectations.

Housing participants are required to participate in Case Management services for the duration of their residency in an UP housing program. Case Managers are available Monday-Friday, 8:30 a.m. to 4 p.m., or by special appointment. If you require assistance outside these hours, please refer to the emergency contact sheet that has been provided to you. You may also request an appointment and your case manager will coordinate something to the best of their abilities.

Client Rights and Responsibilities:

- **Goals and priorities:** Participants have the right to determine their own personal goals and priorities with the Case Manager assisting, as an advocate, to help best move you towards self-sufficiency.
- **Regular Communication**: Participants have the responsibility to maintain regular meetings with the Case Manager, including phone calls, office visits, and home visits. At first, this might happen several times a week. After that, it will be at least once a month. If you need to cancel an appointment, give 24 hours' notice.
- **Non-Compliance**: Participants have the right to appeal under guidance spelled out in UP's grievance / termination policy if you receive a termination notice from this program.
- **Needs Assessment:** Participants have the responsibility to work with the Case Management to complete a needs assessment and update it at least once a year.
- **Service Planning**: Participants have the responsibility to create a service plan and other necessary assessment tools when you start and update it based on your needs.
- **Report Changes**: Participants have the responsibility to report any big changes, such as changes in income, housing, household members, or safety concerns, within seven days.
- **Non-Compliance**: Participants have the right to appeal under guidance spelled out in UP's grievance / termination policy if you receive a Notice of Non-Compliance for not following the rights and responsibilities.

Both Client and Case Manager will:

- Follow federal, state, and local laws.
- Refrain from any harmful or threatening behavior to keep all parties involved safe
- Attend and participate in any regularly scheduled meetings

UP Case Managers rights and responsibilities:

- UP will treat everyone with respect and dignity to provide a positive environment.
- UP will make every effort to regularly engage and offer supportive guidance for your self determined goals.
- UP will work with the household members to complete needs assessment, establish service plans for supportive services and track the progress towards self sufficiency
- UP will research and provide information on community partner resources, while also continuing to offer regular access to partner providers at the UP Day Shelter, helping you to become more independent
- UP has the responsibility to let you know 24 hours in advance about scheduled visits, whether at your home or in the office, unless there has been repeated failure from the participant to engage in supportive services.
- UP has the responsibility to advocate on behalf and with participants in agreed on circumstances and within professional boundaries.
- UP incorporates all applicable protections, rights, and responsibilities outlined in the Violence Against Women Act (VAWA). The Organization strictly complies with HUD VAWA regulations to ensure confidentiality, safety, and equal access to services for all program participants

This agreement starts the day you sign it. By signing, you agree to follow the rules of the UP housing program and participate in case management. If you don't, you may lose your case management services, which could affect your ability to stay in the program. You also have the right to file a complaint if you feel you are not receiving the services you are supposed to.

Participant Signature _____

Date _____

Case Manager Signature _____

Date _____

Uniting Partners for Women and Children
425 S. 2nd St, Suite 100 Louisville, KY 40202
•Phone (502) 384-0001 •https://www.uplouisville.org/

Phases for Housing Supportive Services

Phase 1 Focus Areas (From Intake through 3 months)

	FREQUENCY: Monthly Case Management contact (2x in person and 2x via phone) until program exit;
	Meeting basic needs (shelter, food, clothing, health, etc.)
	Securing identifying documents (ID, SSN card, birth certificates) that may be required.
	Securing transportation
	Securing childcare (as needed)
	Securing income through employment and/or benefits
	Secure health insurance
	Identifying local resources for ongoing client support; such as food pantries, diaper banks, social supports, or other vital supports.
	Completing necessary intake, Self- Sufficiency Matrix, Needs Assessment, SMART goals, Release of Information (ROI) and any additional paperwork
	Address financial concerns and connect client to community partners for financial wellness programming
	Assess financial status while validating their needs, using a client-centered approach: gather income/expense data through standard documentation (pay stubs, benefits letters) for baseline/monitoring.
	Find an appropriate, affordable housing unit
	Identify an alternative housing strategy if the original strategy is not working

Phase 2 (Months 3-6)

	FREQUENCY: Monthly case management contact (2x in person and 2x via phone)
	Identifying required documents or income support following
	Continued follow up on transportation, childcare (as needed) and income changes
	Securing income (employment, benefits) working with collaborative partners Assessing job training or education needs and connecting client with resource options Connecting with healthcare providers to address physical and mental health concerns; ROI needs
	Identify any legal issues and connecting to resources
	Identify and enroll in financial literacy programming

Phase 3 (Months 6-9)

	FREQUENCY: Monthly Case Management contact(2x in person and 2x via phone)
	Housing Retention Plan that identifies strengths, barriers (low income, credit), and attainable income goals

	Continued follow up on transportation, childcare (as needed) and income changes
	Following up on resources provided for clients income (employment and/or benefits)
	Updated Self-Sufficiency Matrix to assess domain improvements or changes
	Following up on needs and create case plan not listed in previous phases
	Connecting with healthcare providers to address physical and mental health concerns
	Resolving any outstanding debt with service providers in community
	Fix any legal issues with referred resources from Case Manager

Phase 4 (Months 9-12)

	FREQUENCY: Monthly Case Management (2x in person and 2x via phone)
	Continued coordination of support with client and Checking account
	Ensure client has active savings account
	Create budget to save 40-50% income or confirm it with financial wellness partner
	Ensure any outstanding debt that could affect housing eligibility is paid off

	Secure transportation
	Secure childcare (as needed)
	Continued coordination of income through employment and/or benefits
	Continued collaboration for job training or education with community partner
	Connect with healthcare providers to address physical and mental health concerns

Phase 5 (Program Exit)

	Complete aftercare plan, updated matrix and provide any needed signatures for closure
	Complete any lease agreement obligations as originally proposed
	Complete exit summary with Case Manager

Client Signature _____

Date _____

Case Manager Signature _____

Date _____

VOA Family Stabilization Program
Clients Rights and Responsibilities

The following is a summary of the Client Rights and Responsibilities of Family Stabilization Program (FSP).It is the policy of the FSP that this document be displayed in a public place and available to all clients. Normal office hours are scheduled 8:30a.m–5:00p.m., Monday through Friday. For added convenience for counseling clients, evening appointments may be scheduled on request. For other services, please ask your service provider for service hour availability. For the purpose of clarity, the use of "PHI" in this document stands for protected health information.

Client Rights

1. You are a partner in developing your service plan. You will need to indicate approval of the service plan and any revisions to the plan. Evidence of your approval will be your signature on the service plan. You have the right to receive individualized service/treatment. Participants have the right to revise service/ treatment services at any time.

2. You have the right to protection of confidential information in accordance with FSP policies on confidentiality and privacy of health information. You are guaranteed confidential service according to the following principles: (i) you are the primary source of information; (ii) within the organization, information about you will be shared only with those who have a need to know and only when sharing of information is necessary for service delivery; and (iii) other organizations or professionals will be given information only with your express written permission. **Exceptions to these principles include professionals conducting audit reviews, field supervisors from accredited academic programs, representatives from accrediting bodies, and authorities where a legal report is mandated by law as in cases of suspected child abuse or neglect, domestic violence, elder abuse or threats of violence to self or others. For training or teaching purposes, your PHI will be disclosed only with your written authorization.**

3. You have the right to an accounting of disclosures of your PHI and to object and to restrict the use or disclosure of your PHI.

4. You have the right to revoke in writing any authorization for the use or disclosure of your PHI.

5. If there is a breach of your unsecured PHI, we are required to notify you in writing of this breach, including what happened and what you can do to protect yourself.

6. You have the right to access your records unless deemed harmful or prohibited by law and to amend information or statements in your records according to FSP policies and procedures. These policies are available upon request.

7. You have the right to be informed in advance of FSP discontinuance of service and the reasons for the decision FSP can determine if services are no longer appropriate if instructed by VOA, the housing specialist and/or housing subsidy/grant payee.

8. You have the right to fair and equitable treatment and not to be discriminated against by reason of race, age, sex, color, religion, disability, national origin, ancestry, sexual orientation, gender identity or veteran status. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex, gender identity veteran status or religion by a health care or human services provider (such as a hospital, nursing home, social service agency) or by a State or local government health or human services agency, you may file a complaint with the Office for Civil Rights (OCR). You may file a complaint for yourself or for someone else.

Updated 3/31/21

9. You have the right to register complaints about any aspect of service provided by FSP. Any complaints should be first discussed with your service provider or their supervisor and, if necessary, the Program Director. If you are dissatisfied with the response, you may file a formal written complaint. The procedure for filing a formal complaint is available upon request from the Program Director. Should you file a complaint, you have the right to a copy of the problem resolution procedure and a written response to the complaint.

10. In order to improve our services to clients, FSP may conduct research on our service plan methods and outcomes. When records are used to gather information, no individually identifying information will be published or disclosed. If the research involves direct client participation, you will have the right to refuse to participate. Refusal to participate will in no way affect the quality or continuation of service to you.

11. You have the right to a presentation of these rights and responsibilities, FSP policies and procedures, and your service plan communicated to you in your primary language in either oral or written format, whichever is most appropriate.

12. You have the right along with other family members to participate in decisions regarding services provided. It is the policy of FSP that all individuals have the right to be treated with dignity and positive approaches in addressing behavioral and mental health difficulties. Law enforcement will be contacted at any time an individual is showing behavior that could immediately harm themselves or others.

Client Responsibilities

1. You are asked to collaborate in goal planning and in the development of your service plan, and to provide a signature indicating your agreement with any service plan made.
2. Continual engagement with your service plan is required as a condition of the participation in the program.
3. You have the responsibility to attend all home visit and office appointments as scheduled. It is your responsibility to provide cancellation notice at least 24 hours prior to the appointment or you may be documented with a noncompliance. Failure to attend appointments or give required notice of cancellation may result in a noncompliance notification to your Housing Specialist.
4. You are required to conduct yourself in a safe manner, which includes not bringing weapons on the premises.
5. You are required to keep confidential any PHI you may encounter within the operations of FSP.
6. You may be asked to participate in FSP evaluation of services which includes an analysis of statistical information and follow-up contact with you regarding the effectiveness of services provided. Information is summarized in order to protect your identity. Your refusal to do so will not affect the quality of services offered to you. Should you decline to participate in such evaluation of services, please notify your case manager. Participation in program evaluation is optional and not a requirement to receive assistance. .

Consent: I give permission to receive services provided by FSP and acknowledge that I have read and understand these Client Rights and Responsibilities and may request a copy of the FSP Notice of Privacy Practices. I understand that if I do not sign this document I cannot receive any services from FSP.

Client's Signature _____ **Date** _____

Client's Signature _____ **Date** _____

Witness _____ **Date** _____

Updated 3/31/21

Volunteers of America
Case Management and Services Agreement

1. I, _____, a participant in _____ understand that my participation and benefits are a result, in part, of a Continuum of Care program grant. These benefits include financial assistance with my rent through funding by the United States Department of Housing and Urban Development (HUD) and case management. I understand that participation in case management is required as a condition of my participation in the program. I understand the goal of the project is to increase the potential of my family to live independently and I will work with my case manager to set and achieve specific goals that I think will improve my life. These goals may include increasing income; attending appointments for services my case manager refers me to and attaining money management skills.

2. I understand that my case manager should not be my first call during an emergency. If I feel like I need to go to a hospital or seek emergency services, I will call 911 or the Hope Now Hot Line at 502.589.4313 or 1.800.221.0446. Examples of emergencies in which 911 or Hope Now should be called first include being assaulted (including domestic violence) or feeling like I am going to hurt myself or someone else. I understand that my case manager should be informed of these emergencies or crisis after I have accessed emergency services and during regular business hours.

3. I understand that my case manager's regular business hours are:

_____

_____

_____

_____

4. Non-compliance with the program may result in termination. Non-Compliance with the program is defined as any of the following:

a. Unit Desertion while receiving rental assistance from VOA

b. Violation of Client Rights and Responsibilities

c. Repeated or serious breaches of the lease with the landlord

d. Violation of the program's occupancy agreement (as applicable)

e. Violence or threats of violence towards staff or landlord

f. Head of household being incarceration from 90 days for more while in program g.

Moving outside of the designated service area

h. Providing fraudulent information regarding eligibility

i. Participant does not receive an annual assessment of needs

j. Participant does not provide all required documentation to verify program eligibility initially and as changes occur

5. I understand and agree that safety is extremely important. I agree to ensure that the environment and behaviors of all individuals involved will be safe during meetings with the case manager. This includes not carrying weapons during case management. I understand that either I or the case manager can cancel/discontinue a visit if we feel unsafe.

If you are found to be out of compliance with this agreement, you will be notified in writing and may be terminated. In addition, you can be terminated immediately for any of the following:

a. Inappropriate behavior toward your case manager, other clients, residents or neighbors and program staff, including but not limited to racist, sexist or otherwise abusive language; stalking; aggressive behavior; or sexual harassment.

b. Threats of violence toward program staff or your landlord

c. Physical violence or criminal behavior witnessed by program staff or your landlord d.

Violence or intimidating behavior toward your case manager or other program staff e.

Termination from the Permanent Supportive Housing program.

f. Voluntary Discharge from the Program

g. Death of the head of household

You can appeal your termination from services through the Client Grievance process.

If you believe you have experienced housing discrimination because of race, color, religion, national origin, disability, or sex, including discrimination because of gender identity, contact 1- 800-669-9777 or file a written complaint with HUD at: www.hud.gov "file a discrimination complaint". Persons who are deaf, hard of hearing, or have speech impairments may file a complaint via TTY by calling the Federal Information Relay Service at (800) 877-8339.

_____ _____ Case

Manager Signature and Date Client Signature and Date

STATEMENT OF RIGHTS AND RESPONSIBILITIES

Rights of Residents:

- √ Residents have the right not to be discriminated against on the basis of race, sexual orientation, national origin, gender, religion, or disability.
- √ Residents have the right to dignity, respect, and self-determination
- √ The privacy of all Residents will be respected by staff and other Residents.
- √ Residents may exercise their rights as a citizen (voting, jury duty, etc.).
- √ Residents' case records will be confidential. The information obtained in the course of professional service will be held in confidence. In some cases the shelter may be compelled by law to reveal information to designated authorities. *(Review Service Agreement on Reporting)*
- √ Residents have the right to be free of fear, physical or verbal abuse, sexual exploitation, degrading punishments, or any other ill treatment.
- √ Residents have the right to request reasonable accommodations, including the provision of informational material in alternative format, according to the Americans with Disabilities Act. Upon request, resident accommodations will be provided for qualified individuals with disabilities. Language translators will be provided upon request.

Responsibilities of Residents:

- √ Residents are responsible for asking for help and will be supported by staff to improve their current situation. √ No illegal drugs, alcohol, fighting, or weapons are permitted on the grounds of the shelter.
- √ Residents must respect the safety of staff and other residents.
- √ Residents may not deface the property of the shelter or that of other guests.

Relationship between Resident and Shelter:

- √ Grievance procedures are clearly posted in the shelter in order for residents to discuss their concerns or make suggestions to staff. Residents may file a grievance according to shelter rules and procedures without fear of repercussion. After following the shelter's grievance procedure, residents may file a written grievance with The Coalition for the Homeless, Inc..
- √ All rules are given to each resident. Residents must abide by all written rules of the agency to continue to receive services. If a rule is changed, residents will receive a 24 hour notice.

I have read and understood my rights and responsibilities as a Resident any questions that I had on above items was written below and have been addressed by staff.

Do you have any questions concerning your rights and responsibilities as a Resident? Yes ☐ No☐ **If you answered YES, please list your concerns/questions on the back of page**.

Resident Name: _____ DATE _____

Case Manager: _____ DATE _____

Minor Name: _____ Guardian Signature: _____ DATE: _____
Minor Name: _____ Guardian Signature: _____ DATE: _____
Minor Name: _____ Guardian Signature: _____ DATE: _____
Minor Name: _____ Guardian Signature: _____ DATE: _____
Minor Name: _____ Guardian Signature: _____ DATE: _____
Minor Name: _____ Guardian Signature: _____ DATE: _____

Unity House 1 & 2 Transitional Housing Programs

Occupancy & Rent Certification Form

Agency Name: _____
Program: ☐ Unity House 1 ☐ Unity House 2
Program Address: _____

Participant Information

Participant Name (Head of Household): _____
Date of Birth: _____

Household Members Approved for Occupancy:

Name	Date of Birth	Relationship	Approved to Occupy (Y/N)

Unit Information

Unit Address: _____
Move-In Date: _____

Term of Occupancy & Non-Renewal

The Unity House Transitional Housing placement is established for an initial **minimum term of one (1) month** beginning on the participant's move-in date. After the initial term, occupancy continues on a **month-to-month basis** contingent upon program eligibility, compliance with program expectations, and available funding. The tenant may choose to vacate at any time. Either the participant or the agency may elect not to continue occupancy following any month by providing a written **Notice of Non-Renewal** in accordance with HUD procedures.

If a participant demonstrates behavior that presents an immediate **risk of harm or danger to themselves, other participants, staff, or the community**, the agency reserves the right to issue an **immediate notice to vacate** consistent with HUD program requirements, safety protocols, and agency policy. Occupancy under this agreement is program participation and does not establish a traditional landlord-tenant relationship beyond HUD transitional housing standards.

Monthly Rent Certification

This section documents the participant's rent obligation in accordance with program policy and HUD transitional housing requirements.
Monthly Participant Rent Obligation: $0.00

☐ Participant is not responsible for paying monthly rent while enrolled in the Unity House Transitional Housing Program.

☐ Housing costs are covered by program funding in compliance with HUD regulations governing transitional housing assistance.

Effective Date of Certification: _____

Occupancy Certification (HUD Compliance Statement)

This unit is operated as HUD-funded transitional housing in accordance with the Continuum of Care (CoC) Program regulations under **24 CFR Part 578**, including applicable occupancy, eligibility, and documentation standards.

By signing below, the participant and program representative certify that:

- The participant household listed above is approved to occupy the unit consistent with HUD CoC eligibility requirements.
- Occupancy is limited to listed household members unless written approval is granted and documented in the participant file.
- The participant agrees to follow program rules, HUD requirements, and occupancy standards outlined in **24 CFR §578.75–578.77**, including participation expectations and housing stability planning, at least 20 hours of services per week are required, this can be supplemented with employment, employment/ career training services, or other services which promote growth towards housing stability.
- This unit is provided as transitional housing under HUD guidelines and is not a traditional rental tenancy.
- No monthly rent is charged to the participant during active enrollment unless formally amended in writing and documented in compliance with HUD financial standards.

Participant Acknowledgment

I certify that the information provided is accurate and that I understand the occupancy terms and rent certification.

Participant Signature: _____
Date: _____

Program Representative Certification

I certify that this occupancy and rent certification complies with Unity House program policy and HUD transitional housing requirements.

Signature: _____

Date: _____

This form is maintained in the participant file to document HUD-compliant occupancy and rent status for transitional housing services.

Wayside Christian Mission
Transitional Housing for Unaccompanied Adults
"A faith-based, sober, and safe place to live for men and women"
Located at 432 E. Jefferson St. and 120 W. Broadway
Louisville, KY 40202

Rules and requirements:

1. No alcohol or illegal drug use. No alcohol or illegal drugs in possession or on property. If found to be using or possessing illegal drugs on property, you will forfeit your security deposit unless assigned corrective actions are completed.
2. You must submit to random alcohol and drug screens. A positive alcohol or drug screen will result in corrective action, to include moving to the shelter and repeating a portion of the program, relapse prevention, or discharge from the Clean & Sober program at the hotel. If found to be using or possessing illegal drugs on property, you will forfeit your security deposit unless assigned corrective actions are completed.
3. All Recovery Program cardinal rules are in effect, to include no bullying, fighting, prostitution, or threatening behavior. Violation of any cardinal rule will be cause for immediate dismissal from the transitional housing program.
4. Curfew is 11:00 PM, local time, unless an extension is granted by the case or program manager.
5. Participation in services, including substance abuse recovery to the extent determined by staff to be appropriate, is required.
6. You must be at least 18 years of age, homeless by the McKinney-Vento Category 1 and/or 4 definition, and not a registered sex offender.
7. Room checks will be performed at least monthly, generally during the first week of each month. This is your notice, and no additional notice will be posted. Room checks will be performed by the transitional housing manager or designee between the 1st and the 5th of each month.
8. Free meals are provided in the resident dining hall, and you may purchase food in the hotel café.
9. Compact refrigerator, furnishings, microwave, and television will be provided. Food must be in sealed containers.
10. Smoking is permitted in designated, outdoor smoking areas only. Smoking is strictly prohibited in all indoor areas.
11. Disruptive behavior and loud music are prohibited.
12. Visitors must sign in at the hotel front desk, be alcohol and drug-free, present a photo ID, and are subject to police and background checks. Guests cannot stay longer than one night unless in a private room; any stay of more than one night must be approved by the general manager. In semi-private rooms, guests may stay only with the roommate's agreement. No illegal or immoral activities are permitted.
13. Residents and guests must use good hygiene and dress appropriately when they are outside of their rooms. Residents and guests must use headphones, keep a low-key presence, and respect hotel guests and activities. Residents' and guests' clothing must be clean. Washers and dryers are provided for this purpose. No house slippers, pajamas, etc. outside of a person's room.
14. Transitional housing residents may be only on the first floor and their assigned floor without permission.
15. Transitional housing residents must help out at the facility occasionally, as needed.
16. Transitional housing residents may not loiter in the lobby or outside and around the building.
17. When moving out, transitional housing residents must give notice of their departure and have the case manager or designee check their rooms prior to leaving during business hours (M-F, 8:30-4:30) in order to receive a security deposit refund. Room must be left in the condition in which it was when the resident moved in.
18. Transitional housing residents must pay a monthly service fee of 30% of their income, calculated in accordance with HUD's sliding scale. This fee is due in full on the first of each month and will be considered late if not paid by close-of-business on the fifth business day of the month. Each payment will be documented by a properly written receipt. During the first and last (partial) months of occupancy, service fees may be pro-rated to cover only the days of residence.
19. Only documented service animals are permitted to reside with transitional housing participants. No pets.
20. Each transitional housing resident will meet and cooperate with his/her assigned case manager at least weekly and participate in and document at least 20 hours of goal-oriented activity each week during their period of participation.

CASE MANAGEMENT AGREEMENT

Welcome to Wayside Christian Mission's transitional housing project. Your occupancy agreement requires that you meet with your case manager at least weekly to work on personal goals and that you engage in at least 20 hours weekly of structured, goal-oriented activity, including the substance abuse recovery activity the staff deems appropriate for you, in accordance with your individual service plan. This case management agreement elaborates the terms governing your working relationship with your assigned case manager. Both you and your case manager are expected to behave in accordance with, and not contrary to, the terms of this agreement.

Case management participation is a requirement imposed by HUD regulations and your occupancy agreement. However, we would like to do our utmost to ensure that it is beneficial to you and not a burden. For this reason, we have given each case manager an office in proximity to most of the tenants in the project for which s/he is responsible. The case managers have some flexibility, including both drop-in hours and the ability to block out time for you by setting up an appointment. In addition, the case managers are easily able to conduct wellness checks and the required inspections of your residential unit.

We expect you and your case manager to behave respectfully toward each other. Your occupancy agreement describes the behaviors that we require and those that we consider unacceptable. In general, we conduct transitional housing case management within the following parameters:

1. You must visit with your case manager at least weekly to work on personal goals. You and your case manager may meet more frequently as appropriate to your case plan.

2. The goals of maintaining your current accommodation in a clean, inhabitable state and of conducting yourself in a manner that will not create a disturbance or a nuisance are inherent in case management.

3. Your primary goal will be to move from transitional housing to some sort of permanent accommodation in two years or less. Your individual service plan will reflect this goal and will address the specific items in your situation that will help you move successfully.

4. All goals, tactics, and behaviors will be based on a needs assessment to be performed at least annually.

5. Generally, information that you share with your case manager will be confidential unless you request otherwise. The following list is not exhaustive but includes the most typical departures from the expectation of confidentiality:

A. Your case manager will share your case file with Wayside Christian Mission's supervisory staff for feedback, quality control, project planning, and program and organization-wide improvement.

B. Wayside Christian Mission staff will share your case file as required with HUD monitors or their designees who are ensuring that we are implementing the project and spending grant money accountably.

C. We will make legally required reports to state-mandated protective agencies such as Adult Protective Services and Child Protective Services in the event that we suspect that you might be either the perpetrator or the victim of abuse or neglect.

D. We will cooperate with law enforcement, especially when they have probable cause to suspect that you may have committed a violent felony.

E. Should you threaten to harm another individual or his/her property, we will be legally obligated to notify both that individual and law enforcement of your threat.

F. Should you have a medical emergency and be non-responsive, we will release whatever relevant medical information we may have to the health care provider in order to facilitate appropriate medical care for your condition. To the extent that it is possible, we will attempt to stave off major end-of-life decisions until your next-of-kin can participate in the decision-making process.

G. Suicidal ideation leading to emergency medical care and/or hospitalization will be treated as a medical emergency, and we will release whatever relevant medical information we may have to the health care provider in order to facilitate appropriate medical care for your condition.

This occupancy and case management agreement has been read aloud to me, and I have had an opportunity to ask questions about this agreement and to have my questions answered. I agree to comply with all occupancy agreement provisions, to participate actively in case management, and to engage in at least 20 hours of goal-oriented activity weekly.

Tenant signature_____

Printed name_____ Date_____

Case manager signature_____

Printed name_____ Date_____

wellspring
for mental health recovery

Wellspring Supportive Housing Program Supportive Services Contract

Participation in supportive services is a requirement of this housing program. Supportive services are intended to help you achieve greater self-sufficiency. Our housing program specifically works towards increasing your self-determination, ability to maintain housing, and your skills and income. The Supportive Housing Program includes services provided by case managers and life skills specialists. These staff members will work with you to customize your personal goals and objectives.

The basis of supportive services in this program is case management. You will collaborate with your case manager to ensure you are receiving the extra services you may need to maintain housing and manage your mental health. Wellspring's Supportive Housing Program has a unique opportunity to connect you to wraparound services within our agency. Wellspring also offers outpatient behavioral health therapy (both individual and group), mobile teams who work with individuals with mental illness and substance use disorder, assertive community treatment (ACT), assistance with medication management, the crisis stabilization unit (CSU), and more.

Your Rights and Responsibilities as a Program Participant in Wellspring's Supportive Housing Program

You have the right to determine your personal goals, objectives, and priorities in collaboration with your case manager. Your case manager serves as an advocate who will assist you as needed in identifying and supporting your goals. You have the right to change your goals and priorities in order to best move forward toward greater self-sufficiency.

You have the responsibility to maintain regular contact with your case manager and to participate in supportive services (case management and life skills). While our program requires at least one in-home visit monthly, we recommend that you regularly stay in contact with your case manager, keep appointments, and participate in all opportunities Wellspring has to offer. Continued non-engagement in supportive services puts you at risk of termination from the Supportive Housing Program.

Right to Appeal

If you receive a termination notice from the Supportive Housing Program, you have the right to appeal. If you are interested in appealing a termination, please inform your case manager within ten (10) days from the date you received the termination letter. The case manager will assist you with informing the Supportive Housing Program Manager in writing that you wish to appeal. An appeal hearing will be scheduled where all efforts will be made to keep you in the program. However, an appeal does not guarantee that you will stay in the program. Please also see your Client Handbook for an outline of how to file a complaint if necessary.

wellspring
for mental health recovery

Wellspring's Rights and Responsibilities

Wellpsring's Supportive Housing Program has the responsibility to make every effort to regularly engage with you within reasonable measures in order to help you obtain and maintain access to supportive services connected to your self-determined goals. The Supportive Housing Program has the responsibility to create partnerships with other supportive services in the community, to engage in ethical communication practices, to provide effective referrals to other agencies as needed, to continuously assess service partnerships with agencies, and to continue to advocate for you. Wellspring's Supportive Housing Program has the right to terminate your participation in this program if you repeatedly fail to engage in supportive services. All reasonable efforts will be made to accommodate personal circumstances and promote your self-determination.

Client Signature: _____ **Date:** _____

Program Staff Signature: _____ **Date:** _____

YMCA Safe Place Services
Transitional Housing Program
Case Management Agreement

I, (Client's Name) _____, agree to accept case management services from (Case Manager's Name) _____ through the Safe Place Services Transitional Housing program. Services include, but are not limited to, assessments, housing referrals, case planning, connection to resources, help applying for community and government assistance, career planning, and job readiness.

GUIDELINES FOR SERVICES

Case Management Meetings – Participation in case management is a requirement in the Transitional Housing program. The purpose of these meetings are to focus on your case plan, which will include establishing and reviewing goals that help you move towards independence. Two meetings with your case manager must be completed each month. All meetings need to be scheduled ahead of time with your case manager. If you show up to the office unannounced, you may not be seen. We request that you contact at least 24 hours in advance if you must cancel your appointment. If your case manager cannot make the appointment, you will be notified in advance, or another qualified staff member will meet with you. If three or more meetings are missed, you will be given a notice of noncompliance.

Contact – It is expected that you will have weekly contact with your case manager while in the transitional housing program. Contact with your case manager may be via text, email, phone call, and in person at their office, your residence, or a business you decide upon together. Contact should be made during the case manager's normal working hours. If you are contacting them outside of these hours, you may not receive a response until the following business day. If you are experiencing an emergency, please contact 911. If your case manager cannot contact you for over 30 days, you will be discharged from the program.

Length of Service – Duration for the transitional housing program is determined by your willingness to work in the program. You may choose to leave the program at any time and your case manager will help you plan this transition. If you are not following program criteria, you may be asked to leave the program. The maximum length of stay in the transitional housing program cannot exceed two years total including several different residences, however two years of services is not guaranteed.

Confidentiality – A release of information form will be completed by you and your case manager that will authorize staff to discuss relevant information with other necessary agencies. This agreement can be revoked by you at any time. Exceptions to confidentiality include suspected

abuse or neglect of a child, suspected abuse or neglect of a vulnerable adult, and threats of harm to yourself or others.

I have read, understand, and agree to accept and participate in case management.

Case Manager Signature: _____ Date: _____

Participant Signature: _____ Date: _____

ZeroV Supportive Services Agreement

Participation in supportive services is a requirement of this program. Supportive services are intended to help you identify and reach goals that will lead to feelings of being in control of your life and maximize your self-sufficiency. These services are coordinated with your case manager and focus on improving physical and mental well-being, financial well-being, maximizing employment and education opportunities, and developing a community support network that is tailored to support your self-determined goals. Your case manager will also help you find ways to ensure your basic needs are being met while you work on goals you select.

You and your case manager will work together to identify, prioritize, and evaluate which supportive services will help you move forward toward your goals.

Your rights and responsibilities as a program participant in ZeroV's rapid rehousing program:

You have the right to determine your own personal goals and priorities. Your case manager is your partner and advocate in identifying and supporting your goals. You have the right to change or adjust your goals and priorities in order to best meet the needs you identify in your service plan.

You have the responsibility to maintain regular contact with your case manager and to participate in supportive services. Continued non-engagement in supportive services puts you at risk of termination from this program.

If you receive a termination notice from this program, you have the right to appeal under the guidance spelled out in ZeroV's grievance/termination policy.

ZeroV's rights and responsibilities:

ZeroV has the responsibility to make every effort to regularly engage with you within reasonable measures in order to help you obtain and maintain access to supportive services connected to your self-determined goals.

ZeroV has the responsibility to develop and foster partnerships with supportive services in the community, to engage in ethical communication practices, to provide effective referrals and after-care, to evaluate service partnerships for effectiveness regularly, and to advocate for appropriate services with and for you.

ZeroV has the right to terminate your participation in this program if you repeatedly fail to engage in supportive services. All reasonable efforts will be made to accommodate personal circumstances and promote participant choice.

Participant Signature: _____ Date:_____

Program Staff Signature:_____ Date:_____

1C-10: Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Included in this attachment:

- Letter from Judge Jessica Moore confirming Continuum of Care participation in the Camping Docket designed for individuals who have received citations for illegal camping.
- Letter from Louisville Metro Government describing the partnership between the Continuum of Care, LMPD, local business leader, the local court system, downtown development, and homeless services providers that is known locally as Home for Good.
- Letter from Louisville Metro Government describing collaboration with the HEART outreach team.

COMMONWEALTH OF KENTUCKY
30TH JUDICIAL DISTRICT, DIVISION 11
LOUIS D. BRANDEIS HALL OF JUSTICE
600 WEST JEFFERSON STREET
LOUISVILLE, KENTUCKY 40202
PHONE 502-595-4992 FAX 502-595-3270
JESSICAAMOORE@KYCOURTS.NET

JESSICA A. MOORE
CHIEF DISTRICT JUDGE

JEFFERSON DISTRICT COURT

September 25, 2026

Secretary Scott Turner
U.S. Department of Housing and Urban Development
451 7th Street S.W., Washington, DC 20410

Dear Secretary Turner,

I am writing to share an important initiative currently underway in Jefferson County District Court aimed at addressing the complex challenges surrounding illegal camping and homelessness in our community.

Beginning in January 2025, Jefferson County District Court took proactive steps to establish a dedicated monthly Camping Docket. Designed specifically for individuals who have received citations for illegal camping, this specialized docket operates on a core philosophy: **Steer people toward the services that will support them in their journey back to housing.**

Building on the proven successes and framework of our existing specialized court models—such as Mental Health Court and Drug Court—this initiative shifts the court's focus from traditional adjudication toward meaningful rehabilitation and support. By setting aside time to review these cases, we have created an intentional space to address the root causes that lead individuals into the justice system.

Central to this effort is our collaboration with key community partners, including active members of the local Continuum of Care (CoC), the Jefferson County Attorney's Office, the Jefferson County Circuit Court Clerk's Office, the Department of Public Advocacy, Louisville Metro Police Department, and other outreach partners. Through these partnerships, the monthly docket serves as a direct point of connection to vital community resources, including:

- **Mental Health Services:** On-site connection and referrals to behavioral health providers.
- **Substance Use Treatment:** Access to addiction recovery resources and treatment providers.

- **Veterans Affairs (VA) Services:** Specialized assistance and benefit navigation for military veterans.
- **Homelessness Service Providers:** Direct alignment with shelter resources, transitional programs, and case management.

While we are still refining and perfecting a model tailored specifically to Jefferson County, we are already seeing promising progress. The early success of the Camping Docket relies heavily on its integration with complementary community-wide efforts, including the **Home For Good** initiative and the comprehensive services provided by Continuum of Care members.

Addressing homelessness requires innovative, compassionate, and coordinated action. Through the Camping Docket, Jefferson County District Court remains committed to serving as a bridge between the legal system and the network of care our community members need to achieve stability.

Sincerely,

Judge Jessica Moore

OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
CABINET OF ECONOMIC DEVELOPMENT
LOUISVILLE, KENTUCKY

CRAIG GREENBERG
MAYOR

LAURA GRABOWSKI
DIRECTOR

September 25, 2026

Secretary Scott Turner
U.S. Department of Housing and Urban Development
451 7th Street S.W., Washington, DC 20410

Dear Secretary Turner,

I am writing to share information about Louisville Metro Government's Home for Good initiative launched by Mayor Greenberg in 2025 built around a shared vision to end street homelessness in Louisville by expanding access to permanent supportive housing (PSH). Home for Good aims to move 250 individuals from unsheltered homelessness to permanent housing with supportive services by the end of 2027.

Permanent supportive housing—combining affordable housing with mental health care and social services—is highlighted as a national best practice, achieving a 98% long-term housing retention rate in Louisville. The initiative uses a collaborative, centralized approach to prioritize individuals with the highest needs and has already been effective in helping nearly 1,700 Louisvillians secure stable housing.

Home for Good was created and built on partnerships with the Louisville Continuum of Care, local police, local business leaders, the local court system, downtown ambassadors and public and private outreach workers and case managers. This coordination allows partners to serve those in greatest need while also addressing encampments, decreasing the public use of illicit drugs and utilizing standards to address danger to self and others.

In 2026, 521 people were living unsheltered in Louisville—the lowest number since 2022 and a 17.7% decrease from the year before. The effort is driven by growing community consensus and momentum. *Home for Good* outlines a multi-phase plan that includes:

- Engaging with national partners for technical assistance
- Creating a task force to guide implementation
- Mobilizing development and restoration of housing units
- Coordinating service delivery and supportive care

The overarching strategy mirrors approaches used successfully in other cities to significantly reduce unsheltered homelessness, emphasizing urgency, cross-sector coordination, and evidence-based solutions. Since January 2026, over 80 people have been housed and the attached dashboard shows Louisville's successful decrease in encampments due to the efforts of Louisville's Homeless Engagement & Assessment Response Team of city outreach workers who work in collaboration with Louisville Metro Police Department and other first responders.

Sincerely,

Marilyn S. Harris

Marilyn Harris
Co-Lead Home For Good Initiative
Senior Housing Policy Advisor
Louisville-Jefferson County Metro Government

OFFICE OF SOCIAL SERVICES

LOUISVILLE, KENTUCKY

CRAIG GREENBERG
MAYOR

PATRICIA WILLIAMS
DIRECTOR

JOSH SWETNAM
DIRECT

September 28, 2026

Coalition for the Homeless
1300 South Fourth Street, Suite 250
Louisville, Kentucky 40208

Dear Coalition for the Homeless Leadership:

This letter confirms our shared commitment to coordinating homeless outreach, housing, supportive services, and public safety activities in accordance with the requirements and priorities established in HUD's FY26 Continuum of Care Competition and Youth Homelessness Demonstration Program Grants NOFO.

The Louisville Metro Office of Social Services, through the Homeless Engagement and Assessment Response Team, coordinates Louisville Metro Government's response to homelessness and homeless encampments. HEART staff respond to community reports, assess conditions affecting people living in encampments and surrounding communities, conduct outreach, and connect individuals with shelter, housing, healthcare, behavioral health treatment, transportation, and other supportive services. When a response involves multiple agencies, HEART works with the appropriate Metro departments, first responders, service providers, and law-enforcement personnel to coordinate responsibilities and promote an effective response.

Metro's approach supports both public safety and meaningful engagement with people experiencing homelessness. Outreach personnel connect individuals with available services, while law enforcement fulfills its responsibility to address applicable public-safety concerns and enforce local and state law. Metro will continue to coordinate these activities in a manner that promotes positive interactions, facilitates access to shelter and services, and supports public safety.

Consistent with the FY 2026 HUD CoC funding guidelines, Metro expects the Coalition for the Homeless and other organizations receiving or administering CoC funds to collaborate constructively with Metro, HEART, first responders, and law enforcement.

This mutual understanding establishes an expectation of communication, role clarity, coordination, and good-faith cooperation. Through this partnership, Louisville Metro, the Coalition, and CoC-funded organizations can advance public safety while increasing opportunities for people living in places not meant for human habitation to engage with services and move toward stable housing.

Respectfully,

Josh Swetnam, MSW, LCSW
Josh Swetnam, Director
Louisville Metro Office of Social Services

1D-1: Local Competition Scoring Tool

Included in this attachment:

FY26 Continuum of Care NOFO
Louisville/Jefferson County CoC
Local Funding Competition Scoring Overview

Competition Overview

An initial funding competition briefing was held on Thursday, June 11, 2026 for all current Continuum of Care Member Agencies. Slides from that briefing are available here. To access the recording, please email Brandi Scott at bscott@louhomeless.org.

The Continuum of Care Board of Directors approved project ranking and scoring criteria on June 25, 2026.

The project ranking and scoring criteria was released to the public on June 26, 2026. It can be accessed here.

A bidders conference to review all ranking and scoring criteria will be held on Monday, June 29th at 11:00am. Registration is required. Interested parties can register here. The recording and slide deck will be posted on the FY26 Funding Competition Landing Page.

All applicants are required to submit an Intent to Apply Form by July 10, 2026 to declare their intention for the FY26 Funding Competition. This is necessary to facilitate the data-based scoring of existing projects.

All projects are required to complete the Local Competition Project Application via JotForm.

Note: *You cannot save your answers in JotForm.*

- A list of narrative questions is available to review here.
- A list of required attachments is available here.

Local Competition Timeline

- **Local Funding Competition Opens**: Friday, June 26, 2026
- **Bidders Conference:** Monday, June 29, 2026
- **Intent to Apply Due:** July 10, 2026
- **Local Competition scoring package due in JotForm:** Tuesday, July 22, 2026
- **Draft e-Snaps Deadline:** Monday, August 3, 2026
- **Deadline to Resolve Scoring Challenges**: Friday, August 7, 2026
- **Applicants Notification of Acceptance or Rejection:** Tuesday, August 11, 2026
- **Final e-Snaps Deadline:** Monday, August 17, 2026
- **Consolidated Application and Priority Listing Posted for Review:** Monday, August 24, 2026
- **Consolidated Application Submission Deadline:** Wednesday, August 26, 2026

Project Types and Ranking

Applications will be accepted in the FY26 Continuum of Care Local Funding Competition for the following project types:

- Renewal Permanent Supportive Housing
- Renewal Rapid Re-Housing
- Renewal Transitional to Rapid Re-Housing
- Renewal HMIS
- Renewal Core Coordinated Entry (by CoC Board Approval Only)
- New Transitional Housing
- New Supportive Service Only Grants
- New Rapid Re-Housing created by the split of a TH-RRH grant ONLY
- New Coordinated Entry (by CoC Board Approval Only)

Projects will be accepted and ranked in the FY26 Continuum of Care Local Funding Competition using the following priorities:

1. Renewal HMIS grants are noncompetitively renewed in Tier 1.
2. The following project type will be competitively scored and ranked in Tier 1 up to the Tier 1 funding line.
    a. Renewal PSH
    b. Renewal RRH
    c. New RRH created by the split of an existing TH-RRH grant
    d. Renewal TH-RRH
3. The project that straddles the Tier 1 funding line will be accepted or rejected for submission at the discretion of the Continuum of Care Board of Directors.
4. The following new project types will be competitively scored and ranked in Tier 2 up to the ARD plus any applicable bonus amounts.
    a. New Transitional Housing
    b. New Standalone Supportive Service Only grants
    c. New Supportive Service Only grants with a Street Outreach focus
5. Any new project applied for through the DV Bonus will be competitively scored and ranked in Tier 2.
6. New and Renewal Coordinated Entry grants will be reviewed and placed in the overall ranking at the discretion of the Continuum of Care Board of Directors.

Per NOFO requirements, all projects previously funded under the YHDP set aside are subject to project ranking on the Priority Listing. The above limitations and priorities include projects previously funded under the YHDP set aside.

All new and renewal applications must reflect a one-year funding request. In the event that the overall amount of funding requested is less than the available ARD plus any applicable bonus amounts, multi-

year funding requests may be accepted for new projects in accordance with page 24 of the Notice of Funding Opportunity at the discretion of the Continuum of Care Board of Directors.

In the event that sufficient funding is not available to cover the requested funding amount, or sufficient funding is not available out of the set aside requested, the approved budget request may be reduced at the discretion of the Continuum of Care Board of Directors.

Project Review

All new projects must pass threshold criteria to be considered for funding. Responses to threshold criteria will be assessed by Continuum of Care Lead Agency staff. In the event that staff determine a project does not meet the threshold criteria, the application will be referred to the Continuum of Care Board of Directors for a final decision.

All narrative responses will be scored by at least two non-conflicted parties, either members of the Continuum of Care Lead Agency Staff or Continuum of Care Board of Directors.

In the event that a Conflict of Interest exists between the Continuum of Care Lead Agency staff and the applicant, the narrative responses will be scored by two members of the Continuum of Care Board of Directors.

All narrative responses submitted by the Coalition for the Homeless, the CoC Lead Agency, will be scored by two members of the Continuum of Care Board of Directors.

In addition to the Local Competition scoring criteria, projects are required to submit a project application in e-Snaps. Any project that fails to submit a draft or final e-Snaps submission by the above established deadlines or refuses to make necessary edits to ensure the project passes threshold review may be removed from the final Priority Listing at the discretion of the Continuum of Care Board of Directors.

Estimated Funding Caps

ARD	$ 25,330,563
Tier 1	$ 15,198,338
CoC Bonus	$ 3,799,584
DV Bonus	$ 5,000,000

Restricted YHDP	$ 2,110,589
Restricted DV	$ 3,232,492

Current Estimated ARD Breakdown by Project Type

PSH	$	13,316,421	53%
RRH	$	4,286,383	17%
TH-RRH	$	3,737,245	15%
TH	$	240,984	1%
SSO	$	1,883,678	7%
SSO-SO	$	794,115	3%
SSO-CE	$	798,313	3%
HMIS	$	273,424	1%
	$	25,330,563	100%

Measure	PH + TH Renewal Projects	New PH+TH (Reallocation) Projects	New SSO (Reallocation)	New PH/TH projects	New SSO Projects
Maintence of or Exits to Permanent Housing	10	10	5		
Exits to Unsubsidized Housing	5	5	5		
Exits to temporary and some institutional destinations			5		
Gained or Increased Employment Income	5	5	5		
Returns to Homelessness within 12 months of exit	5	5	5		
Returns to Homelessness within 24 months of exit	5	5	5		
Analysis of Barriers - Disability	5	5	5		
Analysis of Barriers - History of Domestic Violence	5	5	5		
Analysis of Barriers - Adults with No Income at Entry	5	5	5		
Cost Effectiveness of Project			5		5
Expenditure of Grant Funds	5	5	5		
Data Quality	2	2	2		
Street outreach project or project providing immediate medical service			10		10
Bed Utilization	2	2			
Cost per unit	5	5		5	
Cost per bed	5	5		5	
Supportive services requirement	5	5	5	5	5
Supportive service time requirement				5	
Substance Abuse Treatment			3		3
Operation of drug injection sites or "safe consumption sites"	3	3	3		
Applicant history in administering proposed project type				5	5
HUD funding status				5	5
Timely funding disbursements	5	5	5		
Narrative: Does this project have on-site substance abuse treatment services available to participants?	5	5		5	
Narrative: Does this project have beds which are set aside exclusively for participants in substance abuse treatment?	5	5		5	
Narrative: Is CoC funding required to support active financing on a property?	5	5			
Describe what supportive services (i.e., case management, behavioral healthcare, employment training, etc.) are offered by this project and how the project will assist program participant to obtain and maintain housing.	5	5	5	5	5
Narrative: Describe how this project provides, or partners with agencies that provide outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports. Describe how this project provides access to, peer recovery specialists or other forms of peer support and recovery navigation.	5	5	5	5	5
Narrative: Describe the populations served by your project and how you will ensure that the supportive services provided are appropriate and accessible to all participants. *for SSO rubrics - SO will not complete*	5	5	5	5	5
Narrative: What is your strategy for designing supportive services plans that will promote self-sufficiency and economic independence for participants. For SSO rubrics - SO will not complete.	5	5	5	5	5
Narrative: * Street Outreach projects only* Describe how you work to engage people living in places not meant for human habitation to access emergency shelter, . . . Discuss how you have partnered with law enforcement			10		10
Narrative: Describe your organization's (and subrecipient(s) if applicable) financial management structure and experience in the following activities				5	5
Narrative: If your project is new or has not begun intake, describe the strategy for quickly moving participants into the project and reaching unit capacity. For FY24 projects that have not yet completed their first grant year, describe how close your project is to reaching unit capacity.				5	
Narrative: Describe how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs				5	5
Narrative: *New TH or RRH only* Describe your experience operating transitional housing or other projects that have successfully helped at least 50% of participants exit homelessness within 24 months and provide a data source which supports this outcome.				7	
Narrative: *New TH or RRH only* Describe your experience operating transitional housing or another homelessness project and your success helping participants increase their income from employment and provide a data source which supports this outcome.				7	
New TH Only Describe how provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants		5		5	
Narrative: Please provide evidence of your success in connecting people to mainstream benefits as evidences in an increase in non-employment cash income of program participants in other programing. You can define the parameters that best correspond to your agency's program history and data source.				7	10
Narrative: Please provide evidence of your success in connecting people to mainstream benefits as evidences in an increase in employment cash income of program participants in other programing. You can define the parameters that best correspond to your agency's program history and data source.				7	10
Narrative: Please provide evidence of your success of helping unhoused populations exit homelessness to more stable destinations. You can define the parameters that best correspond to your agency's program history and data source.				7	10

Eligible budget costs				5	5
Lived experience representation within agency				5	5
Scoring Criteria Submission Timeliness	2	2	2	2	2
Total	114	119	115	127	115
BONUS	5	5		5	
Objective System Performance Measurement Criteria	26.32%	25.21%	26.09%	27.56%	26.09%
Other Objective Criteria	50.00%	47.90%	41.74%	39.37%	37.39%
Local Criteria	17.54%	21.01%	26.09%	31.50%	34.78%
Timeliness	6.14%	5.88%	6.09%	1.57%	1.74%
	100.00%	100.00%	100.00%	100.00%	100.00%
Total Objective Criteria:	76%	73%	68%	67%	63%

Louisville/Jefferson County Continuum of Care (KY-501) CoC NOFO Scoring Packet

PH+TH renewals

Grant Name:	
Grantee:	
Grant Prefix:*	
Current Project Component:	
Application Project Component:	
Project Type:**	
Data source:	

*The grant prefix is the first five digits of your grant number (i.e., KY0123)

** Specify if your project is a transition grant, a renewal, a reallocation of existing projects (include projects reallocating), or an entirely new project.

INSTRUCTIONS: When submitting this scoring rubric you must include a copy of your supportive services agreement and (if you are a VSP) a copy of the data source from which your responses are derived.

SECTION 1.A. OBJECTIVE CRITERIA: CoC PERFORMANCE MEASUREMENT RELATED CRITERIA

Measure:	Exits to Positive Housing								
Description:	Measures the percentage of clients served in your project who have left to another positive destination. This is to gauge how well programs are doing at housing clients. This is a measure we are evaluated on as a CoC when reporting system performance measures.								
Applicable to:	PSH, RRH and TH								
Data Source:	APR, Question 5a,8 and question 23c								
Formula:	(Total # of Stayers from APR question 5a, 8	+	Total # of persons exiting to a positive destination from APR question 23c)	/	(Total number of persons served from APR question 5a, 1	-	Persons exiting to excluded destinations from APR question 23c)	=	
Computation:		+		/		-		=	#DIV/0!
CoC Average:	95%								
Max Points:	10								
Point Basis:	10 Points: 96% and Greater 8 Points: Between 90% and 95% 6 Points: Between 85%% and 89% 4 Points: Between 80% and 84% 2 Points Between 75% and 79% 0 Points: 74.99% or Less								
POINTS AWARDED:									

Measure:	Exits to Unsubsidized Housing								
Description:	Measures the percentage of clients served in your project who have exited to an unsubsidized permanent housing destination. This is to gauge how well programs are doing at housing clients and preparing clients to be economically independent.								
Applicable to:	All								
Data Source:	APR, question 23c								
Formula:	(Total # of persons who exited to Permanent Situations, APR question 23c, subtotal under Permanent Situations	-	Total # of persons exiting to destinations with an ongoing housing subsidy from APR question 23c, under Permanent Situations)	/	(Total # of persons exiting, APR question 23c	-	Persons exiting to excluded destinations from APR question 23c)	=	
Computation:		-		/		-		=	#DIV/0!
CoC Average:	53%								
Max Points:	5								
Point Basis:	5 Points: 40% and Greater 4 Points: Between 30% and 39% 3 Points: Between 20% and 29% 2 Points: Between 10% and 19% 1 Points Between 5% and 9% 0 Points: 5% or Less								
POINTS AWARDED:									

Measure:	Gained or Increased Employment Income								
Description:	Measures percent of clients who increased their income from employment ("earned income") while in your project. Helping clients to increase their employment income improves their financial stability and ability to secure or maintain housing. This is a measure we are evaluated on as a CoC when reporting system performance measures.								
Applicable to:	All								
Data Source:	APR Questions 19a1 and 19a2								
Formula:	(19a1 Row "Number of Adults with Earned Income," Column "Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment"	+	19a2 Row "Number of Adults with Earned Income," Column "Performance Measure: Adults who Gained or Increased Income from Start to Exit")	/	19a1 Row "Number of Adults with Earned Income," Column "Total Adults (including those with No Income)"	+	19a2 Row "Number of Adults with Earned Income," Column "Total Adults (including those with No Income)")	=	
Computation:		+		/		+		=	#DIV/0!

CoC Average:	10%
Max Points:	5
Point Basis:	5 Points: 15% and Greater 3 Points: Between 10% and 14% 1 Point: Between 5% and 9% 0 Points: 4% or Less
POINTS AWARDED:	

Measure:	Returns to Homelessness within 12 months of exit						
Description:	Measures the rate of returns to homelessness within 12 months after exit to a permanent destination.						
Applicable to:	All						
Data Source:	HMIS System Performance Measure reporting						
Formula:	Total # of returns within 12 months of exit	/	Total # of permanent exits	x	100	=	
Computation:		/		x	100	=	#DIV/0!
CoC Average:	22.00%						
Max Points:	5						
Point Basis:	5 points: Less than 20% of returns within 12 months of project exit 4 points: Between 20 and 30% returns 3 points: Between 30 and 40% returns 2 points: Between 40 and 50% returns 1 point: Between 50 and 60% returns 0 points: More than 60% returns						
POINTS AWARDED:							

Measure:	Returns to Homelessness within 24 months of exit						
Description:	Measures the rate of returns to homelessness within 24 months after exit to a permanent destination.						
Applicable to:	All						
Data Source:	HMIS System Performance Measure reporting						
Formula:	Total # of returns within 24 months of exit	/	Total # of permanent exits	x	100	=	
Computation:		/		x	100	=	#DIV/0!
CoC Average:	19.00%						
Max Points:	5						
Point Basis:	5 points: Less than 20% of returns within 24 months of project exit 4 points: Between 20 and 30% returns 3 points: Between 30 and 40% returns 2 points: Between 40 and 50% returns 1 point: Between 50 and 60% returns 0 points: More than 60% returns						
POINTS AWARDED:							

SECTION 1.B. OBJECTIVE CRITERIA: RAPID RETURN TO PERMANENT HOUSING AND SEVERITY OF BARRIERS EXPERIENCED BY PROGRAM PARTICIPANTS

Measure:	Analysis of Barriers - Disability						
Description:	Measures the percentage of clients served by your project with two or more disabling conditions. We recognize the barriers that persons with disabilities face in securing and maintaining housing relative to others. This measure acknowledges projects that disproportionately serve those clients.						
Applicable to:	All						
Data Source:	APR, Question 13a2						
Formula:	Total # of persons with two or more disabling conditions	/	(Total # of persons	-	Children in HH with Children and Adults with two or fewer disabling conditions)	=	
Computation:	979	/	2249	-	809	=	68%
CoC Average:	68%						
Max Points:	5						
Point Basis:	5 Points: 80% and Greater 4 Points: Between 70% and 79% 3 Points: Between 60% and 69% 2 Points: Between 50% and 59% 1 Point: Between 40% and 49% 0 Points: 39% or Less						
POINTS AWARDED:							

Measure:	Analysis of Barriers - History of Domestic Violence				
Description:	Measures the percentage of clients served by your project who are survivors of domestic violence. We recognize the barriers that survivors of DV face in securing housing. This measure acknowledges projects that disproportionately serve such clients.				
Applicable to:	All				
Data Source:	APR, Question 14a				
Formula:	Yes	/	Total	=	
Computation:		/		=	#DIV/0!
CoC Average:	49%				
Max Points:	5				
Point Basis:	5 Points: 65% and Greater 4 Points: Between 55% and 64% 3 Points: Between 45% and 54% 2 Points: Between 35% and 44% 1 Point: Between 25% and 34% 0 Points: 24% or Less				
POINTS AWARDED:					

Measure:	Analysis of Barriers - Adults with No Income at Entry

Description:	Measures the percentage of adults served by your project who had no income at project entry. We recognize the barriers this group faces in securing housing. This measure acknowledges the projects that disproportionately serve such clients.				
Applicable to:	All				
Data Source:	APR, Question 18				
Formula:	Adults with No Income	/	Total Adults	=	
Computation:		/		=	#DIV/0!
CoC Average:	58%				
Max Points:	5				
Point Basis:	5 Points: 66% and Greater 4 Points: Between 61% and 65% 3 Points: Between 56% and 60% 2 Points: Between 50% and 55% 1 Point: Between 46% and 49% 0 Points: 45% or Less				
POINTS AWARDED:					

SECTION 1.C OTHER OBJECTIVE CRITERIA

Measure:	Expenditure of Grant Funds				
Description:	Measures the amount awarded that projects spent relative to total amount awarded.				
Applicable to:	All (excluding projects for whom FY24 was 1st operating year)				
Data Source:	HUD Spenddown Report				
Formula:	LOCCS Balance	/	Award	=	
Computation:		/		=	#DIV/0!
CoC Average:	3.38%				
Max Points:	5				
Point Basis:	5 Points: Less than 1% Returned 4 Points: Between 1% and 2% Returned 3 Points: Between 3% and 4% Returned 2 Points: Between 5% and 6% Returned 1 Point: Between 6% and 7% Returned 0 Points: 7% or Greater Returned				
POINTS AWARDED:					

Measure:	Data Quality - Personally Identifiable Information, Universal Data Elements, Income and Housin				
Description:	Measures data quality of clients' personally identifiable information in HMIS (name, SSN, date of birth, gender, and race/ethnicity), additional universal data elements, and income and destination data quality. CoC projects are required to collect these data elements for reporting. Capturing this data allows for more accurate reporting and analysis across the CoC.				
Applicable to:	All				
Data Source:	APR, 6a,b,c				
Formula:	Error Rate Below 5%	/	Data Elements	=	
Computation:		/		=	#DIV/0!
Max Points:	2				
Point Basis:	2 Points: 13 out of 13 data elements (or 1 or fewer clients) with error rate below 5% 1.5 Points: 10 to 12 data elements with error rate below 5% 1 Point: 7 to 9 data elements with error rate below 5% .5 Points: 4 to 6 data elements with error rate below 5% 0 Points: 3 or less out of 13 data elements with error rate below 5%				
POINTS AWARDED:					

Measure:	Bed Utilization						
Description:	Measures the percentage of available beds in the project that were in use during the reporting period. This is measured by observing enrollments at a point in time during each of the four quarters in the reporting period, relative to the number of beds in the project. Higher utilization means the project is using more of its available resources at any given time, and more clients are being housed/sheltered.						
Applicable to:	PSH, RRH, and TH (excluding projects for whom FY24 was the first operating year)						
Data Source:	APR, 7b and Application						
Formula:	(Total PIT of Persons for January, April, July, October	/	4)	/	Number of BEDS Indicated in Application	=	
Computation:		/	4	/		=	#DIV/0!
Max Points:	2						
Point Basis:	2 Points: Between 85% Utilization or Greater 1.5 Points: Between 75% and 84% Utilization 1 Point: Between 65% and 74% Utilization .5 Points: Between 55% and 64% Utilization 0 Points: 54% Utilization or Less						
POINTS AWARDED:							

Measure:	Cost per unit				
Description:	The total proposed budget for a grant divided by the number of units in the project. This measure ensures that all projects are cost effective.				
Applicable to:	PSH, TH, RRH				
Data Source:	Proposed project application budget				
Formula:	Total grant balance	/	# of units	=	
Computation:		/		=	#DIV/0!
CoC Average:	$17,118.67				
Max Points:	5				
Point Basis:	5 points: At or below $17000 per unit 2.5 points: Betweent $17001 and $19999 per unit 0 points: Above $20000 per per unit				
POINTS AWARDED:					

Measure:	Cost per bed				
Description:	The total proposed budget for a grant divided by the number of persons served in the project. This measure ensures that all projects are cost effective.				
Applicable to:	PSH, TH, RRH				
Data Source:	Proposed project application budget				
Formula:	Total grant budget	/	# of beds	=	
Computation:		/		=	#DIV/0!
CoC Average:					$10,571.97
Max Points:					5
Point Basis:	5 points: At or below $10000 per bed 2.5 points: Between $10001 and $14999 per bed 0 points: Above $15000 per bed				
POINTS AWARDED:					

TO BE COMPLETED BY AGENCY

Section 1. OBJECTIVE CRITERIA

Measure:	Supportive services requirement
Description:	Will this project require each participant to engage in supportive services as a condition of long-term participation in the project? (ex. case management, substance abuse treatment, job skill training, etc.) *Note: all projects are required to upload a copy of their supportive services agreement
Applicable to:	All
Max Points:	5
Point Basis:	5 points: Yes 0 points: No
POINTS AWARDED:	

Measure:	Operation of drug injection sites or "safe consumption sites"
Description:	Applicant certifies that they do not operate drug injection sites or "safe consumption sites," or knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of "harm reduction."
Applicable to:	All
Max Points:	3
Point Basis:	3 points: Yes 0 points: No
POINTS AWARDED:	

Measure:	Timely funding disbursements
Description:	Have you regularly drawn funds from eLOCCS during your grant term, at least once per quarter? If not, explain why.
Applicable to:	All
Max Points:	5
Point Basis:	5 points: Yes 2.5 points: No, with explanation given 0 points: No, no explanation given
RESPONSE (500 word limit):	
POINTS AWARDED:	

SECTION 2. OTHER CRITERIA: NARRATIVES

Scoring Framework

Max Points: Applicant provided a clear answer that addressed all parts of the narrative requests.

Mid Points: Applicants provided an answer that addressed some/most parts of the narrative requests but was unclear.

Low to Zero Points: Applicant did not address the scoring criteria or did not provide a reasonable or understandable answer.

Does this project have on-site substance abuse treatment services available to participants? (Scattered site programs could meet this requirement through groups available to all scattered site participants or Substance Use Treatment professionals that conduct home visits.) If yes, please describe. List any treatment providers you will partner with by name. You may be required to provide letters of commitment from these treatment providers prior to grant submission. 500 word limit.

Criteria: Applicant clearly states if this project has on-site substance abuse treatment services available to participants. If relevant, applicant describes the nature of the activities.

Max points:	5
POINTS AWARDED:	

Does this project have beds which are set aside exclusively for participants in substance abuse treatment? If yes, please describe. Clearly state the number of beds set aside for participants in substace abuse treatment. 500 word limit.

Criteria: Applicant clearly states if this project has beds which are set aside for participants in substance abuse treatment. If relevant, applicant describes any relevant details and names specific service partners.

Max points:	5
POINTS AWARDED:	

Is CoC funding required to support active financing on a property? If yes, please describe. 500 word limit.

Criteria: Applicant clearly states if this project depends on CoC funding to support active financing on a property. If relevant, applicant describes the nature of the active financing on the property.

Max points:	5
POINTS AWARDED:	

Describe what supportive services (i.e., case management, behavioral healthcare, employment training, etc.) are offered by this project and how the project will assist program participant to obtain and maintain housing. If this project partners with other service partners to deliver services, please name partners. 500 word limit.

Criteria: Applicant demonstrates the type and scale of all supportive services available to participants (e.g. case management, substance abuse treatment, behavioral healthcare, job training, etc.). Applicant demonstrates that project will provide and/or partner with other organizations to provide robust wraparound services. Applicant describes how the services offered will help clients obtain and maintain housing.

Max points:	5
POINTS AWARDED:	

Describe how this project provides, or partners with agencies that provide outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports. Describe how this project provides access to, peer recovery specialists or other forms of peer support and recovery navigation. 500 word limit.

Criteria: Applicant describes treatment services available specific to mental health and substance abuse. Applicable partners are named if relevant to service delivery. Applicant provides peer support services or access to other recovery specialists.

Max points:	5
POINTS AWARDED:	

Describe the populations served by your project and how you will ensure that the supportive services provided are appropriate and accessible to all participants. Include any relevant details about how participant service plans are developed. 500 word limit.

Criteria: Applicant describes the populations served by this project which may include elderly individuals 55+, individuals with a disability/impairment, young adults, families, veterans, and survivors of domestic abuse, dating violence, sexual assault, and stalking. Applicant describes how they will ensure all populations can access appropriate supportive services. Applicant provides details about the creation of participant service plans.

Max points:	5
POINTS AWARDED	

What is your strategy for designing supportive services plans that will promote self-sufficiency and economic independence for participants. 500 word limit.

Criteria: Applicant demonstrates how participants will be assisted in obtaining a customized supportive services plan which promotes sobriety, self-sufficiency, economic indpependence and stability. Applicant demonstrates understanding of the needs of the participants to be served.

Max points:	5
POINTS AWARDED	

SECTION 3. SUBMISSION TIMELINESS

Scoring Criteria Submission Timeliness			
Item	**Due**	**Submitted**	**On Time**
Draft Application			
Scoring Report			
Max Points:	2		
Point Basis:	One Point for Each Item Submitted On Time		
POINTS AWARDED:			

SECTION 4. BONUS QUESTION

Measure:	*BONUS* Voluntary reallocation from a Permanent Housing to Transitional Housing project
Description:	Did your agency voluntarily opt to transition or reallocate an existing PH project to a TH project?
Applicable to:	PH and Reallocated TH
Max Points:	5
Point Basis:	5 points: Yes 0 points: No
POINTS AWARDED:	

Max Points (w/out bonus):	**114**
Points Awarded:	0
Percentage:	**0.00%**

Louisville/Jefferson County Continuum of Care (KY-501) CoC NOFO Scoring Packet

New PH and TH projects

Grant Name:	
Grantee:	
Grant Prefix:*	
Current Project Component:	
Application Project Component:	
Project Type:**	
Data source:	

*The grant prefix is the first five digits of your grant number (i.e., KY0123)

** Specify if your project is a transition grant, a renewal, a reallocation of existing projects (include projects reallocating), or an entirely new project.

INSTRUCTIONS:	This rubric is applicable to new PH and TH projects. Projects which have not yet completed a full grant year should also use this rubric if applying for renewal/reallocation/transition.
	When submitting this scoring rubric you must include a copy of your supportive services agreement and (if you are a VSP) a copy of the data source from which your responses are derived.

SECTION 1. NEW PROJECT THRESHOLD CRITERIA

Note: If your project has not yet completed an operating year, you DO NOT have to complete the Threshold Criteria section.

Item:	Organizational eligibility
Certification:	Applicant certified that they are an eligible entity type as detailed in page 9 of the NOFO.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	COC Membership
Certification:	Applicant is a member of the Louisville Continuum of Care. If no, Applicant must submit the Continuum of Care Membership Form prior to completing an application for funds.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	HMIS Participation
Certification:	Applicant is willing to participate in the HMIS system according to the expectations established in the Louisville CoC Data Quality Plan. If No, is the applicant a VSP who will utilize a comparable database?
Applicable to:	All
RESPONSE: (Y/N)	

Item:	Participation in Coordinated Entry system
Certification:	Applicant is willing to participate in the Coordinated Entry system, as applicable. For questions on how Coordinated Entry may apply to your project, please contact Carey Addison at caddison@fhclouisville.org.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	Participation in Point-in-time count
Certification:	Applicant participated in the most recent Point-In-Time count conducted in Louisville or agrees to participate in future Point-in-time counts.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	Participation in Louisville CoC sponsored activities
Certification:	Applicant has participated in at least one Continuum of Care sponsored activities within the past year. These may include CFH hosted trainings, case conferencing sessions, and/or attendance at quarterly or annual meetings.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	Compliance with federal regulations
Certification:	Applicant agrees to comply with all federal regulations that govern the Continuum of Care Program, including those governing eligible program participants, and understands that it is the applicant responsibility to read, understand, and remain in compliance with said regulations.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	Financial and management capacity
Certification:	Project applicants must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds. Demonstrating capacity may include a description of the applicant experience with similar projects and with successful administration of SHP, S+C, or CoC Program funds or other federal, state, local, or private resources. Please provide a narrative response detailing organizational experience administering similar projects and the funding sources used to support those projects. Relevant leadership staff experience administering similar projects is acceptable in lieu of organizational experience.
Applicable to:	All
RESPONSE: (500 word limit)	

Item:	Match requirement
Certification:	Applicant understands that grants funded under the Continuum of Care program require 25% cash or in-kind match for all grant funds except leasing. See here for additional information. MOUs for in-kind match must be attached prior to grant submission.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	*NEW TH ONLY* Housing Quality Standards
Certification:	Explain how your project will comply with program requirements regarding appropriate standards of housing quality and habitability including NSPIRE guidelines. Proposals utilizing Single Room Occupancy (SROs) units will be asked to apply for a waiver from HUD for this requirement. Note: SROs housing projects are not disqualified from applying. 24 CFR 578.75(b)
Applicable to:	All
RESPONSE: (500 word limit)	

Item:	*SITE-BASED TH ONLY* Housing facility licensure

Certification:	Site Based Transitional Housing projects must operate in accordance with all local laws and regulations, including those governing Boarding Housing, Homeless Shelters, Rehabilitation Homes, and Transitional Housing Facilities. See here and here for more details. Either provide a copy of your current license or provide a narrative response that explains your plan to acquire said license prior to grant execution if funded.
Applicable to:	All
RESPONSE: (500 word limit)	

Item:	Current programming and outcomes
Certification:	Describe current homelessness programming in organization and all other current housing programming. In your descriptions, be sure to include projected outcomes and/or historical outcomes within 5 years as applicable.
Applicable to:	All
RESPONSE: (500 word limit)	

Measure:	Operation of drug injection sites or "safe consumption sites"
Description:	Applicant certifies that they do not operate drug injection sites or "safe consumption sites," or knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”
Applicable to:	All
Response (Y/N):	

SECTION 2. OBJECTIVE CRITERIA

Measure:	Supportive services requirement
Description:	Will this project require each participant to engage in supportive services as a condition of long-term participation in the project? (ex. case management, substance abuse treatment, job skill training, etc.) *Note: all projects are required to upload a copy of their supportive services agreement
Applicable to:	All
Max Points:	5
Point Basis:	5 points: Yes 0 points: No
POINTS AWARDED:	

Measure:	Supportive service time requirement
Description:	Will this project offer at least 20 hours a week of supportive services (ex. case management, substance abuse treatment, job skill training, etc.)? Participants may be exempt from this requirement if they are 55+, have a qualifying disability, or are employed up to the 20 hour per week threshold.
Applicable to:	TH
Max Points:	5
Point Basis:	5 points: Yes 0 points: No
POINTS AWARDED:	

Measure:	Cost per unit				
Description:	The total proposed budget for a grant divided by the number of units in the project. This measure ensures that all projects are cost effective.				
Applicable to:	TH and PH				
Data Source:	Proposed project application budget				
Formula:	Total grant balance	/	# of units	=	
Computation:		/		=	
CoC Average:	$17,118.67				
Max Points:	5				
Point Basis:	5 points: At or below $17000 per unit 2.5 points: Betweent $17001 and $19999 per unit 0 points: Above $20000 per per unit				
POINTS AWARDED:					

Measure:	Cost per bed				
Description:	The total proposed budget for a grant divided by the number of persons served in the project. This measure ensures that all projects are cost effective.				
Applicable to:	TH and PH				
Data Source:	Proposed project application budget				
Formula:	Total grant budget	/	# of beds	=	
Computation:		/		=	
CoC Average:	$10,571.97				
Max Points:	5				
Point Basis:	5 points: At or below $10000 per bed 2.5 points: Between $10001 and $14999 per bed 0 points: Above $15000 per bed				
POINTS AWARDED:					

Measure:	Applicant history in administering proposed project type
Description:	Does the applicant have at least one year of experience in administering the proposed project type within the field of homeless services? This can include organization experience or personal experience from leadership staff.
Applicable to:	All
Max Points:	5
Point Basis:	5 points: Yes 0 points: No
POINTS AWARDED:	

Measure:	HUD funding status
Description:	Does the applicant currently receive any HUD funds? If so, confirm good standing with HUD (adherence to financial requirements, no monitoring or audit findings without satisfactory response, or other ongoing compilance issues with HUD) and active registration with SAM. For applicants not currently receiving HUD funds, active SAM registration is required.
Applicable to:	All
Max Points:	5
Point Basis:	5 points: Yes, confirmation of good standing and current SAM registration 2.5 points: Yes, but there are minor issues with past HUD awards that are being addressed. SAM registration is current. OR No previous funding from HUD, but has registered for SAM account. 0 points: No previous HUD funding and no SAM registration.
RESPONSE (500 word limit):	
POINTS AWARDED:	

SECTION 3. OTHER CRITERIA: NARRATIVES

Scoring Framework
Max Points: Applicant provided a clear answer that addressed all parts of the narrative requests.
Mid Points: Applicants provided an answer that addressed some/most parts of the narrative requests but was unclear.
Low to Zero Points: Applicant did not address the scoring criteria or did not provide a reasonable or understandable answer.
Does this project have on-site substance abuse treatment services available to participants? (Scattered site programs could meet this requirement through groups available to all scattered site participants or Substance Use Treatment professionals that conduct home visits.) If yes, please describe. List any treatment providers you will partner with by name. You may be required to provide letters of commitment from these treatment providers prior to grant submission. 500 word limit.

Criteria: Applicant clearly states if this project has on-site substance abuse treatment services available to participants. If relevant, applicant describes the nature of the activities.									
Max points:	**5**								
POINTS AWARDED:									
Does this project have beds which are set aside exclusively for participants in substance abuse treatment? If yes, please describe. Clearly state the number of beds set aside for participants in substace abuse treatment. 500 word limit.									
Criteria: Applicant clearly states if this project has beds which are set aside for participants in substance abuse treatment. If relevant, applicant describes any relevant details and names specific service partners.									
Max points:	**5**								
POINTS AWARDED:									
Describe what supportive services (i.e., case management, behavioral healthcare, employment training, etc.) are offered by this project and how the project will assist program participant to obtain and maintain housing. If this project partners with other service partners to deliver services, please name partners. 500 word limit.									
Criteria: Applicant demonstrates the type and scale of all supportive services available to participants (e.g. case management, substance abuse treatment, behavioral healthcare, job training, etc.). Applicant demonstrates that project will provide and/or partner with other organizations to provide robust wraparound services. Applicant describes how the services offered will help clients obtain and maintain housing.									
Max points:	**5**								
POINTS AWARDED:									
Describe how this project provides, or partners with agencies that provide outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports. Describe how this project provides access to, peer recovery specialists or other forms of peer support and recovery navigation. 500 word limit.									
Criteria: Applicant describes treatment services available specific to mental health and substance abuse. Applicable partners are named if relevant to service delivery. Applicant provides peer support services or access to other recovery specialists.									
Max points:	**5**								
POINTS AWARDED:									
Describe the populations served by your project and how you will ensure that the supportive services provided are appropiate and accessible to all participants. Include any relevant details about how participant service plans are developed. In your response, be sure to include an estimate of the number of individuals and households to be served annually by the project. 500 word limit.									
Criteria: Applicant describes the populations served by this project which may include elderly individuals 55+, individuals with a disability/impairment, young adults, families, veterans, and survivors of domestic abuse, dating violence, sexual assault, and stalking. Applicant describes how they will ensure all populations can access appropiate supportive services. Applicant provides details about the creation of participant service plans. Applicant estimates the number of individuals and households to be served annually by the project.									

Max points:	**5**								
POINTS AWARDED									
What is your strategy for designing supportive services plans that will promote self-sufficiency and economic independence for participants. 500 word limit.									
Criteria: Applicant demonstrates how participants will be assisted in obtaining a customized supportive services plan which promotes sobriety, self-sufficiency, economic indpependence and stability. Applicant demonstrates understanding of the needs of the participants to be served. Applicant may note that participant employment, age (55+) and/or developmental disability status may constitute an exception to supportive serve participation.									
Max points:	**5**								
POINTS AWARDED									
***New TH Only* Describe how provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, communitybuilding activities, etc.) Employment may contribute to the 20 hours per week of engagement. 500 word limit.**									
Criteria: Applicant describes how service plans for participants will total to at least 20 hours a week of services. Applicant makes note acknowledging exceptions.									
Max points:	**5**								
POINTS AWARDED									
Describe your organization's (and subrecipient(s) if applicable) financial management structure and experience in the following activities: 500 word limit. **1. effectively utilizing federal funds and performing the activities proposed in the application** **2. leveraging Federal, State, local and private sector funds**									
Criteria: Applicant demonstrates a robust financial management structure. Applicant describes prior experience successfully utilizing federal funds and performing activities proposed in the application. Applicant demonstrates prior experience leveraging funds from a variety of sources including Federal, State, local and private sector. *Note: new projects are required to submit a copy of organizational financial policies with scoring materials.									
Max points:	**5**								
POINTS AWARDED									
If your project is new or has not begun intake, describe the strategy for quickly moving participants into the project and reaching unit capacity. For FY24 projects that have not yet completed their first grant year, describe how close your project is to reaching unit capacity. 500 word limit.									
Criteria: Applicant indicates if this project has begun participant intake. Applicant demonstrates a strategy for quickly moving participants into housing and reaching capacity.									
Max points:	**5**								
POINTS AWARDED									
Describe how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. 500 word limit.									
Criteria: Applicant describes how the project will be supplemented with resources outside CoC or ESG funds. Applicant describes these resources and their									

Criteria: Applicant describes how the project will be supplemented with resources outside SSG or ESG funds. Applicant describes these resources and their sources.*Note: If yes, please submit a copy of all committment letters with your scoring materials									
Max points:	**5**								
POINTS AWARDED									
***New TH or RRH only* Describe your experience operating transitional housing or other projects that have successfully helped at least 50% of participants exit homelessness within 24 months and provide a data source which supports this outcome. If you do not currently have experience in operating similar projects, please discuss your strategy for helping at least 50% of participants exit homelessness within 24 months? 500 word limit.**									
Criteria: Applicant describes past experience exiting clients from homelessness within 24 months successfully. Applicant states that they do not currently have experience and alternatively provides their plan to successfully exit clients from homelessness within 24 months. *For Applicants with experience, a data source is uploaded whcih supports successful exits within 24 months.									
Max points:	**7**								
POINTS AWARDED									
***New TH or RRH only* Describe your experience operating transitional housing or another homelessness project and your success helping participants increase their income from employment and provide a data source which supports this outcome. If you do not currently have experience in operating similar projects, please discuss your strategy for helping at least 50% of participants increase their income from employment sources? 500 word limit.**									
Criteria: Applicant describes past experience helping clients increase their employment income successfully. Applicant states that they do not currently have experience and alternatively provides their plan to successfully help clients increase their employment income. *For Applicants with experience, a data source is uploaded whcih supports successful gains in client employment income.									
Max points:	**7**								
POINTS AWARDED									
Please provide evidence of your success in connecting people to mainstream benefits as evidences in an increase in non-employment cash income of program participants in other programing. You can define the parameters that best correspond to your agency's program history and data source. An example of this would be that over the past year program participants increased their non-employment cash income by 20% or over the past six months 10 participants out of 75 gained SSDI benefits. Please attach a data source that supports your narrative response.									
Criteria: Applicant describes past experience in increasing non-employment cash income for participants. Applicant connects response to data source attached to application and states the paraters of this example.									
Max points:	**7**								
POINTS AWARDED									
Please provide evidence of your success in connecting people to mainstream benefits as evidences in an increase in employment cash income of program participants in other programing. You can define the parameters that best correspond to your agency's program history and data source. An example of this would be that over the past year program participants increased their employment cash income by 20% or over the past six months 10 participants out of 75 gained employment income. Please attach a data source that supports your narrative response.									
Criteria: Applicant describes past experience in increasing employment cash income for participants. Applicant connects response to data source attached to application and states the paraters of this example.									

Max points:	**7**
POINTS AWARDED	

Please provide evidence of your success of helping unhoused populations exit homelessness to more stable destinations. You can define the parameters that best correspond to your agency's program history and data source. An example of this would be that over the past year of 50 people exiting your programming 10 went into recovery, 15 went to temporary destinations (such as staying with family temporarily), and 7 went to permanent housing. Please attach a data source that supports your narrative response.

Criteria: Applicant describes past experience in exiting participants to stable destinations. Applicant connects response to data source attached to application and states the paraters of this example.

Max points:	**7**
POINTS AWARDED	

SECTION 4. NEW PROJECTS

Measure:	Eligible budget costs
Description:	Does the proposed budget meet all cost eligiblity requirements for the CoC program?
Applicable to:	Only new projects (TH, SSO) and renewal projects which have not completed a full operating year
Max Points:	5
Point Basis:	5 points: Yes 3 points: Overall yes, can be corrected with minor modifications. 0 points: No
POINTS AWARDED:	

Measure:	Lived experience representation within agency
Description:	Does your leadership team or board consist of at least one member who has lived experience with homelessness?
Applicable to:	All
Max Points:	5
Point Basis:	5 point: Yes 0 points: No
POINTS AWARDED:	

SECTION 5. SUBMISSION TIMELINESS

Scoring Criteria Submission Timeliness			
Item	**Due**	**Submitted**	**On Time**
Draft Application			
Scoring Report			
Max Points:	2		
Point Basis:	One Point for Each Item Submitted On Time		
POINTS AWARDED:			

SECTION 6. BONUS QUESTION

Measure:	*BONUS* Voluntary reallocation from a Permanent Housing to Transitional Housing project
Description:	Did your agency voluntarily opt to transition or reallocate an existing PH project to a TH project?
Applicable to:	PH and Reallocated TH
Max Points:	5
Point Basis:	5 points: Yes 0 points: No
POINTS AWARDED:	

Max Points (w/out bonus):	**127**
Points Awarded:	**0**
Percentage:	**0.00%**

Louisville/Jefferson County Continuum of Care (KY-501) CoC NOFO Scoring Packet

Reallocation PH and TH (+transition) projects

Grant Name:	
Grantee:	
Grant Prefix:*	
Current Project Component:	
Application Project Component:	
Project Type:**	
Data source:	

*The grant prefix is the first five digits of your grant number (i.e., KY0123)

** Specify if your project is a transition grant, a renewal, a reallocation of existing projects (include projects reallocating), or an entirely new project.

INSTRUCTIONS:

When submitting this scoring rubric you must include a copy of your supportive services agreement and (if you are a VSP) a copy of the data source from which your responses are derived.

SECTION 1.A. OBJECTIVE CRITERIA: CoC PERFORMANCE MEASUREMENT RELATED CRITERIA

Measure:	Maintenance of or Exits to Positive Housing								
Description:	Measures the percentage of clients served in your project who have either stayed in your project or have left to another positive destination. This is to gauge how well programs are doing at housing clients and keeping them housed. This is a measure we are evaluated on as a CoC when reporting system performance measures.								
Applicable to:	PSH and PSH to TH transition projects								
Data Source:	APR, Question 5a,8 and question 23c								
Formula:	(Total # of Stayers from APR question 5a, 8	+	Total # of persons exiting to a positive destination from APR question 23c)	/	(Total number of persons served from APR question 5a, 1	-	Persons exiting to excluded destinations from APR question 23c)	=	
Computation:		+		/		-		=	#DIV/0!
CoC Average:	95%								
Max Points:	10								
Point Basis:	10 Points: 96% and Greater 8 Points: Between 90% and 95% 6 Points: Between 85%% and 89% 4 Points: Between 80% and 84% 2 Points Between 75% and 79% 0 Points: 74.99% or Less								
POINTS AWARDED:									

Measure:	Exits to Unsubsidized Housing								
Description:	Measures the percentage of clients served in your project who have exited to an unsubsidized permanent housing destination. This is to gauge how well programs are doing at housing clients and preparing clients to be economically independent.								
Applicable to:	All								
Data Source:	APR, question 23c								
Formula:	(Total # of persons who exited to Permanent Situations, APR question 23c, subtotal under Permanent Situations	-	Total # of persons exiting to destinations with an ongoing housing subsidy from APR question 23c, under Permanent Situations)	/	(Total # of persons exiting, APR question 23c	-	Persons exiting to excluded destinations from APR question 23c)	=	
Computation:		-		/		-		=	#DIV/0!
CoC Average:	53%								
Max Points:	5								

Point Basis:	5 Points: 40% and Greater 4 Points: Between 30% and 39% 3 Points: Between 20% and 29% 2 Points: Between 10% and 19% 1 Points Between 5% and 9% 0 Points: 5% or Less
POINTS AWARDED:	

Measure:	Gained or Increased Employment Income								
Description:	Measures percent of clients who increased their income from employment ("earned income") while in your project. Helping clients to increase their employment income improves their financial stability and ability to secure or maintain housing. This is a measure we are evaluated on as a CoC when reporting system performance measures.								
Applicable to:	All								
Data Source:	APR Questions 19a1 and 19a2								
Formula:	(19a1 Row "Number of Adults with Earned Income," Column "Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment"	+	19a2 Row "Number of Adults with Earned Income," Column "Performance Measure: Adults who Gained or Increased Income from Start to Exit")	/	19a1 Row "Number of Adults with Earned Income," Column "Total Adults (including those with No Income)"	+	19a2 Row "Number of Adults with Earned Income," Column "Total Adults (including those with No Income)")	=	
Computation:		+		/		+		=	#DIV/0!
CoC Average:									10%
Max Points:									5
Point Basis:	5 Points: 15% and Greater 3 Points: Between 10% and 14% 1 Point: Between 5% and 9% 0 Points: 4% or Less								
POINTS AWARDED:									

Measure:	Returns to Homelessness within 12 months of exit						
Description:	Measures the rate of returns to homelessness within 12 months after exit to a permanent destination.						
Applicable to:	All						
Data Source:	HMIS System Performance Measure reporting						
Formula:	Total # of returns within 12 months of exit	/	Total # of permanent exits	x	100	=	
Computation:		/		x	100	=	#DIV/0!
CoC Average:							22.00%
Max Points:							5
Point Basis:	5 points: Less than 20% of returns within 12 months of project exit 4 points: Between 20 and 30% returns 3 points: Between 30 and 40% returns 2 points: Between 40 and 50% returns 1 point: Between 50 and 60% returns 0 points: More than 60% returns						
POINTS AWARDED:							

Measure:	Returns to Homelessness within 24 months of exit						
Description:	Measures the rate of returns to homelessness within 24 months after exit to a permanent destination.						
Applicable to:	All						
Data Source:	HMIS System Performance Measure reporting						
Formula:	Total # of returns within 24 months of exit	/	Total # of permanent exits	x	100	=	
Computation:		/		x	100	=	#DIV/0!
CoC Average:							19.00%
Max Points:							5
Point Basis:	5 points: Less than 20% of returns within 24 months of project exit 4 points: Between 20 and 30% returns 3 points: Between 30 and 40% returns 2 points: Between 40 and 50% returns 1 point: Between 50 and 60% returns 0 points: More than 60% returns						
POINTS AWARDED:							

SECTION 1.B. OBJECTIVE CRITERIA: RAPID RETURN TO PERMANENT HOUSING AND SEVERITY OF BARRIERS EXPERIENCED BY PROGRAM PARTICIPANTS

Measure:	Analysis of Barriers - Disability						
Description:	Measures the percentage of clients served by your project with two or more disabling conditions. We recognize the barriers that persons with disabilities face in securing and maintaining housing relative to others. This measure acknowledges projects that disproportionately serve those clients.						
Applicable to:	All						
Data Source:	APR, Question 13a2						
Formula:	Total # of persons with two or more disabling conditions	/	(Total # of persons	-	Children in HH with Children and Adults with two or fewer disabling conditions)	=	
Computation:		/		-		=	#DIV/0!
CoC Average:	68%						
Max Points:	5						
Point Basis:	5 Points: 80% and Greater 4 Points: Between 70% and 79% 3 Points: Between 60% and 69% 2 Points: Between 50% and 59% 1 Point: Between 40% and 49% 0 Points: 39% or Less						
POINTS AWARDED:							

Measure:	Analysis of Barriers - History of Domestic Violence				
Description:	Measures the percentage of clients served by your project who are survivors of domestic violence. We recognize the barriers that survivors of DV face in securing housing. This measure acknowledges projects that disproportionately serve such clients.				
Applicable to:	All				
Data Source:	APR, Question 14a				
Formula:	Yes	/	Total	=	
Computation:		/		=	#DIV/0!
CoC Average:	49%				
Max Points:	5				
Point Basis:	5 Points: 65% and Greater 4 Points: Between 55% and 64% 3 Points: Between 45% and 54% 2 Points: Between 35% and 44% 1 Point: Between 25% and 34% 0 Points: 24% or Less				
POINTS AWARDED:					

Measure:	Analysis of Barriers - Adults with No Income at Entry				
Description:	Measures the percentage of adults served by your project who had no income at project entry. We recognize the barriers this group faces in securing housing. This measure acknowledges the projects that disproportionately serve such clients.				
Applicable to:	All				
Data Source:	APR, Question 18				
Formula:	Adults with No Income	/	Total Adults	=	
Computation:		/		=	#DIV/0!
CoC Average:	58%				
Max Points:	5				
Point Basis:	5 Points: 66% and Greater 4 Points: Between 61% and 65% 3 Points: Between 56% and 60% 2 Points: Between 50% and 55% 1 Point: Between 46% and 49% 0 Points: 45% or Less				
POINTS AWARDED:					

SECTION 1.C OTHER OBJECTIVE CRITERIA

Measure:	Expenditure of Grant Funds
Description:	Measures the amount awarded that projects spent relative to total amount awarded.
Applicable to:	All (excluding projects for whom FY25 was 1st operating year)
Data Source:	HUD Spenddown Report

Formula:	LOCCS Balance	/	Award	=	
Computation:		/		=	#DIV/0!
CoC Average:	3.38%				
Max Points:	5				
Point Basis:	5 Points: Less than 1% Returned 4 Points: Between 1% and 2% Returned 3 Points: Between 3% and 4% Returned 2 Points: Between 5% and 6% Returned 1 Point: Between 6% and 7% Returned 0 Points: 7% or Greater Returned				
POINTS AWARDED:					

Measure:	Data Quality - Personally Identifiable Information, Universal Data Elements, Income and Housin				
Description:	Measures data quality of clients' personally identifiable information in HMIS (name, SSN, date of birth, gender, and race/ethnicity), additional universal data elements, and income and destination data quality. CoC projects are required to collect these data elements for reporting. Capturing this data allows for more accurate reporting and analysis across the CoC.				
Applicable to:	All				
Data Source:	APR, 6a,b,c				
Formula:	Error Rate Below 5%	/	Data Elements	=	
Computation:		/	13	=	0.00%
Max Points:	2				
Point Basis:	2 Points: 13 out of 13 data elements (or 1 or fewer clients) with error rate below 5% 1.5 Points: 10 to 12 data elements with error rate below 5% 1 Point: 7 to 9 data elements with error rate below 5% .5 Points: 4 to 6 data elements with error rate below 5% 0 Points: 3 or less out of 13 data elements with error rate below 5%				
POINTS AWARDED:					

Measure:	Bed Utilization						
Description:	Measures the percentage of available beds in the project that were in use during the reporting period. This is measured by observing enrollments at a point in time during each of the four quarters in the reporting period, relative to the number of beds in the project. Higher utilization means the project is using more of its available resources at any given time, and more clients are being housed/sheltered.						
Applicable to:	PH and TH (excluding projects for whom FY24 was the first operating year)						
Data Source:	APR, 7b and Application						
Formula:	(Total PIT of Persons for January, April, July, October	/	4)	/	Number of BEDS Indicated in Application	=	
Computation:		/	4	/		=	#DIV/0!
Max Points:	2						
Point Basis:	2 Points: Between 85% Utilization or Greater 1.5 Points: Between 75% and 84% Utilization 1 Point: Between 65% and 74% Utilization .5 Points: Between 55% and 64% Utilization 0 Points: 54% Utilization or Less						
POINTS AWARDED:							

Measure:	Cost per unit				
Description:	The total proposed budget for a grant divided by the number of units in the project. This measure ensures that all projects are cost effective.				
Applicable to:	PH and TH				
Data Source:	Proposed project application budget				
Formula:	Total grant balance	/	# of units	=	
Computation:		/		=	
CoC Average:	$17,118.67				
Max Points:	5				
Point Basis:	5 points: At or below $17000 per unit 2.5 points: Betweent $17001 and $19999 per unit 0 points: Above $20000 per per unit				
POINTS AWARDED:					

Measure:	Cost per bed
Description:	The total proposed budget for a grant divided by the number of persons served in the project. This measure ensures that all projects are cost effective.
Applicable to:	PH and TH
Data Source:	Proposed project application budget

Formula:	Total grant budget	/	# of beds	=
Computation:		/		=
CoC Average:				$10,571.97
Max Points:				5
Point Basis:	5 points: At or below $10000 per bed 2.5 points: Between $10001 and $14999 per bed 0 points: Above $15000 per bed			
POINTS AWARDED:				

TO BE COMPLETED BY AGENCY

Section 1. OBJECTIVE CRITERIA

Measure:	Supportive services requirement
Description:	Will this project require each participant to engage in supportive services as a condition of long-term participation in the project? (ex. case management, substance abuse treatment, job skill training, etc.) *Note: all projects are required to upload a copy of their supportive services agreement
Applicable to:	All
Max Points:	5
Point Basis:	5 points: Yes 0 points: No
POINTS AWARDED:	

Measure:	Operation of drug injection sites or "safe consumption sites"
Description:	Applicant certifies that they do not operate drug injection sites or "safe consumption sites," or knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”
Applicable to:	All
Max Points:	3
Point Basis:	3 points: Yes 0 points: No
POINTS AWARDED:	

Measure:	Timely funding disbursements
Description:	Have you regularly drawn funds from eLOCCS during your grant term, at least once per quarter? If not, explain why.
Applicable to:	All
Max Points:	5
Point Basis:	5 points: Yes 2.5 points: No, with explanation given 0 points: No, no explanation given
RESPONSE (500 word limit):	
POINTS AWARDED:	

SECTION 2. OTHER CRITERIA: NARRATIVES

Scoring Framework

Max Points: Applicant provided a clear answer that addressed all parts of the narrative requests.

Mid Points: Applicants provided an answer that addressed some/most parts of the narrative requests but was unclear.

Low to Zero Points: Applicant did not address the scoring criteria or did not provide a reasonable or understandable answer.

Does this project have on-site substance abuse treatment services available to participants? (Scattered site programs could meet this requirement through groups available to all scattered site participants or Substance Use Treatment professionals that conduct home visits.) If yes, please describe. List any treatment providers you will partner with by name. You may be required to provide letters of commitment from these treatment providers prior to grant submission. 500 word limit.

Criteria: Applicant clearly states if this project has on-site substance abuse treatment services available to participants. If relevant, applicant describes the nature of the activities.

Max points:	**5**
POINTS AWARDED:	

Does this project have beds which are set aside exclusively for participants in substance abuse treatment? If yes, please describe. Clearly state the number of beds set aside for participants in substace abuse treatment. 500 word limit.

Criteria: Applicant clearly states if this project has beds which are set aside for participants in substance abuse treatment. If relevant, applicant describes any relevant details and names specific service partners.									
Max points:	**5**								
POINTS AWARDED:									
Is CoC funding required to support active financing on a property? If yes, please describe. 500 word limit.									
Criteria: Applicant clearly states if this project depends on CoC funding to support active financing on a property. If relevant, applicant describes the nature of the active financing on the property.									
Max points:	**5**								
POINTS AWARDED:									
Describe what supportive services (i.e., case management, behavioral healthcare, employment training, etc.) are offered by this project and how the project will assist program participant to obtain and maintain housing. If this project partners with other service partners to deliver services, please name partners. 500 word limit.									
Criteria: Applicant demonstrates the type and scale of all supportive services available to participants (e.g. case management, substance abuse treatment, behavioral healthcare, job training, etc.). Applicant demonstrates that project will provide and/or partner with other organizations to provide robust wraparound services. Applicant describes how the services offered will help clients obtain and maintain housing.									
Max points:	**5**								
POINTS AWARDED:									
Describe how this project provides, or partners with agencies that provide outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports. Describe how this project provides access to, peer recovery specialists or other forms of peer support and recovery navigation. 500 word limit.									
Criteria: Applicant describes treatment services available specific to mental health and substance abuse. Applicable partners are named if relevant to service delivery. Applicant provides peer support services or access to other recovery specialists.									
Max points:	**5**								
POINTS AWARDED:									
Describe the populations served by your project and how you will ensure that the supportive services provided are appropriate and accessible to all participants. Include any relevant details about how participant service plans are developed. 500 word limit.									
Criteria: Applicant describes the populations served by this project which may include elderly individuals 55+, individuals with a disability/impairment, young adults, families, veterans, and survivors of domestic abuse, dating violence, sexual assault, and stalking. Applicant describes how they will ensure all populations can access appropriate supportive services. Applicant provides details about the creation of participant service plans.									
Max points:	**5**								

POINTS AWARDED	

What is your strategy for designing supportive services plans that will promote self-sufficiency and economic independence for participants. 500 word limit.

Criteria: Applicant demonstrates how participants will be assisted in obtaining a customized supportive services plan which promotes sobriety, self-sufficiency, economic indpependence and stability. Applicant demonstrates understanding of the needs of the participants to be served.

Max points:	**5**
POINTS AWARDED	

***New TH Only* Describe how provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, communitybuilding activities, etc.) Employment may contribute to the 20 hours per week of engagement. 500 word limit.**

Criteria: Applicant describes how service plans for participants will total to at least 20 hours a week of services. Applicant makes note acknowledging exceptions.

Max points:	**5**
POINTS AWARDED	

SECTION 3. SUBMISSION TIMELINESS

Scoring Criteria Submission Timeliness			
Item	**Due**	**Submitted**	**On Time**
Draft Application			
Scoring Report			
Max Points:	2		
Point Basis:	One Point for Each Item Submitted On Time		
POINTS AWARDED:			

SECTION 4. BONUS QUESTION

Measure:	*BONUS* Voluntary reallocation from a Permanent Housing to Transitional Housing project
Description:	Did your agency voluntarily opt to transition or reallocate an existing PH project to a TH project?
Applicable to:	PH and Reallocated TH
Max Points:	5
Point Basis:	5 points: Yes 0 points: No
POINTS AWARDED:	

Max Points (w/out bonus):	**119**
Points Awarded:	**0**
Percentage:	**0.00%**

Louisville/Jefferson County Continuum of Care (KY-501) CoC NOFO Scoring Packet

New SSO projects

Grant Name:	
Grantee:	
Grant Prefix:*	
Current Project Component:	
Application Project Component:	
Project Type:**	
Data source:	

*The grant prefix is the first five digits of your grant number (i.e., KY0123)

** Specify if your project is a transition grant, a renewal, a reallocation of existing projects (include projects reallocating), or an entirely new project.

INSTRUCTIONS:	This rubric is applicable to new SSO projects. Projects which have not yet completed a full grant year should also use this rubric if applying for renewal/reallocation/transition.
	When submitting this scoring rubric you must include a copy of your supportive services agreement and (if you are a VSP) a copy of the data source from which your responses are derived.

SECTION 1. NEW PROJECT THRESHOLD CRITERIA

Note: If your project has not yet completed an operating year, you DO NOT have to complete the Threshold Criteria section.

Item:	Organizational eligibility
Certification:	Applicant certified that they are an eligible entity type as detailed in page 9 of the NOFO.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	COC Membership
Certification:	Applicant is a member of the Louisville Continuum of Care. If no, Applicant must submit the Continuum of Care Membership Form prior to completing an application for funds.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	HMIS Participation
Certification:	Applicant is willing to participate in the HMIS system according to the expectations established in the Louisville CoC Data Quality Plan. If No, is the applicant a VSP who will utilize a comparable database?
Applicable to:	All
RESPONSE: (Y/N)	

Item:	Participation in Coordinated Entry system
Certification:	Applicant is willing to participate in the Coordinated Entry system, as applicable. For questions on how Coordinated Entry may apply to your project, please contact Carey Addison at caddison@fhclouisville.org.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	Participation in Point-in-time count
Certification:	Applicant participated in the most recent Point-In-Time count conducted in Louisville or agrees to participate in future Point-in-time counts.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	Participation in Louisville CoC sponsored activities

Certification:	Applicant has participated in at least one Continuum of Care sponsored activities within the past year. These may include CFH hosted trainings, case conferencing sessions, and/or attendance at quarterly or annual meetings.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	Compliance with federal regulations
Certification:	Applicant agrees to comply with all federal regulations that govern the Continuum of Care Program, including those governing eligible program participants, and understands that it is the applicant responsibility to read, understand, and remain in compliance with said regulations.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	Financial and management capacity
Certification:	Project applicants must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds. Demonstrating capacity may include a description of the applicant experience with similar projects and with successful administration of SHP, S+C, or CoC Program funds or other federal, state, local, or private resources. Please provide a narrative response detailing organizational experience administering similar projects and the funding sources used to support those projects. Relevant leadership staff experience administering similar projects is acceptable in lieu of organizational experience.
Applicable to:	All
RESPONSE: (500 word limit)	

Item:	Match requirement
Certification:	Applicant understands that grants funded under the Continuum of Care program require 25% cash or in-kind match for all grant funds except leasing. See here for additional information. MOUs for in-kind match must be attached prior to grant submission.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	*NEW SSO - STREET OUTREACH ONLY* Cooperation with law enforcement
Certification:	The applicant certifies that they cooperate, assist, and not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws.
Applicable to:	All
RESPONSE: (Y/N)	

Item:	Current programming and outcomes
Certification:	Describe current homelessness programming in organization and all current housing programming. In your descriptions, be sure to include projected outcomes and/or historical outcomes within 5 years as applicable.
Applicable to:	All

RESPONSE: (500 word limit)	

Measure:	Operation of drug injection sites or "safe consumption sites"
Description:	Applicant certifies that they do not operate drug injection sites or "safe consumption sites," or knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of "harm reduction."
Applicable to:	All
Response (Y/N):	

SECTION 2. OBJECTIVE CRITERIA

Measure:	Street outreach project
Description:	Is this project a street outreach (SO) project?
Applicable to:	All
Max Points:	10
Point Basis:	10 points: Yes 0 points: No
RESPONSE: (Y/N)	
POINTS AWARDED:	

Measure:	Supportive services requirement
Description:	Will this project require each participant to engage in supportive services as a condition of long-term participation in the project? (ex. case management, substance abuse treatment, job skill training, etc.) *Note: all projects are required to upload a copy of their supportive services agreement
Applicable to:	All
Max Points:	5
Point Basis:	5 points: Yes 0 points: No
POINTS AWARDED:	

Measure:	Applicant history in administering proposed project type
Description:	Does the applicant have at least one year of experience in administering the proposed project type within the field of homeless services? This can include organization experience or personal experience from leadership staff.
Applicable to:	All
Max Points:	5
Point Basis:	5 points: Yes 0 points: No
RESPONSE: (Y/N)	
POINTS AWARDED:	

Measure:	Substance Abuse Treatment
Description:	Does this project have access to a substance abuse treatment professional who is available to participants?
Applicable to:	SSO
Max Points:	3
Point Basis:	3 point: Yes 0 points: No
POINTS AWARDED:	

Measure:	Proposed Cost Effectiveness				
Description:	Measures the proposed cost effectiveness of project based on clients served.				
Applicable to:	SSO				
Formula	Total proposed budget amount	/	Total # of clients that will be served	=	
Computation:		/		=	#DIV/0!
CoC Average:	$				1,940.60
Max Points:					5
Point Basis:	5 points: At or below $1500 per client served 2.5 points: Betweent $1501 and $2500 per client served 0 points: Above $2500 per client served				
POINTS AWARDED:					

Measure:	HUD funding status

Description:	Does the applicant currently receive any HUD funds? If so, confirm good standing with HUD (adherence to financial requirements, no monitoring or audit findings without satisfactory response, or other ongoing compilance issues with HUD) and active registration with SAM. For applicants not currently receiving HUD funds, active SAM registration is required.
Applicable to:	All
Max Points:	5
Point Basis:	5 points: Yes, confirmation of good standing and current SAM registration 2.5 points: Yes, but there are minor issues with past HUD awards that are being addressed. SAM registration is current. OR No previous funding from HUD, but has registered for SAM account. 0 points: No previous HUD funding and no SAM registration.
RESPONSE (500 word limit):	
POINTS AWARDED:	

SECTION 3. OTHER CRITERIA: NARRATIVES

Scoring Framework

Max Points: Applicant provided a clear answer that addressed all parts of the narrative requests.

Mid Points: Applicants provided an answer that addressed some/most parts of the narrative requests but was unclear.

Low to Zero Points: Applicant did not address the scoring criteria or did not provide a reasonable or understandable answer.

Describe what supportive services (i.e., case management, behavioral healthcare, employment training, etc.) are offered by this project and how the project will assist program participant to obtain and maintain housing. If this project partners with other service partners to deliver services, please name partners. 500 word limit.

Criteria: Applicant demonstrates the type and scale of all supportive services available to participants (e.g. case management, substance abuse treatment, behavioral healthcare, job training, etc.). Applicant demonstrates that project will provide and/or partner with other organizations to provide robust wraparound services. Applicant describes how the services offered will help clients obtain and maintain housing.

Max points: 5

POINTS AWARDED:

Describe how this project provides, or partners with agencies that provide outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports. Describe how this project provides access to, peer recovery specialists or other forms of peer support and recovery navigation. 500 word limit.

Criteria: Applicant describes treatment services available specific to mental health and substance abuse. Applicable partners are named if relevant to service delivery. Applicant provides peer support services or access to other recovery specialists.

Max points: 5

POINTS AWARDED:

***SSO projects only* Describe the populations served by your project and how you will ensure that the supportive services provided are appropiate and accessible to all participants. Include any relevant details about how participant service plans are developed. In your response, be sure to include an estimate of the number of individuals and households to be served annually by the project. 500 word limit.**

Criteria: Applicant describes the populations served by this project which may include elderly individuals 55+, individuals with a disability/impairment, young adults, families, veterans, and survivors of domestic abuse, dating violence, sexual assault, and stalking. Applicant describes how they will ensure all populations can access appropiate supportive services. Applicant provides details about the creation of participant service plans. Applicant estimates the number of individuals and households to be served annually by the project.

Max points: 5

POINTS AWARDED

***Street Outreach projects only* Describe how you work to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. Discuss how you have partnered with law enforcement and certify that you do not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws. 500 word limit.**									
Criteria: Applicant describes strategy for engaging with unsheltered homeless and connecting individuals and families to shelter, treatment programs, transitional housing and independent living. Applicant attests that they do not impede or interfere with law enforcement and describes how they plan to partner with law enforcement efforts.									
Max points:	**10**								
POINTS AWARDED									
***SSO projects only* What is your strategy for designing supportive services plans that will promote self-sufficiency and economic independence for participants. 500 word limit.**									
Criteria: Applicant demonstrates how participants will be assisted in obtaining a customized supportive services plan which promotes sobriety, self-sufficiency, economic indpependence and stability. Applicant demonstrates understanding of the needs of the participants to be served. Applicant may note that participant employment, age (55+) and/or developmental disability status may constitute an exception to supportive serve participation.									
Max points:	**5**								
POINTS AWARDED									
Describe your organization's (and subrecipient(s) if applicable) financial management structure and experience in the following activities (500 word limit): **1. effectively utilizing federal funds and performing the activities proposed in the application** **2. leveraging Federal, State, local and private sector funds**									
Criteria: Applicant demonstrates a robust financial management structure. Applicant describes prior experience successfully utilizing federal funds and performing activities proposed in the application. Applicant demonstrates prior experience leveraging funds from a variety of sources including Federal, State, local and private sector.									
Max points:	**5**								
POINTS AWARDED									
Describe how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. 500 word limit.									
Criteria: Applicant describes how the project will be supplemented with resources outside CoC or ESG funds. Applicant describes these resources and their sources.*Note: If yes, please submit a copy of all committment letters with your scoring materials									
Max points:	**5**								
POINTS AWARDED									
Please provide evidence of your success in connecting people to mainstream benefits as evidences in an increase in non-employment cash income of program participants in other programing. You can define the parameters that best correspond to your agency's program history and data source. An example of this would be that over the past year program participants increased their non-employment cash income by 20% or over the past six months 10 participants out of 75 gained SSDI benefits. Please attach a data source that supports your narrative response.									
Criteria: Applicant describes past experience in increasing non-employment cash income for participants. Applicant connects response to data source attached to application and states the paraters of this example.									

Max points:	**10**
POINTS AWARDED	

Please provide evidence of your success in connecting people to mainstream benefits as evidences in an increase in employment cash income of program participants in other programing. You can define the parameters that best correspond to your agency's program history and data source. An example of this would be that over the past year program participants increased their employment cash income by 20% or over the past six months 10 participants out of 75 gained employment income. Please attach a data source that supports your narrative response.

Criteria: Applicant describes past experience in increasing employment cash income for participants. Applicant connects response to data source attached to application and states the praters of this example.

Max points:	**10**
POINTS AWARDED	

Please provide evidence of your success of helping unhoused populations exit homelessness to more stable destinations. You can define the parameters that best correspond to your agency's program history and data source. An example of this would be that over the past year of 50 people exiting your programming 10 went into recovery, 15 went to temporary destinations (such as staying with family temporarily), and 7 went to permanent housing. Please attach a data source that supports your narrative response.

Criteria: Applicant describes past experience in exiting participants to stable destinations. Applicant connects response to data source attached to application and states the praters of this example.

Max points:	**10**
POINTS AWARDED	

SECTION 4. NEW PROJECTS

Measure:	Eligible budget costs
Description:	Does the proposed budget meet all cost eligiblity requirements for the CoC program?
Applicable to:	Only new projects (TH, SSO) and renewal projects which have not completed a full operating year
Max Points:	5
Point Basis:	5 points: Yes 3 points: Overall yes, can be corrected with minor modifications. 0 points: No
RESPONSE: (Y/N)	
POINTS AWARDED:	

Measure:	Lived experience representation within agency
Description:	Does your leadership team or board consist of at least one member who has lived experience with homelessness?
Applicable to:	All
Max Points:	5
Point Basis:	5 point: Yes 0 points: No
RESPONSE: (Y/N)	
POINTS AWARDED:	

SECTION 5. SUBMISSION TIMELINESS

Scoring Criteria Submission Timeliness			
Item	**Due**	**Submitted**	**On Time**
Draft Application			
Scoring Report			
Max Points:	2		
Point Basis:	One Point for Each Item Submitted On Time		

POINTS AWARDED:	
Max Points (w/out bonus):	115
Points Awarded:	0
Percentage:	0.00%

Louisville/Jefferson County Continuum of Care (KY-501) CoC NOFO Scoring Packet

Grant Name:	
Grantee:	
Grant Prefix:*	
Current Project Component:	
Application Project Component:	
Project Type:**	
Data source:	

*The grant prefix is the first five digits of your grant number (i.e., KY0123)

** Specify if your project is a transition grant, a renewal, a reallocation of existing projects (include projects reallocating), or an entirely new project.

INSTRUCTIONS:	This rubric is applicable to SSO project types. The following projects should use this rubric: 1. Standard project renewals 2. Agencies with a history of adminstering similar projects that can provide an APR for said similar project When submitting this scoring rubric you must include a copy of your supportive services agreement and (if you are a VSP) a copy of the data source from which your responses are derived.

SECTION 1.A OBJECTIVE CRITERIA: CoC PERFORMANCE MEASUREMENT RELATED CRITERIA

Measure:	Exits to Positive Housing							
Description:	Measures the percentage of clients served in your project who have left to another positive destination. This is to gauge how well programs are doing at housing clients. This is a measure we are evaluated on as a CoC when reporting system performance measures.							
Applicable to:								
Data Source:	APR, Question 23c							
Formula:	Total # of persons exiting to a positive destination from APR question 23c)	/	(Total # of persons exiting, APR question 23c	-	Persons exiting to excluded destinations from APR question 23c)	=		
Computation:		/		-		=	#DIV/0!	
CoC Average:	33%							
Max Points:	5							
Point Basis:	5 Points: 40% and Greater 4 Points: Between 35% and 40% 3 Points: Between 30% and 35% 2 Points: Between 25% and 30% 1 Points Between 20% and 25% 0 Points: 20% or Less							
POINTS AWARDED:								

Measure:	Exits to Unsubsidized Housing								
Description:	Measures the percentage of clients served in your project who have exited to an unsubsidized permanent housing destination. This is to gauge how well programs are doing at housing clients and preparing clients to be economically independent.								
Applicable to:	SSO								
Data Source:	APR, question 23c								
Formula:	(Total # of persons who exited to Permanent Situations, APR question 23c, subtotal under Permanent Situations	-	Total # of persons exiting to destinations with an ongoing housing subsidy from APR question 23c, under Permanent Situations)	/	(Total # of persons exiting, APR question 23c	-	Persons exiting to excluded destinations from APR question 23c)	=	
Computation:		-		/		-		=	#DIV/0!
CoC Average:	20%								
Max Points:	5								

Point Basis:	5 Points: 30% and Greater 4 Points: Between 25% and 39% 3 Points: Between 20% and 24% 2 Points: Between 15% and 19% 1 Points Between 10% and 14% 0 Points: 9% or Less
POINTS AWARDED:	

Measure:	Exits to temporary and some institutional destinations								
Description:	Measures the percent of clients who exit the project to temporary and some institutional destinations.								
Applicable to:	SSO								
Data Source:	APR, question 23c								
Formula:	(Total # of persons who exited to Temporary Situations, APR question 23c, subtotal under Temporary situations	+	Total # of persons exiting to Foster care or foster care group home, Long-term care facility or nursing home, Psychiatric hospital or other psychiatric facility, or substance abuse facility from APR question 23c, under Institutional Situations)	/	(Total # of persons exiting, APR question 23c	-	Persons exiting to excluded destinations from APR question 23c)	=	
Computation:		+		/		-		=	#DIV/0!
CoC Average:	5%								
Max Points:	5								
Point Basis:	5 Points: 10% and Greater 4 Points: Between 7% and 10% 3 Points: Between 5% and 7% 2 Points: Between 3% and 5% 1 Points Between 1% and 3% 0 Points: 1% or Less								
POINTS AWARDED:									

Measure:	Gained or Increased Employment Income								
Description:	Measures percent of clients who increased their income from employment ("earned income") while in your project. Helping clients to increase their employment income improves their financial stability and ability to secure or maintain housing. This is a measure we are evaluated on as a CoC when reporting system performance measures.								
Applicable to:	All								
Data Source:	APR Questions 19a1 and 19a2								
Formula:	(19a1 Row "Number of Adults with Earned Income," Column "Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment"	+	19a2 Row "Number of Adults with Earned Income," Column "Performance Measure: Adults who Gained or Increased Income from Start to Exit")	/	19a1 Row "Number of Adults with Earned Income," Column "Total Adults (including those with No Income)"	+	19a2 Row "Number of Adults with Earned Income," Column "Total Adults (including those with No Income)")	=	
Computation:		+		/		+		=	#DIV/0!
CoC Average:	3%								
Max Points:	5								
Point Basis:	5 Points: 12% and Greater 3 Points: Between 8% and 11% 1 Point: Between 3% and 7% 0 Points: 2% or Less								
POINTS AWARDED:									

Measure:	Returns to Homelessness within 12 months of exit					
Description:	Measures the rate of returns to homelessness within 12 months after exit to a permanent destination.					
Applicable to:	SSO					
Data Source:	HMIS System Performance Measure reporting					
Formula:	Total # of returns within 12 months of exit	/	Total # of permanent exits	x	100	=

Computation:		/		x	100	=	#DIV/0!
CoC Average:							24.00%
Max Points:							5
Point Basis:	5 points: Less than 20% of returns within 12 months of project exit 4 points: Between 20 and 30% returns 3 points: Between 30 and 40% returns 2 points: Between 40 and 50% returns 1 point: Between 50 and 60% returns 0 points: More than 60% returns						
POINTS AWARDED:							

Measure:	Returns to Homelessness within 24 months of exit						
Description:	Measures the rate of returns to homelessness within 24 months after exit to a permanent destination.						
Applicable to:	SSO						
Data Source:	HMIS System Performance Measure reporting						
Formula:	Total # of returns within 24 months of exit	/	Total # of permanent exits	x	100	=	
Computation:		/		x	100	=	#DIV/0!
CoC Average:							13.00%
Max Points:							5
Point Basis:	5 points: Less than 20% of returns within 24 months of project exit 4 points: Between 20 and 30% returns 3 points: Between 30 and 40% returns 2 points: Between 40 and 50% returns 1 point: Between 50 and 60% returns 0 points: More than 60% returns						
POINTS AWARDED:							

SECTION 1.B OBJECTIVE CRITERIA

Measure:	Analysis of Barriers - Disability						
Description:	Measures the percentage of clients served by your project with two or more disabling conditions. We recognize the barriers that persons with disabilities face in securing and maintaining housing relative to others. This measure acknowledges projects that disproportionately serve those clients.						
Applicable to:	All						
Data Source:	APR, Question 13a2						
Formula:	Total # of persons with two or more disabling conditions	/	(Total # of persons	-	Children in HH with Children and Adults with two or fewer disabling conditions)	=	
Computation:		/		-		=	#DIV/0!
CoC Average:							63%
Max Points:							5
Point Basis:	5 Points: 80% and Greater 4 Points: Between 70% and 79% 3 Points: Between 60% and 69% 2 Points: Between 50% and 59% 1 Point: Between 40% and 49% 0 Points: 39% or Less						
POINTS AWARDED:							

Measure:	Analysis of Barriers - History of Domestic Violence				
Description:	Measures the percentage of clients served by your project who are survivors of domestic violence. We recognize the barriers that survivors of DV face in securing housing. This measure acknowledges projects that disproportionately serve such clients.				
Applicable to:	All				
Data Source:	APR, Question 14a				
Formula:	Yes	/	Total	=	
Computation:		/		=	#DIV/0!
CoC Average:					31%
Max Points:					5
Point Basis:	5 Points: 45% and Greater 4 Points: Between 35% and 44% 3 Points: Between 25% and 34% 2 Points: Between 15% and 24% 1 Point: Between 5% and 14% 0 Points: 4% or Less				

POINTS AWARDED:					

Measure:	Analysis of Barriers - Adults with No Income at Entry				
Description:	Measures the percentage of adults served by your project who had no income at project entry. We recognize the barriers this group faces in securing housing. This measure acknowledges the projects that disproportionately serve such clients.				
Applicable to:	All				
Data Source:	APR, Question 18				
Formula:	Adults with No Income	/	Total Adults	=	
Computation:		/		=	#DIV/0!
CoC Average:					70%
Max Points:					5
Point Basis:	5 Points: 75% and Greater 4 Points: Between 65% and 74% 3 Points: Between 55% and 64% 2 Points: Between 45% and 54% 1 Point: Between 35% and 44% 0 Points: 34% or Less				
POINTS AWARDED:					

Measure:	Cost Effectiveness of Project				
Description:	Measures the cost effectiveness of project based on clients served.				
Applicable to:	SSO				
Data Source:	APR question 7a; HUD Spenddown Report				
Formula	Total grant award	/	Total # of clients served	=	
Computation:		/		=	#DIV/0!
CoC Average:	$				1,940.60
Max Points:					5
Point Basis:	5 points: At or below $1500 per client served 2.5 points: Betweent $1501 and $2500 per client served 0 points: Above $2500 per client served				
POINTS AWARDED:					

Measure:	Expenditure of Grant Funds				
Description:	Measures the amount awarded that projects spent relative to total amount awarded.				
Applicable to:	All (excluding projects for whom FY25 was 1st operating year)				
Data Source:	HUD Spenddown Report				
Formula:	LOCCS Balance	/	Award	=	
Computation:		/		=	#DIV/0!
CoC Average:					1.59%
Max Points:					5
Point Basis:	5 Points: Less than 1% Returned 4 Points: Between 1% and 2% Returned 3 Points: Between 3% and 4% Returned 2 Points: Between 5% and 6% Returned 1 Point: Between 6% and 7% Returned 0 Points: 7% or Greater Returned				
POINTS AWARDED:					

Measure:	Data Quality - Personally Identifiable Information, Universal Data Elements, Income and Housin				
Description:	Measures data quality of clients' personally identifiable information in HMIS (name, SSN, date of birth, gender, and race/ethnicity), additional universal data elements, and income and destination data quality. CoC projects are required to collect these data elements for reporting. Capturing this data allows for more accurate reporting and analysis across the CoC.				
Applicable to:	All				
Data Source:	APR, 6a,b,c				
Formula:	Error Rate Below 5%	/	Data Elements	=	
Computation:		/	13	=	0.00%
Max Points:					2
Point Basis:	2 Points: 13 out of 13 data elements (or 1 or fewer clients) with error rate below 5% 1.5 Points: 10 to 12 data elements with error rate below 5% 1 Point: 7 to 9 data elements with error rate below 5% .5 Points: 4 to 6 data elements with error rate below 5% 0 Points: 3 or less out of 13 data elements with error rate below 5%				

POINTS AWARDED:	

TO BE COMPLETED BY AGENCY

SECTION 2.A. OBJECTIVE CRITERIA

Measure:	Street outreach, workforce development or project providing immediate medical service
Description:	Is this a street outreach project, a workforce development project, or another project that provides immediate medical services? (Immediate medical services assistance focusing on homeless individuals discharged from hospitals or experiencing acute medical conditions)
Applicable to:	SSO
Max Points:	10
Point Basis:	10 points: Yes 0 points: No
POINTS AWARDED:	

Measure:	Supportive services requirement
Description:	Will this project require each participant to engage in supportive services as a condition of long-term participation in the project? (ex. case management, substance abuse treatment, job skill training, etc.) *Note: all projects are required to upload a copy of their supportive services agreement
Applicable to:	All
Max Points:	5
Point Basis:	5 points: Yes 0 points: No
POINTS AWARDED:	

Measure:	Substance Abuse Treatment
Description:	Does this project have access to a substance abuse treatment professional who is available to participants?
Applicable to:	SSO
Max Points:	3
Point Basis:	3 point: Yes 0 points: No
POINTS AWARDED:	

Measure:	Operation of drug injection sites or "safe consumption sites"
Description:	Applicant certifies that they do not operate drug injection sites or "safe consumption sites," or knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of "harm reduction."
Applicable to:	All
Max Points:	3
Point Basis:	3 points: Yes 0 points: No
POINTS AWARDED:	

Measure:	Timely funding disbursements
Description:	Have you regularly drawn funds from eLOCCS during your grant term, at least once per quarter? If not, explain why.
Applicable to:	All
Max Points:	5
Point Basis:	5 points: Yes 2.5 points: No, with explanation given 0 points: No, no explanation given
RESPONSE (500 word limit):	
POINTS AWARDED:	

SECTION 2.B. NARRATIVE CRITERIA

Scoring Framework
Max Points: Applicant provided a clear answer that addressed all parts of the narrative requests.
Mid Points: Applicants provided an answer that addressed some/most parts of the narrative requests but was unclear.
Low to Zero Points: Applicant did not address the scoring criteria or did not provide a reasonable or understandable answer.

Describe what supportive services (i.e., case management, behavioral healthcare, employment training, etc.) are offered by this project and how the project will assist program participant to obtain and maintain housing. If this project partners with other service partners to deliver services, please name partners. 500 word limit.

Criteria: Applicant demonstrates the type and scale of all supportive services available to participants (e.g. case management, substance abuse treatment

Criteria: Applicant demonstrates the type and scale of all supportive services available to participants (e.g. case management, substance abuse treatment, behavioral healthcare, job training, etc.). Applicant demonstrates that project will provide and/or partner with other organizations to provide robust wraparound services. Applicant describes how the services offered will help clients obtain and maintain housing.									
Max points:	**5**								
POINTS AWARDED:									
Describe how this project provides, or partners with agencies that provide outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports. Describe how this project provides access to, peer recovery specialists or other forms of peer support and recovery navigation. 500 word limit.									
Criteria: Applicant describes treatment services available specific to mental health and substance abuse. Applicable partners are named if relevant to service delivery. Applicant provides peer support services or access to other recovery specialists.									
Max points:	**5**								
POINTS AWARDED:									
***Street Outreach projects only* Describe how you work to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. Discuss how you have partnered with law enforcement and certify that you do not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws. 500 word limit.**									
Criteria: Applicant describes strategy for engaging with unsheltered homeless and connecting individuals and families to shelter, treatment programs, transitional housing and independent living. Applicant attests that they do not impede or interfere with law enforcement and describes how they have partnered with law enforcement efforts.									
Max points:	**10**								
POINTS AWARDED									
***SSO projects only* Describe the populations served by your project and how you will ensure that the supportive services provided are appropriate and accessible to all participants. Include any relevant details about how participant service plans are developed. 500 word limit.**									
Criteria: Applicant describes the populations served by this project which may include elderly individuals 55+, individuals with a disability/impairment, young adults, families, veterans, and survivors of domestic abuse, dating violence, sexual assault, and stalking. Applicant describes how they will ensure all populations can access appropriate supportive services. Applicant provides details about the creation of participant service plans.									
Max points:	**5**								
POINTS AWARDED									
***SSO projects only* What is your strategy for designing supportive services plans that will promote self-sufficiency and economic independence for participants. 500 word limit.**									
Criteria: Applicant demonstrates how participants will be assisted in obtaining a customized supportive services plan which promotes sobriety, self-sufficiency, economic indpependence and stability. Applicant demonstrates understanding of the needs of the participants to be served.									

Max points:	**5**
POINTS AWARDED	

SECTION 3. SUBMISSION TIMELINESS

Scoring Criteria Submission Timeliness			
Item	**Due**	**Submitted**	**On Time**
Draft Application			
Scoring Report			
Max Points:	2		
Point Basis:	One Point for Each Item Submitted On Time		
POINTS AWARDED:			

Max Points:	**115**
Points Awarded:	**0**
Percentage:	**0.00%**

FY26 Narrative Questions

Each possible narrative question is listed below along with applicable rubrics.

Rubrics are:
Renewal PH and TH projects
New PH and TH projects
New Reallocation PH and TH projects
New SSO Projects
New Reallocation SSO projects

Does this project have on-site substance abuse treatment services available to participants? (Scattered site programs could meet this requirement through groups available to all scattered site participants or Substance Use Treatment professionals that conduct home visits.) If yes, please describe. List any treatment providers you will partner with by name. You may be required to provide letters of commitment from these treatment providers prior to grant submission. 500 word limit.							
Criteria: Applicant clearly states if this project has on-site substance abuse treatment services available to participants. If relevant, the applicant describes the nature of the activities.							
Max points:	**5**						

Rubrics: Renewal Projects(PH and TH), New Reallocation Projects (PH and TH), and New PH and TH Projects

Does this project have beds which are set aside exclusively for participants in substance abuse treatment? If yes, please describe. Clearly state the number of beds set aside for participants in substance abuse treatment. 500 word limit.							
Criteria: Applicant clearly states if this project has beds which are set aside for participants in substance abuse treatment. If relevant, the applicant describes any relevant details and names specific service partners.							
Max points:	**5**						

Rubrics: Renewal Projects(PH and TH), New Reallocation Projects (PH and TH), and New PH and TH projects

Is CoC funding required to support active financing on a property? If yes, please describe. 500 word limit.							
Criteria: Applicant clearly states if this project depends on CoC funding to support active financing on a property. If relevant, the applicant describes the nature of the active financing on the property.							
Max points:	**5**						

Rubrics: Renewal Projects(PH and TH), New Reallocation Projects (PH and TH)

Describe what supportive services (i.e., case management, behavioral healthcare, employment training, etc.) are offered by this project and how the project will assist program participants to obtain and maintain housing. If this project partners with other service partners to deliver services, please name partners. 500 word limit.							
Criteria: Applicant demonstrates the type and scale of all supportive services available to participants (e.g. case management, substance abuse treatment, behavioral healthcare, job training, etc.). Applicant demonstrates that the project will provide and/or partner with other organizations to provide robust wraparound services. Applicant describes how the services offered will help clients obtain and maintain housing.							
Max points:	**5**						

Rubrics: All

Describe how this project provides, or partners with agencies that provide outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports. Describe how this project provides access to peer recovery specialists or other forms of peer support and recovery navigation. 500 word limit.							
Criteria: Applicant describes treatment services available specific to mental health and substance abuse. Applicable partners are named if relevant to service delivery. Applicant provides peer support services or access to other recovery specialists.							
Max points:	**5**						

Rubrics: All

Describe the populations served by your project and how you will ensure that the supportive services provided are appropriate and accessible to all participants. Include any relevant details about how participant service plans are developed. 500 word limit.							
Criteria: Applicant describes the populations served by this project which may include elderly individuals 55+, individuals with a disability/impairment, young adults, families, veterans, and survivors of domestic abuse, dating violence, sexual assault, and stalking. Applicant describes how they will ensure all populations can access appropriate supportive services. Applicant provides details about the creation of participant service plans.							
Max points:	**5**						

Rubrics: All Renewal and Reallocation projects (excluding street outreach)

Describe the populations served by your project and how you will ensure that the supportive services provided are appropriate and accessible to all participants. Include any relevant details about how participant service plans are developed. In your response, be sure to include an estimate of the number of individuals and households to be served annually by the project. 500 word limit.
Criteria: Applicant describes the populations served by this project which may include elderly individuals 55+, individuals with a disability/impairment, young adults, families, veterans, and survivors of domestic abuse, dating violence, sexual assault, and stalking. Applicant describes how they will ensure all populations can access appropriate supportive services. Applicant provides details about the creation of participant service plans.

Applicant estimates the number of individuals and households to be served annually by the project.							
Max points:	**5**						

Rubrics: New Projects (PH and TH)

What is your strategy for designing supportive services plans that will promote self-sufficiency and economic independence for participants. 500 word limit.							
Criteria: Applicant demonstrates how participants will be assisted in obtaining a customized supportive services plan which promotes sobriety, self-sufficiency, economic independence and stability. Applicant demonstrates understanding of the needs of the participants to be served.							
Max points:	**5**						

Rubrics: Renewal Projects (PH and TH), New Reallocation Projects (PH and TH), and New PH and TH Projects

***Street Outreach projects only* Describe how you work to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. Discuss how you have partnered with law enforcement and certify that you do not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws. 500 word limit.**							
Criteria: Applicant describes strategy for engaging with unsheltered homeless and connecting individuals and families to shelter, treatment programs, transitional housing and independent living. Applicant attests that they do not impede or interfere with law enforcement and describes how they have partnered with law enforcement efforts.							
Max points:	**10**						

Rubrics: New Reallocation SSO - Street Outreach projects and New SSO - Street Outreach projects

***SSO projects only* Describe the populations served by your project and how you will ensure that the supportive services provided are appropriate and accessible to all participants. Include any relevant details about how participant service plans are developed. 500 word limit.**							
Criteria: Applicant describes the populations served by this project which may include elderly individuals 55+, individuals with a disability/impairment, young adults, families, veterans, and survivors of domestic abuse, dating violence, sexual assault, and stalking. Applicant describes how they will ensure all populations can access appropriate supportive services. Applicant provides details about the creation of participant service plans.							
Max points:	**5**						

Rubrics: New Reallocation SSO projects and New SSO projects

***SSO projects only* What is your strategy for designing supportive services plans that will promote self-sufficiency and economic independence for participants. 500 word limit.**

Criteria: Applicant demonstrates how participants will be assisted in obtaining a customized supportive services plan which promotes sobriety, self-sufficiency, economic independence and stability. Applicant demonstrates understanding of the needs of the participants to be served.							
Max points:	**5**						

Rubrics: New Reallocation SSO projects and New SSO projects

***New TH Only* Describe how you provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.) Employment may contribute to the 20 hours per week of engagement. 500 word limit.**							
Criteria: Applicant describes how service plans for participants will total to at least 20 hours a week of services. Applicant makes note acknowledging exceptions.							
Max points:	**5**						

Rubrics: New TH projects, New Reallocation TH projects.

Describe your organization's (and subrecipient(s) if applicable) financial management structure and experience in the following activities: 500 word limit. **1. effectively utilizing federal funds and performing the activities proposed in the application** **2. leveraging Federal, State, local and private sector funds**							
Criteria: Applicant demonstrates a robust financial management structure. Applicant describes prior experience successfully utilizing federal funds and performing activities proposed in the application. Applicant demonstrates prior experience leveraging funds from a variety of sources including Federal, State, local and private sector. *Note: new projects are required to submit a copy of organizational financial policies with scoring materials.							
Max points:	**5**						

Rubrics: New PH and TH projects and New SSO projects

If your project is new or has not begun intake, describe the strategy for quickly moving participants into the project and reaching unit capacity. For FY24 projects that have not yet completed their first grant year, describe how close your project is to reaching unit capacity. 500 word limit.							
Criteria: Applicant indicates if this project has begun participant intake. Applicant demonstrates a strategy for quickly moving participants into housing and reaching capacity.							
Max points:	**5**						

Rubrics: New PH and TH projects

Describe how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. 500 word limit.							
Criteria: Applicant describes how the project will be supplemented with resources outside CoC or ESG funds. Applicant describes these resources and their sources.*Note: If yes, please submit a copy of all commitment letters with your scoring materials							
Max points:	**5**						

Rubrics: New PH and TH projects and New SSO projects

***New TH or RRH only* Describe your experience operating transitional housing or other projects that have successfully helped at least 50% of participants exit homelessness within 24 months and provide a data source which supports this outcome. If you do not currently have experience in operating similar projects, please discuss your strategy for helping at least 50% of participants exit homelessness within 24 months? 500 word limit.**							
Criteria: Applicant describes past experience exiting clients from homelessness within 24 months successfully. Applicant states that they do not currently have experience and alternatively provides their plan to successfully exit clients from homelessness within 24 months. *For Applicants with experience, a data source is uploaded which supports successful exits within 24 months.							
Max points:	**7**						

Rubrics: New RRH and TH projects

***New TH or RRH only* Describe your experience operating transitional housing or another homelessness project and your success helping participants increase their income from employment and provide a data source which supports this outcome. If you do not currently have experience in operating similar projects, please discuss your strategy for helping at least 50% of participants increase their income from employment sources? 500 word limit.**							
Criteria: Applicant describes past experience helping clients increase their employment income successfully. Applicant states that they do not currently have experience and alternatively provides their plan to successfully help clients increase their employment income. *For Applicants with experience, a data source is uploaded which supports successful gains in client employment income.							
Max points:	**7**						

Rubrics: New RRH and TH projects

Please provide evidence of your success in connecting people to mainstream benefits as evidenced in an increase in non-employment cash income of program participants in other programs. You can define the parameters that best correspond to your agency's program history and data source. An example of this would be that over the past year program participants increased their non-employment cash income by 20% or over the past six months 10 participants out of 75 gained SSDI benefits. Please attach a data source that supports your narrative response.

Criteria: Applicant describes past experience in increasing non-employment cash income for participants. Applicant connects response to data source attached to application and states the parameters of this example.							
Max points:	**7 or 10**						

Rubrics: New PH and TH projects and New SSO projects

Please provide evidence of your success in connecting people to mainstream benefits as evidenced in an increase in employment cash income of program participants in other programs. You can define the parameters that best correspond to your agency's program history and data source. An example of this would be that over the past year program participants increased their employment cash income by 20% or over the past six months 10 participants out of 75 gained employment income. Please attach a data source that supports your narrative response.							
Criteria: Applicant describes past experience in increasing employment cash income for participants. Applicant connects response to data source attached to application and states the parameters of this example.							
Max points:	**7 or 10**						

Rubrics: New PH and TH projects and New SSO projects

Please provide evidence of your success in helping unhoused populations exit homelessness to more stable destinations. You can define the parameters that best correspond to your agency's program history and data source. An example of this would be that over the past year of 50 people exiting your programming 10 went into recovery, 15 went to temporary destinations (such as staying with family temporarily), and 7 went to permanent housing. Please attach a data source that supports your narrative response.							
Criteria: Applicant describes past experience in exiting participants to stable destinations. Applicant connects response to data source attached to application and states the parameters of this example.							
Max points:	**7 or 10**						

Rubrics: New PH and TH projects and New SSO projects

1D-2e: Local Competition Selection Results

Included in this attachment:

- Local Competition Selection Results

All Projects: Louisville/Jefferson County Continuum of Care (KY-501) FY26

RANKED PROJECTS

Project Pool	Rank	Applicant Name	Project Name	Expiring Grant Number	Application Type	Status	Points Possible	Points Earned	% Score	Reallocated $	Application Amount
Pool 1	1	Coalition for the Homeless, Inc.	HMIS Consolidated Grant	KY0056L4I012518	Renewal	Accepted			N/A - Passed Threshold	$ -	$148,990
Pool 1	2	Coalition for the Homeless, Inc.	HMIS Expansion	KY0294H4I012501	Renewal	Accepted			N/A - Passed Threshold	$ -	$124,434
Pool 1	3	Family Health Centers, Inc.	FHC Common Assessment	KY0129L4I012513	Renewal	Reduced Reallocated			N/A - Passed Threshold	$ 331,476	$250,000
Pool 1	4	Society of St. Vincent de Paul, Council of Louisville, Inc.	SVDP Homes on Campus	KY0107L4I012514	Renewal	Accepted	114	100	87.72%	$ -	$568,260
Pool 1	5	Louisville-Jefferson County Metro Government	SPC Louisville TBRA FY26 (KY0068L4I012618)	KY0068L4I012518	Renewal	Accepted	114	94	82.46%	$ -	$3,212,822
Pool 1	6	Wellspring, Inc. (dba Schizophrenia Foundation, KY, Inc.)	Southeast Permanent Supportive Housing	KY0255L4I012503	Renewal	Accepted	114	94	82.46%	$ -	$454,098
Pool 1	7	Wellspring, Inc. (dba Schizophrenia Foundation, KY, Inc.)	Wellspring Murray Baxter	KY0059L4I012518	Renewal	Accepted	114	94	82.46%	$ -	$83,058
Pool 1	8	Society of St. Vincent de Paul, Council of Louisville, Inc.	DV TH/RRH	KY0230D4I012506	Renewal	Accepted	114	93	81.58%	$ -	$1,070,449
Pool 1	9	Volunteers of America Mid-States, Inc.	SNOFO	KY0301H4I012501	Renewal	Reduced Reallocated	114	92.5	81.14%	$ 17,267	$403,038
Pool 1	10	Coalition for the Homeless, Inc.	Permanent Supportive Housing for Chronically Homeless	KY0097L4I012517	Renewal	Accepted	114	90	78.95%	$ -	$782,780
Pool 1	11	Young Adult Development in Action, Inc.	FY26 YHDP RRH Renewal	KY0219Y4I012506	Renewal	Accepted	114	90	78.95%	$ -	$245,576
Pool 1	12	Coalition for the Homeless, Inc.	Scattered Site Stability Vouchers	KY0300H4I012200	Renewal	Reduced Reallocated	114	89	78.07%	$ 19,195	$99,080
Pool 1	13	St. John Center, Inc.	Single Site Permanent Supportive Housing Services	KY0295H4I012200	Renewal	Accepted	114	88	77.19%	$ -	$267,643
Pool 1	14	House of Ruth, Inc	Homes with Heart	KY0053L4I012518	Renewal	Accepted	114	87.5	76.75%	$ -	$224,131
Pool 1	15	St. John Center, Inc.	Single Site Permanent Supportive Housing	KY0275L4I012502	Renewal	Accepted	114	86.5	75.88%	$ -	$793,525
Pool 1	16	Volunteers of America Mid-States, Inc.	Monarch Station	KY0309L4I012502	Renewal	Reduced Reallocated	127	95.75	75.39%	$ 40,078	$102,137
Pool 1	17	ZeroV	ZeroV Louisville Rapid Rehousing	KY0277D4I012503	Renewal	Accepted	114	84.5	74.12%	$ -	$1,807,541
Pool 1	18	Volunteers of America Mid-States, Inc.	RRH CoC	KY0140L4I012512	Renewal	Reduced Reallocated	114	83.5	73.25%	$ 2,166	$159,166
Pool 1	19	Volunteers of America Mid-States, Inc.	RRH Joint	N/A	New	Accepted	119	87	73.11%	$ -	$750,012
Pool 1	20	Louisville-Jefferson County Metro Government	PSH NC I FY26 (KY0130L4I012612)	KY0130L4I012512	Renewal	Accepted	114	82.5	72.37%	$ -	$576,463
Pool 1	21	Coalition for the Homeless, Inc.	Supportive Housing for Chronically Homeless	KY0048L4I012516	Renewal	Reduced Reallocated	114	80.5	70.61%	$ 124,113	$381,756
Pool 1	22	Coalition for the Homeless, Inc.	FHC Rx: Housing	KY0173L4I012509	Renewal	Reduced Reallocated	114	79	69.30%	$ 9,312	$659,898
Pool 1	23	Coalition for the Homeless, Inc.	Permanent Supportive Housing for Youth and Adults	KY0061L4I012518	Renewal	Accepted	114	78.5	68.86%	$ -	$305,075
Pool 1	24	Wellspring, Inc. (dba Schizophrenia Foundation, KY, Inc.)	Journey Permanent Supportive Housing	KY0133L4I012513	Renewal	Accepted	114	76.5	67.11%	$ -	$364,137
Pool 1	25	Louisville-Jefferson County Metro Government	The Chancery FY26 (KY0313L4I012602)	KY0313L4I012502	Renewal	Accepted	127	83.5	65.75%	$ -	$603,909
Pool 1	26	Uniting Partners for Women and Children	Rapid Rehousing and Supportive Services for Those Fleeing or Homeless Due to Dome	KY0310D4I012502	Renewal	Reduced Reallocated	114	74	64.91%	$ 58,035	$296,467
Pool 1	27	Coalition for the Homeless, Inc.	Louisville Alliance for Supportive Housing	KY0124L4I012514	Renewal	Reduced Reallocated	114	73	64.04%	$ 503,043	$463,890
Pool 2	28	Family Health Centers, Inc.	FHC Street Outreach Housing Navigation	N/A	New	Accepted			N/A - Passed Threshold	$ -	$361,218
Pool 2	29	Coalition for the Homeless, Inc.	Coordinated Services and Shelter Access	N/A	New	Accepted			N/A - Passed Threshold	$ -	$324,500
Pool 2	30	Society of St. Vincent de Paul, Council of Louisville, Inc.	Waypoint Transitional Housing	N/A	New	Accepted	127	110	86.61%	$ -	$516,807
Pool 2	31	YMCA of Greater Louisville	YMCA Transitional Housing	N/A	New	Accepted	127	108.5	85.43%	$ -	$444,764
Pool 2	32	Young Adult Development in Action, Inc.	FY26 SNOFO to TH	N/A	New	Accepted	119	99.5	83.61%	$ -	$551,092
Pool 2	33	Louisville-Jefferson County Metro Government	TH-DV	KY0147L4I012511	Transition	Accepted	119	97.5	81.93%	$ -	$79,330
Pool 2	34	The Greater Louisville Workforce Investment Board, Inc. dba KentuckianaWorks	Young Adult Housing and Career Navigation	N/A	New	Accepted	115	92.5	80.43%	$ -	$150,000
Pool 2	35	Society of St. Vincent de Paul, Council of Louisville, Inc.	SVDP Homes with Hope	KY0131L4I012512	Transition	Accepted	119	93	78.15%	$ -	$1,002,555
Pool 2	36	Wayside Christian Mission	Transitional Housing for Unaccompanied Adults	KY0057L4I012518, KY0102L4I012517, KY0303H4I012501	Transtion	Accepted	119	93	78.15%	$ -	$374,734
Pool 2	37	YMCA of Greater Louisville	YMCA Street Outreach and Drop In Center	N/A	New	Accepted	115	89.5	77.83%	$ -	$489,634
Pool 2	38	Young Adult Development in Action, Inc.	FY26 YHDP TH	N/A	New	Accepted	119	92.5	77.73%	$ -	$1,221,340
Pool 2	39	Volunteers of America Mid-States, Inc.	Unity House 2	N/A	New	Accepted	119	92	77.31%	$ -	$676,400
Pool 2	40	Coalition for the Homeless, Inc.	Louisville Alliance for Transitional Housing	N/A	New	Accepted	119	92	77.31%	$ -	$379,466
Pool 2	41	Louisville-Jefferson County Metro Government	TH III	KY0174L4I012509	Transition	Accepted	119	92	77.31%	$ -	$180,337
Pool 2	42	Volunteers of America Mid-States, Inc.	Unity House 1	N/A	New	Accepted	119	91	76.47%	$ -	$480,379
Pool 2	43	Volunteers of America Mid-States, Inc.	VOA Work	N/A	New	Accepted	115	87.5	76.09%	$ -	$337,103
Pool 2	44	Family Health Centers, Inc.	FHC Respite & Medical Outreach	N/A	New	Accepted	115	86.5	75.22%	$ -	$1,000,000
Pool 2	45	St. John Center, Inc.	SJC Employment Services	N/A	New	Accepted	115	86.5	75.22%	$ -	$242,100
Pool 2	46	Goodwill	Supporting a Pathway Home	N/A	New	Accepted	115	85	73.91%	$ -	$557,552
Pool 2	47	Family Scholar House, Inc.	FSH FY26 Youth and Homeless Demonstration Program	N/A	New	Accepted	115	82.5	71.74%	$ -	$89,043
Pool 2	48	Seven Counties Services Inc.	FY2026 Replacement SCS Homeless Youth Support Services	N/A	New	Accepted	115	79.5	69.13%	$ -	$554,630
Pool 2	49	Young Adult Development in Action, Inc.	FY26 Joint Project to TH2	N/A	New - DV Bonus	Accepted	119	82	68.91%	$ -	$619,465
Pool 2	50	Seven Counties Services Inc.	FY2026 Adult Street Outreach SSO	N/A	New	Accepted	115	77.5	67.39%	$ -	$494,332
Pool 2	51	Young Adult Development in Action, Inc.	FY26 Joint Project to TH1	N/A	New - DV Bonus	Accepted	119	80	67.23%	$ -	$335,256
Pool 2	52	Coalition for the Homeless, Inc.	Collaboriative Transitional Housing	KY0050L4I012518	Transition	Accepted	119	78.5	65.97%	$ -	$1,068,456
Pool 2	53	St. John Center, Inc.	SJC Street Outreach	N/A	New	Accepted	115	75	65.22%	$ -	$336,565
Pool 2	54	St. John Center, Inc.	SJC Housing and Transportation	N/A	New	Accepted	115	67	58.26%	$ -	$282,260
										$ 1,104,685	$ 28,347,653

Projects That Do No Require Ranking

Rank	Applicant Name	Project Name	Expiring Grant Number	Application Type	Status	Amount
N/A	Coalition for the Homeless, Inc.	CoC Planning	N/A	New	Accepted	**$1,266,528**

Projects Reallocated

Rank	Applicant Name	Project Name	Expiring Grant Number	Application Type	Status	Amount
N/A	Coalition for the Homeless, Inc.	Collaborative Housing for Chronically Homeless	KY0050L4I012518	N/A	Reallocated - Transtion	**$1,068,456**
N/A	Coalition for the Homeless, Inc.	Transitional Housing for Young Adults	KY0099L4I012517	N/A	Fully Reallocated	**$240,984**
N/A	Coalition for the Homeless, Inc.	Coordinated Entry Diversion 1	KY0210L4I012507	N/A	Fully Reallocated	**$125,774**
N/A	Coalition for the Homeless, Inc.	Single Point of Entry	KY0211L4I012507	N/A	Fully Reallocated	**$91,063**
N/A	Family Health Centers, Inc.	Respite to Residence	KY0302H4I012501	N/A	Fully Reallocated	**$805,167**
N/A	Family Scholar House, Inc.	FSH Homeless Young Adults and Youth Program 2024	KY0223Y4I012506	N/A	Fully Reallocated	**$96,883**
N/A	House of Ruth, Inc	SPC Kersey Condo 2024	KY0069L4I012518	N/A	Fully Reallocated	**$51,936**
N/A	Louisville-Jefferson County Metro Government	RRH DV FY24	KY0147L4I012511	N/A	Reallocated - Transtion	**$79,330**
N/A	Louisville-Jefferson County Metro Government	PSH III CH FY24	KY0174L4I012509	N/A	Reallocated - Transtion	**$180,337**
N/A	Seven Counties Services	Homeless Outreach Team 2024	KY0191L4I012508	N/A	Fully Reallocated	**$108,239**
N/A	Seven Counties Services Inc.	SCS YDHP Renewal 2024	KY0221Y4I012506	N/A	Fully Reallocated	**$57,080**
N/A	Society of St. Vincent de Paul, Council of Louisville, Inc.	Homes with Hope	KY0131L4I012512	N/A	Reallocated - Transtion	**$1,002,555**
N/A	St. John Center, Inc.	Coordinated Entry Outreach	KY0232L4I012506	N/A	Fully Reallocated	**$310,311**
N/A	St. John Center, Inc.	Housing Navigation	KY0298H4I012501	N/A	Fully Reallocated	**$157,410**
N/A	The Greater Louisville Workforce Investment Board, Inc. dba KentuckianaWorks	Youth ShelterWorks YHDP Renewal FY2024	KY0220Y4I012506	N/A	Fully Reallocated	**$114,145**
N/A	The Greater Louisville Workforce Investment Board, Inc. dba KentuckianaWorks	Unsheltered Homelessness Set Aside Project	KY0297H4I012501	N/A	Fully Reallocated	**$98,358**
N/A	Volunteers of America Mid-States, Inc.	CoC Joint RRH/TH FY2024	KY0192L4I012508	N/A	Fully Reallocated	**$630,328**
N/A	Volunteers of America Mid-States, Inc.	Joint TH/RRH FY2024 C3	KY0325L4I012501	N/A	Fully Reallocated	**$1,081,747**
N/A	Wayside Christian Mission	Men's permanent supportive housing	KY0057L4I012518	N/A	Reallocated - Transtion	**$189,441**
N/A	Wayside Christian Mission	Women's permanent supportive housing-FY24	KY0102L4I012517	N/A	Reallocated - Transtion	**$51,131**
N/A	Wayside Christian Mission	WPSH-unsheltered-FY22	KY0303H4I012501	N/A	Reallocated - Transtion	**$134,162**
N/A	YMCA of Greater Louisville	YMCA Street Outreach - Case Management Y&YA	KY0216Y4I012506	N/A	Fully Reallocated	**$375,565**
N/A	Young Adult Development in Action, Inc.	FY2024 YHDP SSO Renewal	KY0218Y4I012506	N/A	Fully Reallocated	**$347,989**
N/A	Young Adult Development in Action, Inc.	HOTI RRH YHDP	KY0278Y4I012503	N/A	Fully Reallocated	**$873,351**
N/A	Young Adult Development in Action, Inc.	Special NOFO SSO	KY0296H4I012200	N/A	Fully Reallocated	**$206,646**
N/A	Young Adult Development in Action, Inc.	Special NOFO RRH	KY0304H4I012200	N/A	Fully Reallocated	**$344,446**
N/A	Young Adult Development in Action, Inc.	YBL YHDP New TH-RRH Project	KY0312L4I012501	N/A	Fully Reallocated	**$335,256**
N/A	Young Adult Development in Action, Inc.	FY24 New TH-RRH Project	KY0331L4I012400	N/A	Fully Reallocated	**$619,465**
					Total Reallocated:	**$9,777,555**

2A-8b FY2026 HDX Competition Report

Included in this attachment:

- KY-501 FY2026 HDX Competition Report

2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the 2026 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, https://www.hudexchange.info/program-support/my-question/ and choose "HDX" as the topic.

2025 HDX Competition Report

2026 Competition Report - Summary

KY-501 - Louisville-Jefferson County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25).**	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

1) FY = Fiscal Year
2) *This considers all extensions where they were provided.
3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2026 Competition Report - LSA Summary & Usability Status

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☑	☑	☑	☑	☑	☑	☑	N/A	☑
Partially Usable								N/A	
Not Usable								N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children

*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2026 Competition Report - SPM Data

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	4,848	71.0	16.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	5,462	90.0	24.0

2026 Competition Report - SPM Data

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to "housing move in")	5,439	613.1	217.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in")	5,867	601.0	229.0

2026 Competition Report - SPM Data

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	**Count**	**Count**	**% of Returns**	**Count**	**% of Returns**	**Count**	**% of Returns**	**Count**	**% of Returns**
Exit was from SO	123	17	13.8%	10	8.1%	7	5.7%	34	27.6%
Exit was from ES	694	67	9.7%	53	7.6%	66	9.5%	186	26.8%
Exit was from TH	376	17	4.5%	11	2.9%	26	6.9%	54	14.4%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	611	24	3.9%	20	3.3%	41	6.7%	85	13.9%
TOTAL Returns to Homelessness	1,804	125	6.9%	94	5.2%	140	7.8%	359	19.9%

2026 Competition Report - SPM Data

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	5,534
Emergency Shelter Total	4,906
Safe Haven Total	0
Transitional Housing Total	789

2026 Competition Report - SPM Data

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	696
Number of adults with increased earned income	33
Percentage of adults who increased earned income	4.7%

2026 Competition Report - SPM Data

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	696
Number of adults with increased non-employment cash income	191
Percentage of adults who increased non-employment cash income	27.4%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	696
Number of adults with increased total income	215
Percentage of adults who increased total income	30.9%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	284
Number of adults who exited with increased earned income	33
Percentage of adults who increased earned income	11.6%

2026 Competition Report - SPM Data

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	284
Number of adults who exited with increased non-employment cash income	48
Percentage of adults who increased non-employment cash income	16.9%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	284
Number of adults who exited with increased total income	78
Percentage of adults who increased total income	27.5%

2026 Competition Report - SPM Data

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	5,134
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1,458
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3,676

2026 Competition Report - SPM Data

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	5,628
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1,708
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	3,920

2026 Competition Report - SPM Data

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	2,009
Of persons above, those who exited to temporary & some institutional destinations	345
Of the persons above, those who exited to permanent housing destinations	134
% Successful exits	23.8%

2026 Competition Report - SPM Data

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	4,544
Of the persons above, those who exited to permanent housing destinations	846
% Successful exits	18.6%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	2,009
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1,982
% Successful exits/retention	98.7%

2026 Competition Report - SPM Data

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	5,093	792	2,181	1,088	1,306
Total Leavers (HMIS)	4,454	530	218	474	1,090
Destination of Don't Know, Refused, or Missing (HMIS)	1,386	76	0	3	587
Destination Error Rate (Calculated)	31.1%	14.3%	0.0%	0.6%	53.9%

2026 Competition Report - SPM Notes

KY-501 - Louisville-Jefferson County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure	Notes
Measure 1	No notes.
Measure 2	No notes.
Measure 3	No notes.
Measure 4	No notes.
Measure 5	No notes.
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.
Measure 7	No notes.
Data Quality	No notes.

2025 HDX Competition Report

2026 Competition Report - HIC Summary

KY-501 - Louisville-Jefferson County CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV† Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	614	560	560	0	560	100.0%
SH	0	0	0	0	0	NA
TH	451	418	451	0	451	92.7%
RRH	596	505	505	0	505	100.0%
PSH	2,056	2,056	2,056	0	2,056	100.0%
OPH	763	73	717	241	476	15.3%
Total	**4,480**	**3,612**	**4,289**	**241**	**4,048**	**89.2%**

2026 Competition Report

KY-501 - Louisville-Jefferson C

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV† Beds or Beds Affected by Natural Disaster**	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	614	54	54	0	54	100.00%
SH	0	0	0	0	0	NA
TH	451	0	0	0	0	NA
RRH	596	91	91	0	91	100.00%
PSH	2,056	0	0	0	0	NA
OPH	763	46	46	0	46	100.00%
Total	**4,480**	**191**	**191**	**0**	**191**	**100.00%**

2025 HDX Competition Report

2026 Competition Report

KY-501 - Louisville-Jefferson C

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	614	614	614	100.00%
SH	0	0	0	NA
TH	451	418	451	92.68%
RRH	596	596	596	100.00%
PSH	2,056	2,056	2,056	100.00%
OPH	763	119	522	22.80%
Total	**4,480**	**3,803**	**4,239**	**89.71%**

2026 Competition Report - HIC Summary

KY-501 - Louisville-Jefferson County CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher
2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster
5) Data included in these tables reflect what was entered into HDX 2.0.
6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2026 Competition Report - PIT Summary

KY-501 - Louisville-Jefferson County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
2/23/26	Yes

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	881	899	763
Safe Haven Total	0	0	0
Transitional Housing Total	252	299	325
Total Sheltered Count	1,133	1,198	1,088
Total Unsheltered Count	595	633	521
Total Sheltered and Unsheltered Count*	1,728	1,831	1,609

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal repo rts if the PIT count type was sheltered only.
2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	302	332	288
Total Unsheltered Count	247	286	260
Total	549	618	548

3A-DP: CoC Policy Statement to Advance Recovery

Included in this attachment:

- Signed CoC Statement to Advance Recovery

Louisville/Jefferson County Continuum of Care
Policy Statement on Advancing Recovery by Prohibiting Illicit Drug Enablement

It is hereby adopted as a policy by the Louisville/Jefferson County Continuum of Care on June 21, 2026 that Continuum of Care funded housing projects are prohibited from operating drug injection sites or "safe consumption sites," knowingly distributing drug paraphernalia on or off property under their control, knowingly permitting the use or distribution of illicit drugs on property under their control, or conducting any of these activities under the pretext of "harm reduction."

Funded housing providers are encouraged to reference the SAMHSA Dear Colleague Letter for clarification on what is and is not considered drug paraphernalia under this policy.

Projects will be monitored for compliance with this policy beginning with the FY26 Monitoring Cycle. Any agency found to be in violation with the above will be issued a finding on their monitoring report and be required to produce a corrective action plan within 30 days of issuance of the monitoring report. Additional unannounced checks will be conducted to ensure the agency is complying with the terms of said corrective action plan.

Repeated and severe violations of the above policy may result in an agency being barred from submitting future Continuum of Care grant applications at the discretion of the Continuum of Care Board of Directors. Any agency found in violation of this policy will have an opportunity to make their case before the CoC Board of Directors prior to disciplinary action being taken.

Is it additionally adopted as the position of the Louisville/Jefferson County Continuum of Care that the provision of substance use disorder treatment and recovery housing within or outside of the CoC is an encouraged intervention for unhoused individuals who could benefit from the provision of and services provided by such housing.

The Louisville/Jefferson County Continuum of Care shall not restrict or prohibit CoC-funded housing projects that require program participants to be sober or participate in treatment as a condition of assistance in accordance with 24 CFR 578.

None of the above constitute a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement, although those practices may be allowable under 24 CFR 578.

Signed:

Signed by:

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Janet Bowman
Chair, Louisville Jefferson County Continuum of Care Board of Directors