Centralized Access System (CAS)
Arlington County, VA

Prevention, Diversion, Housing and Homeless Programming

Operating Policies and Procedures
Updated September 2022

Contents

SECTION I - INTRODUCTION **3**

Background 3
Guiding Principles 4
Overview & Purpose of the Centralized Access System 5
Mission of the Centralized Access System 6
Clients to be served by the Centralized Access System 6

SECTION II: PARTNER ORGANIZATIONS **7**

SECTION III: SINGLE POINT OF ACCESS MODEL **9**

Where to get help 9
Getting help outside of regular business hours 9
Ensuring effective communication with individuals with disabilities: 10
Ensuring Compliance with Federal and County Non-Discrimination Requirements 10
Ensuring compliance with fair housing and fair and equal access 11
Ensuring access and client-centered, trauma-informed services for survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking 12
Ensuring Access for Veterans 14
Ensuring access for people with Limited English Proficiency (LEP) 15
Advertising and Affirmatively marketing to people least likely to apply 16
Appealing a decision of the CAS 16

SECTION IV: INTERVENTIONS AVAILABLE THROUGH THE CENTRALIZED ACCESS SYSTEM **17**

Prevention Services 17
Diversion Services 19
Housing Location Services 20
Emergency Shelter 20
Rapid Rehousing 21
Permanent Supportive Housing 30

SECTION V: PARTICIPANT ELIGIBILITY & ASSESSMENT **34**

Overview of Screening and Assessment Procedures 34
Eligibility – Arlington County Residency 35
Prevention Assistance: Determining Eligibility and Assessing Need 38
Housing Location Services: Determining Eligibility and Assessing Need 39
Diversion Services: Determining Eligibility and Assessing Need 40
Emergency Shelter: Determining Eligibility and Assessing Need 41
Transitional Housing: Determining Eligibility 43
Rapid Re-housing: Determining Eligibility and Assessing Need 44
Permanent Supportive Housing: Determining Eligibility and Assessing Need 49
Use of Case Conferencing by CAS 55
Assessor Training 55

SECTION VI: PRIORITIZATION **56**

Prioritization Process Overview 56
Prioritization Criteria: Prevention Services 57
Prioritization Criteria: Diversion Services 57
Prioritization Criteria: Emergency Shelter 57

PRIORITIZATION CRITERIA: RAPID RE-HOUSING....57
PRIORITIZATION CRITERIA: PERMANENT SUPPORTIVE HOUSING....60

C. EVIDENCE THAT THERE ARE NO HOUSEHOLDS MEETING HIGHER ORDER OF PRIORITY WITHIN COC'S GEOGRAPHIC AREA.....63

PRIORITIZATION OF SURVIVORS OF DOMESTIC VIOLENCE, DATING VIOLENCE, STALKING AND HUMAN TRAFFICKING....64

SECTION VII: REFERRAL....65

REFERRAL PROCESS – GENERAL OVERVIEW....65
REFERRALS TO PREVENTION SERVICES....65
REFERRALS TO HOUSING LOCATION SERVICES....65
REFERRALS TO DIVERSION SERVICES....66
REFERRALS TO RAPID RE-HOUSING....66
REFERRALS TO PERMANENT SUPPORTIVE HOUSING....68
PROHIBITION AGAINST DENYING ASSISTANCE ON THE BASIS OF DOMESTIC VIOLENCE....69

SECTION VIII: DATA MANAGEMENT....69

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)....69
VACANCY TRACKING....71
VETERANS....72
DATA TO INFORM COC RESOURCE ALLOCATION PLAN....72

SECTION IX: EVALUATION....72

SOLICITING STAKEHOLDER FEEDBACK....73
USE OF PERFORMANCE DATA....73
MAKING ADJUSTMENTS TO CAS BASED ON STAKEHOLDER FEEDBACK AND PERFORMANCE DATA....74
RAPID RE-HOUSING PERFORMANCE BENCHMARKS AND PROGRAM STANDARDS....75
PERFORMANCE BENCHMARKS FOR OTHER PROJECT TYPES....75

SECTION X: APPENDIX....76

ASSESSMENT FORMS....76
SHELTER FORMS....76
RRH FORMS....76
PSH FORMS....76
CASE CONFERENCE FORMS....76
POLICIES, NOTICES AND OTHER DOCUMENTS....76

Section I - Introduction

Background

Arlington County's Continuum of Care (CoC) has a 10 Year Plan to End Homelessness (10YR) which utilizes best practice models designed to prevent homelessness and to address homelessness for all populations, families, individuals, and the chronically homeless. The 10YR, aligns with the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and is targeted first to ending chronic homelessness.

All Continuums of Care (CoC's) in the country are required by the U.S. Department of Housing and Urban Development (HUD) to establish coordinated entry systems (CES) to ensure standardization, coordination and intentional prioritization in the process of administering homeless assistance and housing resources to households experiencing housing crises. CES is a process for responding to people experiencing or at-risk of homelessness, assessing need using common tools and making connections to housing and services as quickly as possible based on household need and community resources and priorities. The primary goal is to efficiently and effectively allocate resources in a manner that is well-publicized, transparent, fair and objective, and has few or no barriers to access.

Additionally, all CES processes are required to comply with the Continuum of Care (CoC) Program Interim Rule[1] and HUD's CPD Notice-17-01: Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System Centralized Assessment System (CPD 17-01)[2] released January 23, 2017. To achieve the goals of the 10YR, the Arlington County Consortium (ACC) has aligned resources at the federal, state, and local levels with CPD 17-01 to:

- Cover the entire geographic area claimed by the CoC;
- Be easily accessed by individuals and families seeking housing or services;
- Be well-advertised;
- Include a comprehensive and standardized assessment tool;
- Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
- Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

---

[1] - https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/

[2] https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirementsfor-a-continuum-of-care-centralized-or-coordinated-assessment-system/

According to the National Alliance to End Homelessness, CES, also known as coordinated assessment, centralized intake, or coordinated intake, paves the way for more efficient homeless assistance systems by:

- helping people move through the system more efficiently (by reducing the amount of time people spent moving from program to program before finding the right match);

- reducing new entries into homelessness (by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily); and

- improving data collection and quality and providing accurate information on what kind of assistance consumers need.

Guiding Principles

Arlington County and other participating stakeholders used the following guiding principles to aid in the systems' planning and design, implementation processes, and ongoing management of the Centralized intake process. The system:

- Allows anyone who needs assistance from the homeless services system to know where to go to access services, be assessed in a standard and consistent way, and to connect with the housing/services that best meet their needs;
- Ensures clarity, transparency, consistency, and accountability for homeless clients, referral sources, and homeless service providers throughout the assessment and referral process;
- Facilitates exits from homelessness to stable housing in the most rapid manner possible given available resources;
- Ensures that clients gain access as efficiently and effectively as possible to the type of intervention most appropriate to their immediate and long-term housing needs and preferences;
- Ensures that people who have been homeless the longest and/or are the most vulnerable have priority access to scarce emergency shelter and permanent supportive housing resources;
- Establishes standard, consistent eligibility criteria and prioritization standards;
- Retains program flexibility to the extent possible; limit eligibility criteria to those required by funding sources;
- Incorporates provider discussion in enrollment decisions;
- Promotes collaboration, communication, and sharing of knowledge regarding resources among providers;
- Leverages HMIS data and infrastructure whenever possible to expedite processes;
- Limits data collection to that which is relevant to the process;
- Ensures staff conducting assessments are trained and competent in assessment.

Centralized intake plays an essential role in that ideal system, and in getting to that ideal system. The data generated from centralized intake describes who is getting what they need

from our system, who is not, and where we need to invest our resources to realize our shared goal of ending homelessness.

The County brings a variety of resources to the work to prevent and end homelessness in the County, including political will, staff expertise, and funding.

Overview & Purpose of the Centralized Access System

The purpose of **Arlington County's Centralized Access System (CAS)** is to provide one centralized intake process for households to utilize when they believe they are at risk of becoming homeless, have a housing need, or they are currently deemed homeless according to HUD's definition. Via the CAS system a household can be screened for eligibility for specific housing options, including emergency shelter. The optimum goal of CAS is to assess a household, and then determine the best housing program that matches their unique needs.

The Arlington County Department of Human Services (DHS) is tasked with implementing and staffing the CAS. This policy and procedure manual serves as the key source document detailing the CAS. "Closing the Front Door" to homelessness is key to reducing new incidents of homelessness. The CAS system provides a clear method in which persons at risk of becoming homeless can be (1) assessed and (2) be determined eligible for housing programs within the Continuum of Care.

The CAS **WILL**:

- Assess households for their strengths and work with the clients in identifying needs
- Assess and screen households for **prevention services** (rental assistance and intensive case management services) and various housing options
- Assess and screen households for **diversion services, brief hotel placement, or shelter**
- Match households to programs based on their needs and information from assessment documents

The CAS **WILL NOT**:

- Create new housing in our system
- Guarantee a placement in a housing program or financial rental assistance

In addition to preventing homelessness, the CAS system also serves as the access portal for households currently deemed as homeless and provide a path to housing options that include:

- Affordable Housing subsidy programs (i.e. Housing Grants, Housing Choice Voucher- when open);
- Alternative Living Arrangements (joint living arrangements, renting a room);
- Rapid Re-Housing programs; and

- Permanent Supportive Housing programs.

The CAS system is a powerful tool designed to ensure that homeless persons and persons at risk of becoming homeless are matched, as quickly as possible, with the intervention that will most efficiently and effectively prevent or end their homelessness.

This policy and procedure manual has been developed based on the following priorities:

- A **uniform and standard assessment process** to be used for all those seeking housing assistance and procedures for determining the appropriate next level of assistance to resolve the homelessness of those admitted to shelter or other temporary housing accommodations;
- **Uniform written guidelines** among components of housing assistance (shelter, transitional housing and rapid re-housing) regarding: eligibility for services, priority populations to be served, expected outcomes and targets for length of stay;
- **Priorities for accessing prevention and homeless assistance** based on consumer need and assistance component type;
- **Referral policies and procedures** to guide the process from assessment of need to accessing assistance from homeless services providers;
- A **policies and procedure manual** detailing the operations of the CAS system.

Mission of the Centralized Access System

The mission of the CAS system is:

To create a coordinated intake process that mutually empowers clients and providers to **effectively** and **efficiently** move clients to the best housing option for their individual needs.

Clients to be served by the Centralized Access System

The CAS system serves as the "front door" for households with critical housing needs that put the household at risk of becoming homeless and who may have barriers that prolong the episode of homelessness. The following clients are to be served:

- All households (individuals and families) in need who are residents of Arlington County;
- All households with a housing need (Prevention, Diversion, or Emergency shelter).

Arlington County works with households to meet their housing needs that may include but not limited to: impaired decision making, disabilities that impair stability (e.g. mental health and/or substance abuse concerns), lack of natural supports, reluctance to provide information, legal issues (historical and pending), low-income or no income, medical issues, and other identified issues/concerns.

As described in this manual, all homeless street outreach efforts in Arlington County are linked to the CAS, and outreach staff, regardless of the source of funding their programs receive, ensure that persons they encounter are offered the same standardized coordinated

entry processes as persons assessed through site-based access points, such as emergency shelters. As described in this manual, to ensure that the CAS is accessible for people who are experiencing unsheltered homelessness, street outreach workers are trained to and complete assessments, as necessary, to assist with access to all interventions available through the CAS.

Section II: Partner Organizations

The Department of Human Services (DHS) has partnered with a number of agencies that provide **street outreach, emergency shelter, transitional housing, rapid-re-housing, and permanent supportive housing.** Providers include:

- Bridges to Independence (formerly known as Bridges to Independence (B2I)
- Arlington Street People's Assistance Network (A-SPAN)
- Borromeo Housing
- Doorways for Women and Families
- New Hope Housing, Inc.
- Volunteers of America, Chesapeake

Prevention Services are provided by the following:

- Arlington County Government/CCP (Short-term, Medium-term rental assistance & Intensive Case management & Housing Focused Case Management)
- ASPAN (Housing Focused Case Management, Financial Counseling)
- Volunteers of America, Chesapeake (Housing Focused Case Management, Financial Counseling)
- ASPAN housing locator is designated to provide Housing Location Services to clients receiving Prevention Services.

Diversion Services are provided by the following:

- Arlington County Government (CCP Intake & Assessment)
- Volunteers of America, Chesapeake (Diversion Services)

Street outreach services are provided by:

- Arlington Street People's Assistance Network (A-SPAN)
- Arlington County Behavioral Healthcare Division Treatment on Wheels Program (TOW)

Emergency Shelter is provided as follows:

- Two emergency shelters for single adults
  - Residential Program Center (RPC): 44 bed-shelter (for males and females)

    - Homeless Services Center (HSC): 50 bed-shelter; 5 medical respite beds; and space for 25 persons in cases of emergency weather situations
- Two emergency shelters for families with children and single females
    - Family Home: 21 bed-shelter (also serves single females)
    - Sullivan House: 44 bed-shelter (also serves single females)

Transitional Housing is provided by the following:

- Elizabeth's House: Operated by Borromeo Housing
- Independence House: Operated by the Department of Human Services

Rapid Rehousing Services are provided by the following:

- Arlington County Government (Administrative oversight, assessment, and referral services)
- Bridges to Independence (Rapid Re-Housing for Families with minor children)
- Arlington Street People's Assistance Network (Rapid Re-Housing for Single Adults)
- Doorways for Women & Families Rapid Re-Housing (Rapid Re-Housing for Families with minor children)

Note: All programs will accept eligible couples and other families that do not include minor children to the extent funding sources permit and space is available.

Permanent Supportive Housing Services are provided by the following:

- Arlington Street People's Assistance Network (In Roads, Home Bound, Turning Keys (1), Turning Keys (2)
- Doorways for Women and Families (Homeward)
- New Hope Housing (Just Home, Safe Haven)
- Volunteers of America – Chesapeake (Arlington County PSH)

Roles and Responsibilities of CAS Partners – Section under development

Arlington County DHS**, Homeless Services –** Serves as the Arlington County CoC & HMIS Lead Agency

Arlington County DHS, **Clinical Coordination Program (CCP)** is tasked with multiple responsibilities as laid out in this manual related to the implementation and staffing of CAS.

Arlington County Consortium - **Executive Committee**

Arlington County Consortium **– Data and Evaluation Committee**

Arlington County **Veterans Task Force**

Assessment Entity

Permanent Supportive Housing Admissions Committee - Reviews, prioritizes and makes admission decisions regarding households that have been referred to PSH.

Rapid Re-housing Admissions Committee - Reviews, prioritizes and makes admission decisions regarding households that have been referred to RRH.

Receiving Program

Referring Program

Section III: Single Point of Access Model

The Arlington County CoC has chosen a "Single Point of Access" model. This model provides a single location through which all households experiencing or at-risk of homelessness may be assessed and referred for assistance. This model also ensures that all households are assessed using the same assessment protocols and that eligibility and prioritization for receipt of assistance are based on standardized decision-making criteria.

Where to get help

Arlington County's Centralized Access System is administered by the Clinical Coordination Program (CCP). CCP services are available to households facing a housing crisis Monday through Friday from 8:00am to 5:00pm. Households can access any participating project regardless of where it is located within Arlington County, through CCP. Households can start the assessment process in three ways:

- Contact CCP by calling 703-228-1300 or 228-1010 to talk with a staff person between 8:00am and 5:00pm. Households will have to meet with an Intake and Diversion Specialist. Households that make a phone call first can also be informed of the appropriate documentation that will be needed in order to qualify for various programs within the Continuum of Care.

- Visit the CCP office at, Arlington, VA 2100 Washington Blvd, 1st Floor 22204 to be seen directly by an Intake Specialist. Located across the street from a bus stop, the location is easily accessible from public transportation. Upon arrival, the household will be assessed and informed of any additional supporting documentation needed to qualify for various programs within the Continuum of Care.

- CCP intake staff will complete intake in the community, (e.g., at a jail, hospital, etc.), if after consultation with the referring partner, it is agreed that the client would not be able to travel to the CCP offices on their own or with the assistance of the referring partner.

Getting help outside of regular business hours

The CAS recognizes that households' emergencies may not take place during regular business hours. Emergency needs can arise after-hours, during holidays, and on weekends. To meet the needs of Arlington residents, the CAS system has established an emergency number that can connect households to a live person to discuss the nature of their

emergency. A household experiencing a housing emergency after business hours, on weekends, or on County holidays can call 703-228-1010. This line is also staffed during regular business hours by DHS staff. The Emergency Line is staffed outside of DHS business hours each month by one of three non-profit partners (A-SPAN, Bridges, VOAC). Participating partners conduct an interview, complete triage documentation, assess the household's emergency needs and make appropriate referrals. The household may be asked to come to an alternate location when determined necessary by the staff conducting the assessment. If on-call staff requires assistance, they should consult/notify their on-call supervisor. At the conclusion of an intake, the trained intake staff will:

- Complete intake paperwork via the HMIS System;
- Make a referral to emergency shelter if the household has no other immediate option;
- Make a referral to or call Mental Health Emergency Services at (703) 228-5160 for any psychiatric crisis or to 911 directly only as necessary if someone in the household is experiencing a medical or other crisis; and/or
- Make a referral to the CCP if the household has a housing crisis and is in need of services from the County. All households referred to emergency shelter will also be referred to CCP for service the next business day.

Ensuring effective communication with individuals with disabilities:

The Arlington County CoC requires that CCP and all projects participating in the CAS, including but not limited to those receiving federal funds to take steps to ensure effective communication with individuals with disabilities. This includes providing appropriate auxiliary aids and services necessary to ensure effective communication, such as ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points, including CCP offices and all sites where participating projects conduct intake and assessments must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs.

Ensuring Compliance with Federal and County Non-Discrimination Requirements

Arlington County requires that all programs participating in CAS, including but not limited to recipients and sub-recipients of CoC Program and ESG Program funds, comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

- **Fair Housing Act:** prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- **Section 504 of the Rehabilitation Act:** prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- **Title VI of the Civil Rights Act:** prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
- **Title II of the Americans with Disabilities Act:** prohibits public entities, which includes state and local governments, and special purpose districts, from

discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance.

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

In addition, Arlington County requires that all programs participating in CAS, including but not limited to recipients and sub-recipients of CoC Program and ESG Program funds, comply with the nondiscrimination and equal opportunity provisions established by Arlington County ordinance, which make it unlawful to:

- Discriminate because of race, national origin, color, marital status, sex, religion, age, disability, sexual orientation, or familial status (i.e., being pregnant or having children under age 18)
- Retaliate against any person who opposes discriminatory practices
- Discriminate in the sale, rental or financing of housing or commercial real estate; the provision of public accommodations; applications for or offers of credit; enrollment in private educational institutions; and employment

In addition, Arlington County ensures that the CAS complies with the nondiscrimination and equal opportunity provisions established by Arlington County ordinance and all nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the laws listed above.

The Arlington County Human Rights Commission receives, investigates and conciliates complaints — free of charge — from those who believe they have been victims of unlawful discrimination. All applicants to and participants in CAS programs are informed of the ability to file a nondiscrimination complaint with the Human Rights Commission through the Applicant/Client Bill of Rights that CCP and all participating programs are required to provide to each applicant/participant. The Commission's investigative and hearing processes usually result in complaints resolution. If necessary, the Commission can, with County Board approval, seek enforcement of its decisions in court. Individuals who believe they have been subject to unlawful discrimination or retaliation can file a complaint with the Human Rights Commission at: https://commissions.arlingtonva.us/human-rights-commission-hrc/file-discrimination-complaint/

CCP informs CAS participants of their right to file a complaint with the Human Rights Commission at initial contact and at any time a participant files an appeal.

Ensuring compliance with fair housing and fair and equal access

The intent of this policy is to support compliance with HUD's Equal Access Rules and with laws prohibiting discrimination against LGBTQIA+ individuals; and to promote strategies to provide all individuals who interact with the Arlington County Continuum of Care with a safe, healthy, inclusive, affirming, and discrimination-free environment.

In accordance with the Equal Access Final Rule, all emergency shelters and homeless housing programs shall ensure equal access to individuals in accordance with their gender identity, regardless of sexual orientation and/or marital status.

Arlington County CoC staff and partners will model appropriate and affirming behavior at all times. Discomfort felt by staff and/or clients about gender, perceived gender, or sexual orientation cannot affect the respectful offering and provision of appropriate services, or the respectful treatment of co-workers, clients and community partners. Under no circumstances is any staff member or contractor to attempt to convince an LGBTQIA+ client, co-worker or community partner to reject or modify their gender identity, sexual orientation, or gender expression. Additionally, it is not appropriate to ask questions regarding sexual practices, except as necessary for clinical assessment or reporting abuse. Authorized staff may inquire about sexual orientation, transgender status or marital status only for the purposes of collecting demographic information or as necessary to provide affirming customer service. Clients must be told that disclosure of this information is voluntary and will not affect eligibility for assistance. Gender affirming services and healthcare will be made available based on a client's self-identification.

All housing projects operating within the County and serving people experiencing and/or at-risk of homelessness are required to comply with fair housing regulations, including reporting fair housing impediments to the Consolidate Plan jurisdiction, & providing participants with information on their rights under federal, State and County laws and on remedies available to them if they believe their fair housing rights have been violated.

The CCP and all CAS participating projects are required to document provision of a standard Client Bill of Rights (see Appendix) to each applicant and participant, which outlines fair housing rights and remedies. In addition, the County provides interpretation services for those with limited English Proficiency & hearing impairments. The County also provides translation of written materials to other languages & makes large print and Braille materials available. The County conducts an annual assessment of services needed in other languages & projects serving people experiencing and/or at-risk of homelessness hire bi-lingual staff.

Furthermore, the CCP site is fully compliant with the requirements of the Americans with Disabilities Act and is accessible to people with disabilities. In addition, all people in the County, regardless of what HUD defined population(s) or subpopulation(s) they may fall under, have access to the same services through the CCP. This includes single adults, families with children, families without children, emancipated youth under 18, young adults, people experiencing chronic homelessness, veterans, people living with substance use disorders, serious mental illness, HIV/AIDS and other disabilities and survivors of domestic violence. CAS offers the same assessment approach to all people who may be experiencing homelessness or at- risk of homelessness, regardless of population or subpopulation.

Ensuring access and client-centered, trauma-informed services for survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking.

Access to the CAS may not be denied on the basis that a participant is or has been a survivor

of domestic violence, dating violence, sexual assault, stalking or human trafficking[3]. Survivors have safe and confidential access to all CAS and victim services, including immediate access to available emergency services such as the sexual and domestic violence hotline, shelter, and counseling and court services.

CAS screens all clients & immediately refers any with indications of domestic violence, dating violence, sexual assault, stalking or human trafficking to the Doorways Sexual and Domestic Violence Hotline. Hotline services are available 24 hours per day, seven days per week by calling **(703) 237-0881.** Survivors may opt to pursue survivor-specific services or not, and they have equal access and choice to seek the full array of housing and services available either through the survivor-specific system or CAS.

Doorways is available to assess the situation, determine a safety plan & assist survivors to access a full array of survivor-specific services, including emergency shelter, rapid re-housing, supportive housing, housing location, counseling, economic independence supports, legal services, and court advocacy. A Doorways Housing Locator trained in trauma-informed care is available to address the unique needs of eligible survivors, including confidentiality, proximity to the abuser and building security. In addition, all projects located in Arlington County and serving people experiencing and at-risk of homelessness have 24-hr access to consultation from Doorways, which has adopted & helps other projects to adopt survivor-centered and trauma-informed practices that maximize safety & confidentiality. Doorways maintains accreditation as a sexual and domestic violence comprehensive provider by the State of Virginia.

If the Sexual and Domestic Violence Hotline determines that the household is not eligible or cannot be accommodated in the survivor-specific system, or, after contact with the hotline, the household prefers not to pursue services from that system, the hotline will refer the client to CCP for assessment and referral by the CCP in accordance with all protocols

[3] In accordance with HUD Final Rule Regarding the Implementation of Housing Protections Authorized in the Violence Against Women Reauthorization Act of 2013 (VAWA), the Arlington County CoC uses the following definitions for these terms: dating violence means violence committed by a person: (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; and (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship;(ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship; domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.; the term ''spouse or intimate partner of the victim'' includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship; sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent. Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:(1) Fear for the person's individual safety or the safety of others; or (2) Suffer substantial emotional distress. In the 2017 CoC Program NOFA HUD clarified that where an individual or family is fleeing, or is attempting to flee human trafficking, that has either taken place within their primary nigh-time residence or has made the individual or family afraid to return to their primary night-time residence; and the individual or family has no other residence; and the individual or family lacks the resources or support networks to obtain other permanent housing; HUD would consider that individual or family to quality as homeless under paragraph 4 of the HUD homeless definition.

described in these operating policies and procedures. Of note, Doorways' Domestic Violence Safehouse Shelter has limited bed space, and therefore can only shelter survivors and family members who meet the standards of imminent danger. While callers not meeting this threshold cannot be sheltered by the Safehouse, Doorways will offer survivors access to other services within the survivor-specific continuum (counseling, safety planning, court advocacy). CCP will take the lead in securing needed shelter or emergency housing assistance for households that require these services and cannot be accommodated at the Doorways Safehouse Shelter.

DHS offers trauma-informed care training semi-annually to staff at CCP and other projects serving people experiencing an/or at-risk of homelessness, and Doorways offers training on survivor-specific services using a trauma-informed approach at least annually to all CoC providers. DHS' trauma-informed care training includes: types, causes & consequences of trauma, impact of trauma on interpersonal interactions, co-morbidities, the role of culture & self-care. DHS also disseminates tips monthly to build a culture of trauma-informed care within the CCP teams and across the CoC.

Ensuring Access for Veterans

In compliance with the Department of Veterans Affairs October 17, 2017 Memorandum on VA Medical Center (VAMC) Participation in the Continuums of Care Coordinated Entry System (VAIQ#7844638), the Arlington County CoC and the Washington DC VAMC work together closely to ensure:

- coordination of community-wide services for Veterans experiencing homelessness;
- system-wide awareness of the full range of available housing and services for which homeless Veterans are eligible; and
- easy access to and appropriate prioritization of these resources for Veterans who are in critical need.

To achieve these goals, Arlington County CoC and Washington, DC VAMC have established the process described below for referring Veterans to and determining eligibility for VAMC services and for making referrals for services available through the CAS for Veterans who are eligible for healthcare and housing services through the VAMC and those who are not.

- All individuals & families are asked about military service immediately at CCP & emergency shelter sites & during street outreach & in-reach at programs frequented by Veterans.
- CCP, emergency shelters, outreach and other homeless service providers make referrals to local Veterans Health Administration (VHA) & Veterans Benefits Administration (VBA) sites to determine eligibility for VAMC services.
- VBA & VAMC points of contact are available immediately to confirm eligibility in real time.
- All homeless Veterans are assessed by the provider from which they are receiving services & have a permanent housing plan within 8 days of entering any homeless service program.
- CCP, outreach & shelter staff are trained to identify the VA housing resource (e.g., HUDVASH, SSVF, or GPD) most appropriate to each eligible Veteran's needs in the

housing plan & make the appropriate referral.

- CoC Veterans Task Force closely tracks Veterans using a by-name list & coordinates to ensure prompt referral to the most appropriate resources within or outside of the VA.
-

Ensuring access for people with Limited English Proficiency (LEP)

Arlington County requires that CCP and its partner organizations that conduct assessments make referral to, and/or receive referrals from CAS take reasonable steps to ensure meaningful access to their programs and activities by LEP persons. This requires that each organization conduct an individualized assessment that balances the following four factors: (1) The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP persons come in contact with the program; (3) the nature and importance of the program, activity, or service provided by the program to people's lives; and (4) the resources available to the grantee/ recipient and costs. The intent of this policy is to ensure meaningful access by LEP persons to critical services while not imposing undue burdens on county governments or small nonprofit entities.

Based on the individualized assessment CCP and each partner organization must determine what language needs exist, what assistance measures are sufficient for the different types of programs and activities in which it engages, and what reasonable steps they will take to ensure meaningful access for LEP persons, including on-site and telephone interpretation services it will provide, bilingual staff, use of family/friends as interpreters, which documents require written translation, into what languages documents will be translated, and how they will ensure competency of interpreters and translators.

After completing an assessment based on the four factors described above and deciding what language assistance services are appropriate, CCP and CAS partner organizations are required to develop and periodically update a written implementation plan to address the identified needs of the LEP populations they serve. Plans must include:

- how LEP individuals who need language assistance will be identified
- the ways in which language assistance will be provided
- a description of training that is provided to ensure staff knows about the LEP policies and procedures and can work effectively with interpreters
- a description of how the agency provides notice to LEP persons that language services are available and free of charge
- how the needs of LEP persons are periodically assessed and the effectiveness of the plan is monitored
- a process for updating the plan accordingly.

For additional guidance on steps CCP and CAS partner organizations can take to ensure access for LEP persons please see HUD's Final Guidance Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons available at: https://www.lep.gov/guidance/HUD_guidance_Jan07.pdf

Advertising and Affirmatively marketing to people least likely to apply

Arlington County ensures that the CAS is well advertised and affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, actual and perceived sexual orientation/gender identity/gender expression, age, familial status, handicap. Arlington County affirmatively markets housing and supportive services to those who are least likely to apply in the absence of special outreach. At service sites across the County, including those targeting people with disabilities, and those located in communities with a high proportion of racial and ethnic minorities, the Arlington County CoC and the Housing Division of the Department of Human Services disseminate multi-lingual information orally and through written marketing materials on how to access housing and supportive services for people experiencing and at-risk of homelessness. In addition, the County:

- conducts an annual assessment of services needed in other languages and provides CCP marketing materials in those languages;
- places advertisements for CCP services in at least 2 media outlets that target racial/ethnic minority communities at least semi-annually and whenever new projects open;
- conducts multi-lingual outreach for CCP services at least quarterly at organizations serving high concentrations of racial/ethnic minorities, LGBTQ people, and/or people with disabilities, including mobility, vision, and hearing impairments.

Appealing a decision of the CAS

Arlington County CoC ensures that there is a fair and accessible process by which individuals and families seeking assistance may appeal decisions made by CCP.

Appeals are managed and decided by an Appeals Committee, which is made up of a minimum of three members, including at least one representatives of the Arlington County CoC Executive Committee (member shall be appointed by the Executive Committee Co-Chairs), one representative of a service provider organization that participates in the CAS (member shall be appointed by the Executive Committee Co-Chairs), and one at-large member (member shall be appointed by DHS).

Grievances shall be submitted in writing to the Arlington County Department of Human Services via e-mail to a CoC staff member, whenever possible. CCP staff and/or staff from any CAS participating project provides assistance, as necessary, to any individual or family to write and submit the appeal. If the individual or family is unable to submit the appeal in writing and unable or unwilling to obtain assistance to submit the appeal in writing, they may submit an appeal to any Arlington County Department of Human Services CCP or CoC staff member in person or by phone and the person receiving the appeal will document it in writing.

Appeals are to be reviewed by the Appeals Committee within 30 days of receipt. Appeal Committee members involved in the original decision that is being appealed shall recuse themselves from voting on and/or otherwise influencing the outcome of matters referred to

the Appeals Committee. The committee issues a written decision that specifies the resolution of the appeal and any actions that need to be taken. A member of the Appeals Committee meets in person or by phone with the person who filed the appeal, as necessary, to explain the decision. All decisions by the Appeals Committee are final.

In all instances, parties must abide by the conflict of interest policy contained in the Arlington County Continuum of Care Governance and Policy Statements. When a conflict of interest is present, parties shall disclose the conflict and recuse themselves from voting on and/or otherwise influencing the outcome of matters referred to the Appeals Committee.

Section IV: Interventions Available through the Centralized Access System

The CAS streamlines access to programs that aid households facing various types of self-sufficiency issues, including but not limited to those at risk of becoming homeless and those who are literally homeless within Arlington County. Programs accessible through CAS include:

- **Prevention Services** including but not limited to services funded through the State of Virginia Emergency Solutions Grant (ESG) program
    - Short-term rental assistance (typically one-time assistance)
    - Medium-term rental assistance (includes case management)
    - Medium- to long-term rental assistance (includes case management)
- **Diversion Services**
- **Emergency Shelter Services, including emergency Hotel/Motel placements**
- **Housing Location Services**
- **Permanent Supportive Housing**
- **Rapid Re-Housing Services**
    - Short-term
    - Medium-term
    - Long-term

In addition, Arlington County has two transitional housing programs funded through non-CoC sources that do not currently participate in the CAS.

Prevention Services

Homelessness prevention services seek to help households at-risk of homelessness to maintain their existing housing and/or access alternative housing. When applicants seek to maintain their existing housing (i.e. valid leased apartments, a valid sub-lease or room rentals with a valid lease), the CAS process assesses the household and determine the appropriate level of progressive engagement. Progressive engagement is determined by defining the amount or level of assistance and/or supportive services a household will receive using the specific progressive engagement approach.

Through the CAS process, in conjunction with the household, a minimum amount and duration of assistance needed to achieve housing stability will be recommended. If it becomes clear at a later date that the amount and/or duration are not enough, the household will be reassessed, and the amount and duration of assistance may be adjusted with authorization from Arlington County CAB Bureau Chief. Each participating household must be recertified at three month intervals throughout their program participation. The guiding principal for all Prevention funds is: If not for the financial assistance intervention, the household would be literally homeless.

Types of Prevention Assistance Available

Arlington County has three (3) categories of prevention assistance to meet the needs of households at risk of becoming homeless.

Table 1 – Prevention Assistance Program Types

Category 1	**Short-Term/One-Time Rental Assistance**	Designed for households in which a temporary set-back occurred (i.e. temporary injury, loss of hours) and this setback has placed the household at risk of becoming homeless. Assistance will maintain the household's current permanent housing. **Length of Time:** One (1) to two (2) months of financial services. Worker will verify if at the end of the assistance the client will return to work or regain income and can maintain housing. Most households would need a maximum of two month's assistance.
Category 2	**Medium Term Rental Assistance**	Program is designed to assist households that appear to need three or more months of rental assistance. The barriers (e.g. poor money management, low income/wages, under-employment) the household presents with require financial assistance coupled with case management stabilization services. **Length of time:** Three (3) to six (6) months of overall assistance. The financial assistance can cover a portion of rent. The determination of how the financial assistance is provided depends on Individual Service Plan (ISP) drafted by the case manager and household. Households pay 30-40% of their said income towards

		rent. The rent assistance can be step down in nature (gradual decrease in the amount of funding provided over a period of time).
Category 3	**Intensive Case Management Services**	Program is designed to assist households that appear to need intensive case management services in the home. Financial assistance exceeds eight months. The barriers (e.g. poor money management, low to no income/wages) are extensive and may have more than one critical barrier. **Length of time:** seven (7) to ten (10) months of overall assistance. The financial assistance can cover a portion of rent. The determination of how the financial assistance is provided depends on the on Individual Service Plan (ISP) drafted by the case manager and household. Households pay 30-40% of their said income towards rent. The rent assistance can be step down in nature (gradual decrease in the amount of funding provided over a period of time).

Diversion Services

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to or keep their existing permanent housing. Diversion services play a critical role in reducing the number of households entering emergency shelter for single adults and families with children.
Diversion programs can:

- Reduce the number of families becoming homeless;
- Reduce the demand for shelter beds; and
- Eliminate the need for program wait lists.

Diversion programs can also help the Arlington community achieve better outcomes and be more competitive when applying for federal funding.

Any household seeking access to emergency shelter services is assessed to determine if the household can be diverted from shelter. Diversion services are located within the Assessment Center that is operated by the Clinical Coordination Program (responsible for conducting initial intakes for households).

All households seeking shelter or at imminent risk of homelessness meet with the Intake Specialists who make referrals to the Diversion Specialist for diversion services, if necessary. The Diversion Specialist is responsible for providing case management services (including service planning) and coordinating the services with natural supports (family, friends, faith based organizations, etc.).

Housing Location Services

Arlington County has implemented a best practice model called Housing Location Services, which is an integral component of the Centralized Access System. Housing Location services, can help households in three specific ways:

- **Barriers to Housing:** For households that have one or several barriers to housing (e.g. poor credit, criminal history, poor or no rental history), the housing locator works with the client, the referring party, and potential landlords to identify housing options within the County.

- **Housing negotiation:** When some households seek eviction prevention services, it may be necessary for the Housing Locator to talk to the property manager/landlord on behalf of the households to determine if there is a possibility of remaining in the housing.

- **Housing Inspections**- the Housing Locator performs Lead Paint and Habitability inspections.

Housing location services are specifically designed to assist households that, after completion of the intake paperwork, demonstrate that there are barriers to securing housing independently or maintaining their existing housing. In summary, the housing locator has an important role to help prevent persons from becoming homeless; another goal is to identify a viable housing option for the households with barriers. Housing location services are designed to work with households that, in most cases, have been denied access to housing (e.g. lease for an apartment) within the past six-month period.

The request for Housing Location Services is based on the **Intake Interview and Assessment** completed by a CCP Intake Specialist.

Emergency Shelter

The County views emergency shelter as an emergency resource of last resort, used only by people who are literally homeless and have no other option to resolve their homelessness. CCP will approve only Arlington households that are currently literally homeless for emergency shelter placement and will not maintain households who are not literally homeless on a waiting list for shelter.

At intake, all efforts to divert the households to safe, alternative housing will be made. If the safe, alternative housing is not permanent, efforts will be made to sustain the alternative housing until permanent housing can be achieved.

Medical Respite Program

The Medical Respite Program (MRP) in Arlington County provides 5 beds in the HSC center. The use of the beds is dedicated to homeless Arlington clients with an acute medical condition from which they are recuperating. The stay in the MRP is to last no longer than 30 days at which time the patient may be discharged to the general shelter population at the Homeless Services Center (HSC), Residential Program Center, or alternative housing.

The program operates as a triage facility. It does not provide clinic services. Up to 40 hours of nursing services is available. Specific staff assigned to the program are the Nurse Practitioner (NP) who provides care to clients in the MRP and to the general population of the shelter and the day program; the MRP Coordinator who serves as liaison with the NP and the Virginia Hospital Center (VHC;); and a Shelter Case Manager who is assigned to clients in the MRP.

MRP participants will have individual rooms that are separated from the general shelter and the day program populations. Each will each be assigned to a Shelter Case Manager who will triage weekly with NP on shared clients.

The VHC, the primary referral site to the program, maintains responsibility for several tasks needed to operate the MRP. The VHC will coordinate with Home Care agencies to provide charity skilled care at the HSC on a patient specific basis. It will provide the patient with an initial minimum (one week) supply of medications for relatively inexpensive medications, such as antibiotic, excluding any narcotics. VHC will coordinate with Home Infusion Company to provide infusion services on a patient need basis for those who have **no history** of poly-substance use and are able to self-administer the IV infusion.

Use of Case Conferencing in Emergency Shelter

Should issues arise that involve non-compliance or adherence to program guidelines, the shelter staff should work with the household to determine how to collectively address the issues. This plan should be in writing and specify S.M.A.R.T goals that are clearly explained to the household. This plan should be sent to DHS. If after a 30 day period the household has not made significant attempts to address adverse behaviors, the shelter worker should seek a case conference through DHS. The purpose of the face-to-face case conference will be to make household aware of their housing options and how DHS and non-profit partners can work with the household on be successful. Shelter staff will work with the household on the updated service plan objectives for the next 30 days. If after this 30-day period, the household is still not compliant, the household may be discharged.

Rapid Rehousing

Based on national research and best practices, Arlington County has committed to investing funds in rapid re-housing, including short and medium-term rental assistance (i.e. not to exceed 24 months) for homeless families in Arlington County. Rapid re-housing provides time-limited rental assistance and supportive services to permanently house individuals and

families as quickly as possible with a level and duration of support that is tailored to meet the needs of each household. Each household has a lease in their name and is connected to mainstream self-sufficiency services in the community.

Providers are expected to remain engaged with the households from first contact to program exit, using a progressive engagement approach (i.e., starting with a small amount of assistance for the shortest period of time possible to help resolve homelessness then adding more assistance, only as necessary, if the less intensive intervention is unsuccessful) and tailoring services to the needs of the household in to assist with maintenance of permanent housing. Additionally, providers engage in efforts to reconnect with households after they exit from the program to determine housing stability after the expiration of time-limited rental assistance subsidies.

Arlington County has implemented the following Best-Practice Rapid Re-Housing Strategies:

- Medium-term rental assistance
- Flexible funding for security, utility deposits
- Home-based case management to help access needed services to move to self-sufficiency
  - Employment Services
  - Budgeting
  - Public Benefits advocacy to assist with benefits such as child care, SNAP, tax credits, Medicaid, and TANF
- An organized housing search strategy, including landlord mediation

Rapid Re-housing Program Standards

Rapid re-housing projects provide tenant-based rental assistance that can be used to allow individuals and families experiencing homelessness to obtain rental units. The CoC has adopted the National Alliance to End Homelessness (NAEH)/ Virginia Department of Housing and Community Development (DHCD) RRH Performance Benchmarks and Program Standards. All RRH projects are required to implement these standards (for more details see the Evaluation and Appendix sections).

Types of RRH subsidies available

A hallmark of Arlington's Rapid Re-Housing programs is the flexibility available to design services that meet participants' needs. Arlington offers 2 types of RRH:

- **Bridge Subsidy:** This is the most common form of assistance used in Arlington County. A bridge subsidy provides temporary assistance for individuals to help them obtain/maintain housing until a longer-term or permanent subsidy becomes available (for example a Housing Choice Voucher, Permanent Supportive Housing, or the local Housing Grant subsidy). Bridge subsidies are often used for persons who have severe housing barriers and are on waiting lists for other long-term subsidies.

Under this model a household pays a minimum of 30 percent of its income towards rent and utilities until the longer-term or permanent subsidy becomes available. When the household is anticipated to move on to the local Housing Grant subsidy, RRH projects are strongly encouraged to require households to pay a minimum of 40% of household income towards rent, unless extenuating circumstances make such an arrangement unworkable.

- **Income-based, Graduated/Declining Subsidy**: This model is used less frequently in Arlington County and is used for households that do not need or are not eligible for another longer-term or permanent subsidy (for example a Housing Choice Voucher, Permanent Supportive Housing, or the local Housing Grant subsidy). Under this model a household pays a minimum of 30 percent of its income towards rent and utilities, and the subsidy declines in "steps" based upon a fixed timeline, until the household assumes full responsibility for monthly housing costs. The steps are known in advance and act as deadlines for increasing income to help prepare the household for assuming the full rent burden. The model provides an exemption option that can be exercised to extend the length or increase the amount of assistance to avoid households that are facing extenuating circumstances and are unable to achieve self-sufficiency from returning to homelessness.

Maximum Terms of RRH Assistance

Arlington County offers five Levels of RRH Assistance (See Table 2 below). The type of subsidy and level of assistance to be offered is determined by the RRH Admissions Committee during a case conference (See Prioritization and Referral Sections for more detail). Clients receive up to 18 months of rental assistance. On a case-by-case basis and with approval obtained through a case conference, a household can receive rental assistance for up to 24 months. Under no circumstances may assistance be provided for more than 24 months.

Table 2 - Type of Rapid Re-Housing Assistance

Level 1	**Short-Term Rental Assistance**	Household will need minimal assistance to obtain and retain housing. • Housing search assistance • Financial Assistance for housing start-up (e.g. first month's rent, security deposit, utility deposit • Time-limited rental assistance, per client housing plan • Home visits after move-in • Offer of rental assistance for up to 3 months **Length of time: up to 3 months Rental Assistance**

<table>
<tr><td>Level 2</td><td>Medium Term Rental Assistance</td><td>Household will need routine assistance to obtain and retain housing.
Housing search assistance
Financial assistance for housing start-up
Time limited rental assistance, per client housing plan
Weekly home visits recommended for first two months, then reduce to bi-weekly or monthly as most housing plan goals are met
Rental Assistance available for up to 6 months, depending on housing issues and progress toward housing goals
Length of time: up to 6 months Rental Assistance

The determination of how the financial assistance is provided is guided by the recommendations of the RRH Admissions Committee and the on-going work with the case management services. Households pay 30-40% of their said income towards rent. The rent assistance can be step down in nature (gradual decrease in the amount of funding provided over a period of time).</td></tr>
<tr><td>Level 3</td><td>Medium-long Rental Assistance</td><td>The household will need more intensive and/or longer assistance to obtain and retain housing.
Housing search assistance
Financial assistance for housing start-up
Time-limited rental assistance, per client housing plan
Ongoing housing focused case management
Weekly home visits for first two months, then reduce to bi-weekly or monthly as most housing plan goals are met. Unannounced drop-in visits to be considered by case manager
Rental Assistance available for up to 9 months, depending on the housing issues and progress toward housing goals
Length of time: up to 9 months Rental Assistance</td></tr>
</table>

		Program is designed to assist households that appear to need intensive case management services in the home coupled with financial assistance. The barriers (i.e. poor money management, low income wages) are extensive and may have more than one barrier critical barrier. The determination of how the financial assistance is provided is guided by the recommendations of the RRH Admissions Committee and the on-going work with the case management services. Households pay 30-40% of their said income towards rent. The rent assistance can be step down in nature (gradual decrease in the amount of funding provided over a period of time).
Level 4	**Long-term rental assistance &** **Bridge Subsidies**	Household will need intensive and longer assistance to obtain and retain housing • Housing search assistance • Financial assistance for housing start-up • Time-limited rental assistance, per client housing plan • Ongoing housing focused case management • Weekly home visits for first two months, then reduce to bi-weekly or monthly as most housing plan goals are met. Unannounced drop-in visits to be considered by case manager • Rental Assistance available for 12-18 months with extensions after case conferences, depending on the housing issues and progress toward housing goals A **bridge subsidy** provides temporary assistance for individuals to help them obtain/maintain housing until a longer - term or even permanent subsidy becomes available (for example a Housing Choice Voucher, Permanent Supportive Housing, or the local Housing Grant subsidy). Bridge subsidies are used for persons who have severe housing

		barriers and are on waiting lists for other long - term subsidies. **Length of time: 12-18 months Rental Assistance; for bridge subsidies may be shorter and will cease upon receipt of a different subsidy.** Program is designed to assist households that appear to need intensive case manage services in the home coupled with financial assistance. The barriers (i.e. poor money management, low income wages) are extensive and may have more than one barrier critical barrier. The determination of how the financial assistance is provided is guided by the recommendations of the CAS intake and the on-going work with the case management services. Households pay 30-40% of their said income towards rent. The rent assistance can be step down in nature (gradual decrease in the amount of funding provided over a period of time).

Determining the amount of assistance & amount or percentage of rent each RRH program participant must pay

- RRH programs are required to use a progressive engagement model, i.e., starting with a small amount of assistance for the shortest period of time possible to help resolve homelessness then adding more assistance, only as necessary, if the less intensive intervention is unsuccessful.
- All participants receiving rental assistance subsidies must contribute a minimum of 30% of their monthly adjusted household income towards their monthly rent and utilities. There is no minimum rent requirement, and tenant rent contribution may be zero, for households with no income. All RRH programs are required to use the HUD CoC standards, including the local utility allowance for calculating income, making income adjustments, and determining the amount the tenant is required to pay and the amount of rent/utilities that will be paid through the subsidy. RRH programs are required to maintain in participant files documentation of income and a copy of the

HUD Rent Calculation Form (see Appendix), which documents income adjustments and rent calculations.

- RRH programs are required to provide participants with a written notice explaining the amount of rent/utilities they are required to pay and the amount that the subsidy will pay. RRH programs are also required to provide participants with an updated written notice explaining the amount they are required to pay and the amount that the subsidy will pay upon each 90-day re-evaluation (see below) and at any other time that rent is re-calculated.

- Participants must be re-evaluated at least every 90 days to determine the need for continued assistance. Through each re-evaluation, the RRH provider must determine that the continuation of assistance is necessary to avoid literal homelessness. At reassessment, some clients graduate, if they are able to retain housing without additional assistance, others who need continued assistance continue to be recertified at 90 day increments.

- All households that are approaching 9 months of RRH participation will have a case conference with the RRH Admissions Committee members to discuss progress, additional time needed in the program, and how the household will be successfully moved on to the next subsidy. DHS is responsible for convening such a case conference within a 4-week window of the 9-month mark.

- Bridge subsidy participants may receive up to 100% of FMR for up to 18 months. Participants not transitioning to another type of subsidy may receive rental assistance of no more than the following percentages of FMR for each of the indicated time frames (security deposits are excluded from these limits):

  •Months 1-3 – 100% of FMR

  •Months 4 to 6 - 80% of FMR

  •Months 7 to 9 - 60% of FMR

  •Months 10 to 18 - 40% of FMR

- The assistance levels indicated above are maximums and only apply to participants not awaiting another type of subsidy (e.g., Housing Choice Voucher, Permanent Supportive Housing, or a local Housing Grant Subsidy). If through the re-evaluation, it is determined that a participant needs a lower level of assistance than those defined above, the project must provide the lowest amount necessary to assist the household to retain the unit. For participants receiving less than 18 months of assistance who will be transitioning to paying full rent upon expiration of the RRH subsidy (i.e., all participants with the exception of those receiving a bridge subsidy), in order to gradually increase tenant responsibility for paying rent, providers are strongly

encouraged to reduce the subsidy more quickly than required by the maximum rent levels described above.

- At re-evaluation the RRH provider must determine, if to avoid literal homelessness:

    - A higher amount of assistance than the levels defined above for any period is necessary; or
    - The continuation of assistance beyond the maximum term of the Level for which the household was initially certified is necessary.

    If either of the above scenarios is determined, then the RRH provider can submit an exemption request to the Arlington County Department of Human Services (DHS). DHS will bring the exemption request to the next scheduled Case Conference for consideration of the request. DHS will notify the RRH provider that requested the exemption of the outcome within 3 business days of the Case Conference. If an exemption is authorized, RRH providers must continue to re-evaluate the participant at least every 90 days to determine the need for continued assistance. Re-calculations may occur more frequently, as necessary (e.g., when income increases or decreases). Case Conferences to approve an exemption are only relevant for participants not awaiting another type of subsidy (e.g., Housing Choice Voucher, Permanent Supportive Housing, or a local Housing Grant Subsidy). Except for Bridge subsidy participants, under no circumstances may higher amounts or longer terms of rental assistance be provided without an exemption or may rental assistance be provided for more than 24 months.

- In accordance with HUD regulations 24 CFR Part 578, participants of projects receiving CoC program funded RRH may receive eligible supportive services for no longer than 6 months after rental assistance stops and the total length of CoC funded RRH assistance, including both rental assistance and supportive services may not exceed 24 months. Other types of RRH projects (i.e., those not supported by CoC Program funds) may provide case management services for up to 6 months after the financial subsidy ends.

- When households have applied, and are preparing to transition to a Housing Grant, clients and/or case managers shall request an Estimate Letter from the Housing Grant Program. Estimate Letters are not just intended for homeless clients prior to move-in, but are essential to existing RRH clients that will transition to the Housing Grant. The letter will help RRH staff plan with the household by appropriately increasing the subsidy in preparation for participation in the Housing Grant program. Additionally, if a household's income increases or decreases significantly during the Housing Grant application process, an updated estimate letter can be requested to ensure that the household has accurate knowledge of the approaching subsidy.

Housing First requirements in RRH

RRH projects are required to use a low barrier, Housing First model as described in the Housing First principles included in the appendix of this manual. This means, with the exception of the requirement for participation in a case management meeting at least monthly, RRH projects do not mandate participation in any services. RRH projects prioritize rapid placement and stabilization in permanent housing. Households are not screened out by CAS or RRH projects due to perceived barriers related to housing or services, including but not limited to too little or no income, active or a history of substance use, domestic violence history, reluctance to receive treatment or other services or needed supports, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record- with exceptions for any state or local restrictions that prevent projects from serving people with certain convictions.

Requirements related to termination of RRH assistance

Any individual seeking and/or receiving rapid-rehousing assistance must receive written notification of the RRH provider agency's grievance policy. Grievance policies must provide specific procedures to be followed for any disputed rapid re-housing program decision impacting the participant's financial assistance.

The agency may terminate assistance to a program participant who violates program requirements only after written notice of corrective action has been given to the household and a DHS case conference has been convened. In terminating assistance to a program participant, the agency must: (1) Provide written notice to the program participant containing a clear statement of the reasons for violation/termination; (2) Provide review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision, (3) Request and Attend a DHS case conference if issues are not resolved; and (4) Provide prompt written notice of the final decision to the program participant. Aforementioned documentation must also be submitted to DHS.

Other terms of RRH assistance

Rental assistance payments are not made to program participants, but only to third parties, such as landlords. In addition, an assisted property may not be owned by the grantee or the parent, subsidiary or affiliated organization of the grantee or by any other party who has a conflict of interest (e.g. a staff or Board member of a grantee or a relative or business associate of a staff or Board member of a grantee). No staff participating in these programs may benefit from them.

Rapid re-housing assistance requires that the program participant head of household has a valid lease that is in compliance with tenant/landlord laws in their name. A copy of this lease must be included in the program participant record.

Partnering agencies must have written agreements with both the program participant and the landlord that identify the terms of the rapid re-housing assistance. This should specifically provide the landlord with guidance for addressing issues that could impact housing stability.

Permanent Supportive Housing

Based on national research, Arlington County has committed to utilizing funds to operate the best practice model of Permanent Supportive Housing Programs (PSH) for persons identified as chronically homeless. All CoC Permanent Supportive Housing Programs utilize a "Housing First" model as described below and in the Housing First principles included in the appendix of this manual. The CoC's PSH programs are designed to provide a rental subsidy and supportive services that assist the household in maintaining their housing and achieving their personal goals.

PSH is a strategy that permanently houses individuals and families as quickly as possible. Each household has a lease in their name and is connected to mainstream services in the community. Supportive services are expected to remain engaged with the households for the entire time the household is enrolled in the program.

Arlington County has implemented the following Best-Practice PSH Strategies:

- Housing Location Services for persons with high barriers to securing housing
- Moderate to long-term rental assistance
- Flexible funding for security, utility deposits
- Supportive services in the home that can help with but are not limited to:
  - Landlord/Tenant conflict resolution
  - Budgeting
  - Medication management
  - Connection to public benefits such as child care, SNAP, tax credits, Medicaid TANF, etc.

Typically, households have demonstrated a clear need for supportive services and without these supportive services, they will be unable to maintain their housing once placed. In some circumstances, households may be required to enlist the services of a representative payee that will be responsible for ensuring that monthly rent and other expenditures are paid.

Housing First Requirements in PSH

Permanent Supportive Housing projects are required to use a low-barrier, Housing First model as defined in the Arlington County CoC Housing First Principles (see Appendix). PSH projects may not have service participation requirements, or screen out participants based on having too little or no income, active or history of substance abuse, a criminal record, or a history of domestic violence. PSH projects also may not terminate participants from the project for any of the following reasons: failure to participate in supportive services or

treatment, failure to make progress on a service plan, loss of income or failure to improve income, domestic violence, any other activity not covered in a customary and enforceable lease agreement). PSH projects do not require households to be employed; however, they are encouraged to work toward increasing their self-sufficiency to maintain their housing.

Determining the amount of assistance & amount of rent each PSH program participant must pay

- All participants receiving PSH must contribute a minimum of 30% of their monthly adjusted household income towards their monthly rent and utilities. There is no minimum rent requirement, and tenant rent contribution may be zero, for households with no income. All PSH programs are required to use the HUD CoC standards, including the local utility allowance for calculating income, making income adjustments, and determining the amount the tenant is required to pay and the amount of rent/utilities that will be paid through the subsidy. PSH programs are required to maintain in participant files documentation of income and a copy of the HUD Rent Calculation Form (see Appendix), which documents income adjustments and rent calculations.

- PSH programs are required to provide participants with a written notice explaining the amount of rent/utilities they are required to pay and the amount that the subsidy will pay. PSH programs are also required to provide participants with an updated written notice explaining the amount they are required to pay and the amount that the subsidy will pay upon each annual income re-certification re-evaluation and at any other time that rent is re-calculated.

Landlord Marketing: PSH

Successful marketing efforts often utilize the following selling points to explain the "win-win" for landlords in partnering with social service programs:

- Households are provided individualized case management before and after the move, including tenant education, budgeting, household management, employment assistance, and crisis intervention.
- Services are often provided on-site through regular home visits (often as needed).
- Landlords have access to dedicated point persons responsive to their concerns and needs, and can expect prompt intervention with tenants when requested.
- Program participants and sometimes other tenants in the same buildings - have access to, or can be linked to, intervention programs to address issues or crises (e.g., rent-to-prevent eviction assistance).
- Double security deposits can be paid on behalf of tenants.

Requirements related to termination of PSH assistance

All households participating in an Arlington County CoC PSH Program must receive written notification of the agency’s grievance policy. Grievance policies must provide specific procedures to be followed for any disputed PSH program decision impacting the participant’s financial assistance.

The agency may terminate assistance to a program participant who violates program requirements, unless such a termination would be inconsistent with the Housing First principles adopted by the Arlington County CoC and detailed in the Appendix of this manual. However, barring any safety issues or concerns, the household should be discussed via case conference that includes members of the PSH Admissions Committee.

PSH Providers will (1) Provide written notice to the program participant containing a clear statement of the reasons for violation/termination; (2) Provide review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision, (3) Request and attend a DHS case conference if issues are not resolved; and (4) Provide prompt written notice of the final decision to the program participant.

Other terms of PSH Assistance

- Rental assistance payments are not made to program participants, but only to third parties, such as landlords. In addition, an assisted property may not be owned by the grantee or the parent, subsidiary or affiliated organization of the grantee.

- No staff participating in these programs may benefit from them.

- Rental assistance is tenant-based rental assistance that can be used in any qualified unit as long as the participant remains eligible and enrolled in the designated PSH program.

- Programs must provide the appropriate level of case management in order to assure housing stability.

- Prior to households renting a new unit and at least annually, all units assisted with CoC Rental Assistance funds must be inspected for and pass HUD Housing Quality Standards. In addition, all units that a participant moves into must be deemed habitable and conform to the County code. A Habitability Standards form must be completed and included in program participant records in all applicable cases. Housing that is occupied by families with children under 6 or a pregnant woman and that was constructed before 1978 - must also comply with Lead Based Paint inspection requirements, per the Lead Based Paint Poisoning Prevention Act. A Lead-Based Paint Visual Assessment form must be completed and included in program participant records in all applicable cases.

Prior to households renting a new unit or renewing a lease. The rent must meet two standards:

- Rent Reasonableness – rent is equal to or less than other comparable units in the area and other comparable units offered by the same landlord.
- Fair Market Rent (FMR) – rent (including utilities) is at or below the HUD established FMR for the unit size in the area.

Section V: Participant Eligibility & Assessment

Overview of Screening and Assessment Procedures

Arlington County has a published goal to prevent homelessness whenever possible. The feasibility of maintenance of current housing or an assessment of housing options must be made prior to placing a household in emergency shelter. The County will provide emergency shelter for households with no other housing options. This practice will ensure that homelessness is prevented whenever possible and households with few or no options are placed in emergency shelter.

Through the intake process, the exploration of housing options is key and will serve as the primary component to avoiding shelter. Housing options are also imperative for quickly exiting shelter. Therefore, the Intake Specialist and case managers will focus on affordable housing options that include: subsidies from the Housing Grants program or the Housing Choice Voucher program *-formerly Section 8* (when open), room rentals, and shared housing accommodations (living with relatives or friends).

The CCP is the man entity responsible for ensuring that all households experiencing homelessness and at-risk of homelessness are promptly screened and assessed. It is anticipated that most requests and screening will take place via the CCP Monday through Friday from 8am to 5pm.

CCP intake staff will complete intake in the community, (e.g., at a jail, hospital, etc.), if after consultation with the referring partner, it is agreed that the client would not be able to travel to the CCP offices on their own or with the assistance of the referring partner. This includes, but is not limited to, clients that are mandated by the magistrate/judge to go “bed to bed” from jail to shelter or clients who are too ill to come in on their own. CCP may also complete intake assessments over the phone when a client is in isolation or quarantined (e.g., A client with active TB, or who is in recovery for another illness).

When a household presents with a housing crisis (i.e., a household is identified as literally homeless or at imminent risk of homelessness), the following steps will be taken:

- **Complete Intake Assessment:** One (1) of four (9) Intake Specialists will assess the household’s needs and identify the appropriate level of housing or support needed. Households will be required to provide supporting documentation per program requirements (See documentation under this section). (See Triage and Barriers to Housing Stability Assessment Forms in Appendix)
- **Diversion:** If diversion is identified as a viable option to shelter, the household will meet with the Diversion Specialist to explore: (1) if the current housing can be successfully maintained or (2) if another housing options (e.g. living with relative, friends, family) is plausible. (See Diversion Assessment Form in Appendix)
- **Emergency Shelter: If the household cannot be diverted form shelter,** a referral for emergency shelter will be made to one of the four emergency shelter providers for all households meeting the HUD definition of homelessness and with no other

viable housing options. Once a household is admitted to an emergency shelter that provider will within 8 days of program entry:

- **Complete the Guest Information Form**
- **Complete the SPDAT (for single adults)**
- **Complete the F SPDAT (for families)**
- **Complete the Y SPDAT (for youth 18 -25)**

All forms are included in the Appendix of this manual.

The County and community partners responsible for conducting assessments will have trained staff to complete the required Triage form, and the SPDATs after hours (5:00pm to 8:00am) and on weekends & holidays. Partnering Agencies will serve as an Assessment Entity after County business hours, on weekends, and on County holidays. Partnering Agencies will triage calls and refer households to CCP for service the next business day. In cases where there is a true emergency and need for shelter service, a household will be referred to the appropriate shelter, if there is an opening. This is considered a temporary solution until a full screening is conducted by CCP.

Entities and individuals that complete assessments must meet the responsibilities of an Assessment Entity, which include:

- submission of assessment forms to CCP
- responding to requests by CCP for clarifying information
- client notification of eligibility and referral decisions
- participation in case conferences
- informing clients of appeal process

Eligibility – Arlington County Residency

Arlington County understands the difficulty and complexity of challenges faced by households experiencing homelessness; challenges that are compounded by living on the streets. Since Arlington County is geographically situated next to several nearby Virginia counties, across the bridge from Washington, DC and two Counties in Maryland, households may have difficulty documenting that they are current residents of Arlington County, VA.

However, the Arlington CoC CAS will serve households comprised of residents of Arlington County. The CoC recognizes that funding received from state and federal sources may allow for services to be provided to residents of another jurisdiction. While meeting funding requirements, the Arlington CoC strives to provide services to all Arlington residents in need.

To process residency, Arlington County has established the following requirements below to demonstrate that a household is comprised of current Arlington residents.

For any household seeking **Eviction-Prevention services**, they must provide a copy of their State ID (not expired) that provides their name and the respective address at which the household adult members are currently residing plus documentation of the following:

- **Verified current Lease (within past 90 days):** An adult member(s) of a household should provide a copy of a lease from a property physically located in Arlington County. A copy of the lease should come directly from the leasing company to the Department of Human Services or be verified by CAS staff. The lease should contain the name of at least one adult person of the household and the other members of the household that resided at the location.

- **Documented connection to local services:** An adult member(s) of the household should provide documentation that they are currently connected to an Arlington County homeless outreach provider (A-SPAN), or the Department of Human Services Treatment on Wheels Program for the past 90 days. The client can also show documentation from their Behavioral Healthcare outpatient therapist that shows connection to services for the past 90 days as well as verification of where they have been staying in Arlington in order to receive services.

- **Temporary residents:** An adult member(s) of a household should provide a notarized Shelter Residence and Expense Form indicating they have resided in Arlington County for the past 90 days. The letter should be notarized by an adult member(s) of the host household whose name is on the lease/currently owns the property and the adult member(s) of the household currently seeking assistance. A letter from a Section 8 or Housing Grant recipient host will not be accepted as valid proof of applicant residency.

For households that are seeking to obtain **Emergency Shelter services**, family households must provide a copy of the current state issued ID that provides their name and the respective address at which the household adult members are currently residing as well as documentation of one of the following:

- **Children enrolled in Arlington County School:** A family household should provide verification that their school aged children are currently enrolled in an Arlington County school. The children should have documented enrollment in school for 90 days prior to seeking emergency assistance. Worker must verify children's enrollment through APS Residency Specialist.

- **Verified current Lease (within past 90 days):** An adult member(s) of a household should provide a copy of a lease from a property physically located in Arlington County. A copy of the lease should come directly from the leasing company to the Department of Human Services. The lease should contain the name of at least one adult person of the household and the other members of the household that resided at the location.

- **Documented connection to local services:** An adult member(s) of the household should provide documentation that they are currently connected to an Arlington County homeless outreach provider (A-SPAN), or the Department of Human Services Treatment on Wheels Program for the past 90 days. The client can also show documentation from their Behavioral Healthcare outpatient therapist that shows connection to services for the past 90 days as well as verification of where they have been staying in Arlington in order to receive services.

- **Temporary residents:** An adult member(s) of a household should provide a notarized Shelter Residence and Expense Form (see Appendix) indicating they have resided in Arlington County for the past 90 days. The letter should be notarized by an adult member(s) of the host household whose name is on the lease/currently owns the property and the adult member(s) of the household currently seeking assistance. A letter from a Section 8 or Housing Grant recipient host will not be accepted as valid proof of applicant residency.

For homeless households currently **residing on the streets** and meeting the Federal definition of homelessness, the following guidelines will be utilized:

- **Meet the Standards of Residency:** When possible, the household should provide the above-mentioned information related to families (i.e. state ID) to be identified as an Arlington resident.

- **Inability to meet residency standards:** If the household is unable to provide one or more of the required proof of documentation, the household should be known to be living on the streets, parks, or other places not meant for human habitation (i.e. under a bridge) in the 26 sq. miles radius of Arlington County, participation as a resident of Arlington with A-SPAN (street outreach provider) for 90 days, or as a resident of Arlington active with the DHS Community Assistance Bureau , Treatment on Wheels (TOW) or Aging and Disability Services Division.

Special Note: Any household currently identifying themselves as an Arlington resident should not be receiving benefits in another jurisdiction.

Eligibility Documentation

There are several forms of documentation that could be requested from a household to complete the assessment to access prevention and supportive services connected to permanent housing.

All households will provide the following:

- Proof of Arlington County residency. (see earlier document requirements)
- Proof of Income (e.g. paystubs, SSI or Social Security letter indicating receipt of benefit, Child support verification, etc.).

- Documentation of assets (401K, recent bank statements, etc.).

Households seeking prevention assistance must additionally provide:

- Proof of being at risk of becoming homeless (i.e. Eviction notice from Court, 5 Day Pay or Quit, Late Notice).
- Copy of current lease

Households seeking or who will be provided access to emergency shelter, diversion services, and/or rapid re-housing must provide:

- Proof of Homelessness (letter from current provider, or information gathered from the HMIS system).
- Documentation of imminent eviction from housing (applies to shelter and diversion only).

Prevention Assistance: Determining Eligibility and Assessing Need

Prevention services are designed to work with households that after, completion of the intake paperwork, demonstrate they are clearly at risk of becoming homeless if assistance is not provided to the household. The level of services provided to a household will be based on the **intake assessment**.

The CCP is the main entity responsible for ensuring that all households at-risk of becoming homeless are promptly screened and assessed. When a household presents with a crisis (i.e., Impending Court Eviction, Late Notice, 5 Day Pay or Quit), the following steps will be taken:

- **Intake Interview and Assessment:** One (1) of five (9) Intake Specialists will ascertain the household's needs and identify the appropriate level of prevention. Households will be required to provide supporting documentation with respect to their need for assistance (See eligibility documentation section above).
- **Prevention Services:** For households that appear to be eligible for prevention services, the Intake Specialist will complete the necessary paperwork and gather supporting documentation to begin the referral process.

To access Prevention Services the following procedures will be followed:

- An Intake Specialist will complete the **Intake Interview and Assessment.** If upon completing the assessment, it appears that the household is in need of prevention services that will allow the household to maintain housing, the documents will be uploaded into HMIS.
- The Intake Specialist will begin any additional assessments and develop a service plan for the household.
- The CCP will monitor expenditure of financial assistance by program in order to assess availability of resources on an on-going basis and to prevent unexpected or rapid depletion of resources. This tracking will also detect when funds are being

spent too slowly. Quarterly meetings will be held with all Partnering Agencies to review program and financial data.

Re-certifications for Prevention Services

Households receiving Prevention assistance must be recertified every three months for program eligibility. Such reviews will determine if the household meets income guidelines and still needs program assistance. Assistance beyond each recertification should be provided per progressive engagement guidelines and clearly conveyed to household. If household no longer meets program eligibility at time of re-certification, case management should provide referrals to other services if needed and follow procedures to close case.

Program Acceptance Notification for Prevention Services

All households accepted to Prevention services must be provided a program acceptance letter noting the case management information, program entry date and relevant assistance priorities.

Termination/Grievance Requirements for Prevention Services

Any individuals seeking and/or receiving prevention assistance must receive written notification of the agency's grievance policy. Grievance policies must provide specific procedures to be followed for any disputed prevention program decision impacting the participant's financial assistance.

The agency may terminate assistance to a program participant who violates program requirements. Agencies may resume assistance to a program participant whose assistance was previously terminated. In terminating assistance to a program participant, the agency must provide: (1) Written notice to the program participant containing a clear statement of the reasons for termination; (2) A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and (3) Prompt written notice of the final decision to the program participant.

Closure Notification Requirements for Prevention Services

All households being closed to program services- regardless of reason, must be provided a program closure letter noting the exact closure date, reasons for closure and grievance policy related to case closure.

Housing Location Services: Determining Eligibility and Assessing Need

Housing location services are designed to work with households that, after completion of the intake paperwork, demonstrate that there are barriers to securing or maintaining their existing housing. In most cases, the household has been denied access to housing (e.g. lease for an apartment) within the past six-month period.

The requests for Housing Location Services will be based on the **Intake Interview and Assessment** completed by a CCP Intake Specialist. The need for the service will be indicated on the **Housing Locator Referral Form, which is emailed by CCP to the Housing Locator**.

Households eligible for services from the Housing Locator will be screened and identified by the Intake Specialists. The on-going Case Manager will process the referral for housing location services.

To better serve households referred for Housing Location services, the Housing Locator may request additional information that will link households with the most appropriate housing option (i.e. Property Management Company). These documents may include:

- Credit Report
- Criminal History if applicable

To access housing location services the following procedures will be followed:

- An Intake Specialist will complete the **Intake Interview and Assessment**. The Intake Specialist completes the **Housing Location Referral Form and sends it to the Housing Locator via email.**
- The Housing Locator reviews the referral request and clarifies questions with the Intake Specialist.
- The Housing Locator then works with the Intake Specialist, if necessary, to identify the most appropriate housing option.
- The Housing Locator will send to the Intake Specialist, rental unit opportunities that address the household's barriers.
- Households will follow up with landlords within 24 hours of being informed of the rental opportunity.
- Should there be a need for additional assistance, the Intake Specialist can have a case conference with the Housing Locator.
- The Housing Locator will conduct all applicable inspections if a client is approved for tenancy.

Diversion Services: Determining Eligibility and Assessing Need

Within Arlington County, any household (individual or family) seeking to access emergency shelter will be eligible to meet with the Intake Specialists who determine if diversion services are appropriate. National statistics state that approximately 25% of households seeking emergency shelter can be diverted.

The **Intake Interview and Assessment** explores possible housing options to avoid shelter entry and assesses the type of intervention that is most appropriate to meet a household's

immediate and long-term housing needs. A trained staff person from the CCP or, as necessary to provide services outside of CCP business hours, any Assessment Entity may conduct the **Intake Interview and Assessment**. All households must ultimately be assessed by the CCP.

Documentation of Arlington County residency and meeting the definition of homelessness are the two major criteria of program eligibility and therefore need documentation noted earlier.

To access Diversion Services the following procedures will be followed:

- An Intake Specialist will complete the **Intake Interview and Assessment**.
- If upon completing the assessment, it appears that the household may benefit from Diversion Services that will allow the household to maintain their existing housing or extend their housing stay until additional housing can be accessed:
    - The Intake Specialist will submit a referral request for services to the Diversion Specialist via the HMIS System.
- The Diversion Specialist will review the referral request and clarify questions with the Intake Specialist.
- The Diversion Specialist will work with the household to identify housing options to include family, friends, co-workers, and other natural supports.
- The Diversion Specialist will complete any additional assessment, develop a service plan and be responsible for monitoring the progress of the established service plan.
- If single individuals or families referred to shelter do not follow through with their service plan, the Diversion Specialist will follow up with the client. If the client does not engage the case will be closed after 30 days of no contact. Case notes will be maintained in HMIS.

Emergency Shelter: Determining Eligibility and Assessing Need

Emergency shelter will serve households (individuals and families) who meet the definitions of homelessness, which is described in Table 3 below. Eligibility is determined by CCP.

Table 3 – Definitions of Homelessness

Category 1	**Literally Homeless**	Includes households who lack a fix, regular, and adequate night time residence, meaning: • Have a primary residence that is a public or private place not meant for human habitation; • Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or

		• Is exiting an institution where (s)he has resided for 90 days or less **and** who resided in an emergency shelter or place not mean for human habitation immediately before entering that institution.
Category 3	**Homeless under other Federal Statutes** (*and requesting shelter*)	• Homeless Under Other Statutes Unaccompanied youth under 25 years of age, or families with children and youth, who do not meet any of the other categories but are homeless under other federal statutes, have not had a lease and have moved 2 or more times in the past 60 days and are likely to remain unstable because of special needs or barriers.
Category 4 [4]	**Attempting to Flee External Harm to Self**	Any individual who: • Is fleeing or disengaging, or is attempting to flee or disengage, domestic violence, sex trafficking, sexual exploitation, gang participation, and/or organized crime; **and** • Has no other residence; **and** • Lacks the resources or support networks to obtain other permanent housing.

The Diversion Specialist will complete the **Diversion Assessment Tool** if a household cannot be diverted from homelessness and needs to access services in the homeless system. The Diversion Specialist will have access to the information on the shelter stay history from HMIS (if there is a shelter history). See Appendix for forms.

The shelter case manager will conduct the appropriate SPDAT based on the household type (i.e., Individual, Family, or Youth) within 8 days of shelter entry. These assessment tools will be used to determine the next step housing intervention necessary to resolve homelessness for any household that needs additional assistance beyond shelter.

Eligibility Documentation for Emergency Shelter

Since households have been assessed by CCP there is no specific supporting documentation that providers need to accept a household for emergency shelter. All providers should have access to the intake information completed via HMIS.

Eligibility for Medical Respite Beds

The Medical Respite Program (MRP) in Arlington County provides 5 beds in the HSC center. The use of the beds is dedicated to homeless Arlington clients with an acute medical

[4] Note that this is a local definition and does not conform with the HUD Category 4 definition of homelessness. Projects receiving HUD CoC funds must use the federal definition.

condition from which they are recuperating. The stay in the MRP is to last no longer than 30 days at which time the patient may be discharged to the general shelter population at the Homeless Services Center (HSC), Residential Program Center, or alternative housing.

To be eligible to enter the MRP, the client MUST:

Meet federal definition of homelessness

- Be an Arlington resident, 18 years of age or older
- Have an **acute** medical condition or injury requiring bed rest and short-term respite care
- Be able to perform ADL's without assistance and be independent in mobility (with or without devices such as wheelchair, crutches)
- Be psychiatrically stable
- Have the potential to recover and leave the Medical Respite Program within 30 days

Who is NOT eligible?

- People who are not Arlington residents, i.e. individuals from other counties or states
- People without an ACUTE medical condition and from which they can recover without this care, e.g. someone with chronic diabetes or an amputee of long standing

Referrals are submitted from the Virginia Hospital Center (VHC) and other Arlington agencies to the Nurse Practitioner and are reviewed from Monday through Friday during normal business hours. If necessary, the Nurse Practitioner will contact CAS staff to verify Arlington Residency. Admissions are made on weekdays from 8 AM to 2 PM., Monday through Friday. Alternative arrangements must be approved by the Shelter Director or the Executive Director of the Contractor with immediate notification to designated County staff. The expected length of stay must be clearly defined when client enters MRP based on the findings of the NP.

Transitional Housing: Determining Eligibility

Arlington County does not have any CoC funded transitional housing projects. Arlington County has two transitional housing programs funded through other sources. These projects do not currently participate in the CAS. In accordance with the requirements of the CoC Program Interim Rule, the CoC has established the following written standards for determining and prioritizing which eligible individuals and families will receive transitional housing assistance.

The eligibility for each program is as follows:

- Elizabeth's House: Operated by Borromeo Housing, the program serves households that meet the following criteria:
    - Homeless Households with no more than one child
    - Households are typically 17- 21 years of age

    - Households must have an emphasis on furthering their education
    - Households can be served up to 24 months

- Independence House: Operated by the Department of Human Services, the program serves households that meet the following criteria:
    - Homeless and Non-Homeless Households for single adults (males & females)
        - Of 16 beds (6 for homeless; 10 for non-homeless)
    - Households must be actively in recovery
    - Households must have at least 60 days' clean time
    - Households must have at least a part-time job
    - Households can be served up to six months

Eligibility is determined by the project sponsors prior to intake. Project sponsors prioritize eligible households for assistance on a first-come-first-serve basis.

Rapid Re-housing: Determining Eligibility and Assessing Need

Rapid Re-housing: Participant Eligibility Requirements

The Rapid Re-Housing program serves individuals and families who are homeless. Only the following households are eligible to receive rapid re-housing assistance:

1. People included in Category 1 of the HUD Definition of Homelessness[5] with the exception of those residing in transitional housing: Individuals and families who lack a fixed, regular, and adequate nighttime residence, meaning those residing: in a shelter, a hotel or motel paid for by a charitable organization or government program, or a place not meant for human habitation; and those exiting an institution where they resided for fewer than 90 days and who were residing in a shelter or place not meant for human habitation immediately prior to entering the institution; OR
2. People included in Category 2 of the HUD Definition of Homelessness: Individuals and families who will imminently lose their primary nighttime residence provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; and (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing; ***Note that people qualifying under this category are not eligible for rapid re-housing assistance funded through the HUD Continuum of Care (CoC) program.***
3. Unaccompanied youth under 25 years of age, who have not had a lease and have moved 2 or more times in the past 60 days and are likely to remain unstable because of special needs or barriers; ***Note that people qualifying under this category are not***

[5] HEARTH Homeless Definition Final Rule- https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/

eligible for rapid re-housing assistance funded through the HUD Continuum of Care (CoC) program.

4. People included in Category 4 of the HUD Definition of Homelessness: Individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking who have no other residence and who lack the resources or support networks to obtain other permanent housing.

For more information see table 4 below.

In addition, to be eligible for rapid re-housing assistance ALL households must:

- Sign a program agreement that details their responsibilities as a tenant and participant in the program, including agreeing to meet with a case manager at least once per month; With the exception of the requirement for participation in a case management meeting at least monthly, the program agreement does not mandate participation in any treatment or services; AND
- Be willing to work toward increasing their self-sufficiency so they can pay for housing when the time-limited subsidy ends - the program does not require families to be employed;

To be eligible for Rapid Re-Housing a household must meet the HUD definition of being homeless described in Table 4.

Table 4 – Categories of Homelessness that Qualify for Rapid Re-Housing

Category 1	**Literally Homeless**	Includes those households who are literally homeless and includes those households living temporarily in a hotel/motel being paid for by limited local, state, or federal funded assistance. It also includes individuals exiting institutions where they resided temporarily. In these cases, the institution's discharge planning has resulted in no identified resources (including homeless prevention assistance) and the individual has no other resources. In all cases, these households are eligible for shelter services and rapid re-housing. Regardless of the intervention employed a housing barrier assessment (Full SPDAT) must be completed at program entry with an immediate focus on housing stabilization.
Category 2	**Imminent Homelessness**	Includes those households who are currently housed whether in their own unit or living in someone else's unit. These households must be screened immediately for prevention assistance eligibility. All household's eligible for prevention assistance must be diverted where possible from shelter. Partnering agencies must work with centralized access system (CAS) and

		homeless prevention providers to identify and divert all appropriate households. Where shelter assistance cannot be avoided a housing barrier assessment must be completed at program entry with an immediate focus on housing stabilization. ***Not eligible for HUD CoC RRH assistance.***
Category 3	**Homeless under other Federal Statutes**	Homeless Under Other Statutes Unaccompanied youth under 25 years of age, or families with children and youth, who do not meet any of the other categories but are homeless under other federal statutes, have not had a lease and have moved 2 or more times in the past 60 days and are likely to remain unstable because of special needs or barriers. ***Not eligible for HUD CoC RRH assistance.***
Category 4	**Fleeing Domestic Violence**	Includes households fleeing or attempting to flee a domestic violence or other physically threatening living situation. These households must be screened, where possible, immediately for prevention assistance eligibility. All households screened for assistance will be diverted where possible. Partnering agencies must work, with centralized access system and homeless prevention providers to identify and divert all appropriate households. These households are eligible for shelter and repaid re-housing assistance. Regardless of intervention employed a housing barrier assessment must be completed at program entry with an immediate focus on housing stabilization.

In addition, RRH projects have eligibility requirements that are specific to their unique funding streams. For more information see below:

Funding Stream	**Rapid Re-housing (Local – HAB – DHS – Arlington County)**	**Rapid Re-housing (State – VHSP-DHCD)**	**Rapid Re-housing Arlington (Federal - HUD)**
Qualified Clients	Arlington County residents	Arlington County residents	Arlington County residents *(Head of Household must have legal presence)*
Income	Up to 50% of Area Median Income	Up to 30% of Area Median Income (no initial requirement,	Up to 30% of Area Median Income

		only upon program entry)	
Assets	No more than $2500 and one reasonable exempt car	No more than $500 and one reasonable exempt car	No more than $2500 and one reasonable exempt car
Required Documentation	DHCD Homeless Certification	DHCD Homeless Certification	-DHCD Homeless Certification -Housed, but will be homeless in 14 days (eviction notice) -Proof of legal presence
Assistance Types	Rent Security Deposit	Rent Rent Arrears Security Deposit Supportive Services	Rent Security Deposit Supportive Services
Average Length of Assistance	6-8 months	6-8 months	6-8 months
Inspections	At entry	At entry	At entry
Utility Assistance	TBD	In case of “negative rent,” utility payment made directly to provider	In case of “negative rent,” utility payment made to tenant or directly to provider
Case Management Requirement	At a minimum, program participants **must** attend monthly case management meetings	At a minimum, program participants **must** attend monthly case management meetings	At a minimum, program participants **must** attend monthly case management meetings
Application Fees	Cannot be used for application fees	Funds can be used for lease or apartment application fees where necessary and no other source has been identified to assist with housing stability	Funds can be used for lease or apartment application fees where necessary and no other source has been identified to assist with housing stability
Moving Costs	Cannot be used for moving costs	Reasonable one-time moving costs, including truck rental	Reasonable one-time moving costs, including truck rental

		and hiring a moving company	and hiring a moving company
Utility Deposits	Cannot be used for utility deposits	Payment of utility deposit, which constitutes a one-time fee paid to utility companies	Payment of utility deposit, which constitutes a one-time fee paid to utility companies
Tenant Rent Requirements	It is okay to require a tenant co-payment	It is okay to require a tenant co-payment	It is okay to require a tenant co-payment
Time Limits	Flexible beyond 24 months in special circumstances	No more than 24 months during any three-year period	No more than 24 months during any three-year period

Rapid Re-housing: Participant Eligibility Documentation

To be eligible for RRH, households must provide proof of the following**:**

- Proof of Income – required only to calculate tenant rent obligation and for State-funded RRH programs also required at re-certification to determine continued eligibility (see details below).
- Proof of Homelessness – documentation standards used for all RRH programs, regardless of funding source are those defined by HUD for the CoC program
- Proof of assets (401K, recent bank statements, etc.) required only to calculate tenant rent obligation and for State-funded RRH programs also required at re-certification to determine continued eligibility (see details below).

Rapid Re-housing: Participant Eligibility Approval

Referrals for rapid re-housing assistance, shall be made by referring programs to the Arlington County Department of Human Service (DHS) through HMIS (See Prioritization and Referral Sections for more information). Referring programs are required to upload documentation of homelessness to HMIS within 3 business days of making the referral. Within 3 business days of upload, staff at DHS are responsible for reviewing documentation to confirm eligibility and notifying the referring agency in writing of eligibility approval or of any additional documentation required to demonstrate eligibility. Documentation of income and assets must be provided to the receiving RRH program at the time of intake into the program.

Ultimately, receiving rapid re-housing programs are responsible for ensuring that the participants they serve meet all eligibility requirements as defined in this manual and required by their project's funding streams at the time of project entry. Since a household's housing status might change between the time of entry on the by-name list and the time a RRH vacancy becomes available, receiving RRH programs are required to conduct a final

eligibility review and ensure sufficiency of eligibility documentation prior to admitting participants.

Rapid Re-housing: Eligibility re-certifications

For RRH projects funded by the state, assistance beyond 90 days requires recertification of eligibility. This recertification must be completed every 90 days by the provider agency operating the program locally. That agency is required to certify and document evidence of:

- Program participant household income below 30 percent area median income (AMI)
- The household lacks the financial resources and support networks needed to remain in existing housing without rapid re-housing assistance
- Housing stabilization services are being appropriately implemented
- Household has no more than $500 in assets (includes all checking, savings, retirement accounts, a second vehicle, stocks, bonds, mutual funds, and real estate). This does not include primary, appropriate, and reasonable transportation, or pension or retirement funds that cannot be accessed.

While income/asset eligibility is not required when households first access rapid re-housing because they are literally homeless, it is required when recertifying to show continued need for rapid re-housing assistance.

Grantees should use HUD's Section 8 income eligibility standards for Rapid Re-Housing programs.

Income limits are available on HUD's web site at: http://www.huduser.org/DATASETS/il.html.

Permanent Supportive Housing: Determining Eligibility and Assessing Need

All Arlington Continuum of Care (Arl CoC) funded PSH beds are required to dedicate 100% of their beds to people experiencing chronic homelessness, as defined by HUD (See definition below). Only when no household experiencing chronic homelessness exists who is eligible for or wishes to occupy an available PSH unit, will a non-chronic household be referred. See Prioritization Section of this manual for details.

All households served in CoC-funded PSH must have documentation on file verifying their eligibility in accordance with HUD CoC requirements. This includes documentation of homelessness and disability, including any necessary third party documentation as required by HUD.

All permanent supportive housing projects must seek to minimize barriers to entry into their project. This means that projects cannot require things of potential clients to enter their project over and beyond demonstrating eligibility in accordance with the provisions outlined in this manual.

PSH Admissions Committee

The CoC PSH Admissions Committee (AC) reviews, prioritizes and makes final admission decisions regarding households that have been referred to PSH. The AC has the following responsibilities:

- To establish the criteria upon which all chronically homeless persons will be evaluated, scored, and ranked. Those criteria are documented in this manual. The ranking will determine which household should secure the next available unit as defined in this manual.
- To review CoC PSH referrals to determine which households will be placed in PSH, in accordance with the policies and procedures described in this manual.
- To meet when there are program vacancies to determine how to prioritize the PSH pool to fill those vacancies, in accordance with the policies and procedures described in this manual.

The Admissions Committee shall be comprised of one (1) member from each the following organizations/programs from the Continuum of Care (CoC):

- Arlington Street People's Assistance Network (ASPAN)
- Department of Human Services/Clinical Coordination Program (CCP)
- Department of Human Services/Housing Assistance Bureau (HAB)
- Doorways for Women and Families
- New Hope Housing, Inc.
- Volunteers of America, Chesapeake

PSH: Participant Eligibility Approval

Referrals for PSH shall be made by referring programs to the Arlington County Department of Human Service (DHS) through HMIS (See Prioritization and Referral Sections for more information). Referring programs are required to upload documentation of homelessness to HMIS within 3 business days of making the referral. Within 3 business days of upload, staff at the DHS are responsible for reviewing documentation to confirm eligibility and notifying the referring agency in writing of eligibility approval or of any additional documentation required to demonstrate eligibility.

Ultimately, receiving PSH programs are responsible for ensuring that the participants they serve meet all eligibility requirements as defined in this manual and required by their project's funding streams at the time of project entry. Since a household's housing status might change between the time of entry on the by-name list and the time a PSH vacancy becomes available, receiving PSH programs are required to conduct a final eligibility review and ensure sufficiency of eligibility documentation prior to admitting participants.

Determining Chronic Homelessness Eligibility for PSH

All participants admitted to PSH after January 15, 2016 qualify as chronically homeless only if:

1. They currently live in a place not meant for human habitation, or an emergency shelter. (People in transitional housing are not chronically homeless); AND
2. They are homeless (as defined in #1 above) for at least 12 months continuously or on 4 separate occasions in the last 3 years totaling 12 months[6]; AND
3. Are disabled as defined by HUD (see below). To qualify the head of household must be disabled.

A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria under numbers one to three above, including a family whose composition has fluctuated while the head of household has been homeless, also qualifies**.**

People residing in an institution for less than 90 days AND who were chronically homeless immediately before entering the institution also qualify. Rapid re-housing (RRH) participants retain their chronically homeless status while participating in RRH; however, the time spent in RRH does not count towards the 12-month requirement.

Disability is defined by HUD as follows:

- A physical, mental or emotional impairment (includes impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be long-continuing or of indefinite duration; and substantially impedes the person's ability to live independently; AND could be improved by more suitable housing; OR
- Developmental Disability; OR
- HIV/AIDS

Determining Literal Homelessness for PSH

Only when no eligible chronically homeless household exists or wishes to occupy the available PSH unit, may a PSH project admit a household that is literally, but not chronically homeless. An individual or family who lacks a fixed, regular, and adequate nighttime residence is considered by HUD to be literally homeless meaning:

- **Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation**, including a car, park, abandoned building, storage facility, bus or train station, airport, or camping ground.
- **Living in a shelter designated to provide temporary living arrangements,** (i.e.,

[6] Each occasion must be demarcated by a break of 7 or more consecutive nights not residing in a place not meant for human habitation or in shelter. Continuous means without a break of 7 or more consecutive nights.

emergency shelter, transitional housing for homeless people, hotels and motels paid for by charitable organizations or federal/state/local government programs

- **Exiting an institution (e.g., jail, hospital),** to qualify must:
  - Have resided in the institution for less than 90 days; AND
  - Have resided in emergency shelter or place not meant for human habitation

Eligibility Documentation Requirements for Permanent Supportive Housing

Evidence of Disability:

All permanent supportive housing participant files must include evidence of disability as follows:

- Written verification from professional licensed by the state of Virginia to diagnose and treat the qualifying disability and certifying that disability meets the HUD definition of disability (see above); OR
- Written verification from the Social Security Administration; OR
- The receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation); OR
- Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence described under bullets 1 through 3 above; OR
- Other documentation approved by HUD.

Evidence of Chronic Homelessness:

Files for all permanent supportive housing participants entering a bed designated chronically homeless people must include evidence of chronic homelessness as follows:

- Evidence of current literal homelessness at time of project entry (transitional housing residents are excluded); AND
- Evidence of meeting continuous or occasions requirements for chronic homelessness; AND
- Evidence of disability of an adult or minor head of household; AND
- If applicable, evidence that the person was chronically homeless immediately before entering an institution or rapid re-housing.

Evidence of Literal Homelessness:

Files for all permanent supportive housing participants entering a bed that was not able to be filled by a household experiencing chronic homelessness because no such household existed who was eligible for or wanted to occupy the available unit must include evidence of literal homelessness as follows:

- Evidence of current literal homelessness at time of project entry; AND
- If applicable, evidence that the person was literally homeless immediately before entering an institution or rapid re-housing.

Order of Priority for Obtaining Evidence of Homelessness/Chronic Homelessness

PSH Project staff must use the following order of priority for obtaining evidence:

1. **Third-party documentation**, such as
   - Letter from a shelter
   - Letter from an outreach team
   - Letter from another service provider (e.g., doctor, therapist, counselor, clergy member, etc.)
   - HMIS record

   Letters must:

   - Be on agency letterhead
   - Be signed and dated
   - Include name and title of the person signing

   Project staff shall not rely on letters from an applicant, an applicant's friend or family as third-party documentation.

2. **Intake worker observation** of the conditions where the individual was living

3. **Self-certification**, including:
   - A dated letter signed by the applicant attesting to the qualified locations where the applicant lived and the approximate dates living in each location; AND

   Intake worker must also document in the client file:

   - The living situation and circumstances that necessitate reliance on self-certified evidence (such as, client was camping in a remote area and did not have contact with any service providers or emergency shelter where client resided was unresponsive to multiple attempts to obtain third party documentation); AND
   - Steps taken to obtain third-party documentation, including documenting attempts to locate HMIS records and attempts to obtain letters from an emergency shelter or other service provider knowledgeable of the applicant's homelessness.

   See below regarding limits on use of self-certification

Limitations on Self-Certification

Disability cannot be self-certified under any circumstances. In all instances, project staff must perform due diligence as specified above in attempting to obtain third party documentation prior to relying on self-certification. As necessary, for all clients, up to 3 months of homelessness can be documented through self-certification. In limited circumstances, up to the full 12 months of homelessness can be documented through self-certification. Self-certification of the full 12 months should be limited to rare and extreme cases and may not be used for more than 25 percent of households served by a project during an operating year. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report.

Requirement to dedicate PSH beds for people experiencing chronic homelessness:

All Arlington Continuum of Care (Arl CoC) funded PSH beds are required to dedicate 100% of their beds to people experiencing chronic homelessness, as defined by HUD (See definitions section). When filling vacant beds, CoC-funded PSH projects must seek referrals only through the PSH Admissions Committee. All households must be represented on the *CoC By-Names list of People Experiencing Chronic Homelessness* maintained by DHS and partnering agencies.

The CoC by-names list uses the order of priority established in HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Relevant guidance from the Notice appears below, and the full Notice is available at:

> https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf

The notice defines which chronically homeless people get priority access to PSH beds and how to prioritize PSH beds when no chronically homeless persons exist within the geographic area. For more details regarding PSH prioritization. See the Prioritization Section of this manual.

Eligibility Re-certifications for PSH:

Once a household is determined eligible for and housed in PSH, there is no requirement that eligibility be re-determined. However, projects must comply with the specific terms of their funding. For example, CoC-funded PSH projects must determine income and re-calculate rent, complete Housing Quality Inspections, and certify rent reasonableness at least annually to enable the continuation of CoC assistance.

In addition, programs should continuously evaluate all households to determine if they still need permanent supportive housing. In many cases, households may need the program long-term and in other cases the household may stabilize and not require this level of program intervention after some time in the program. If the intensive supports offered by PSH are no longer necessary, programs should assist households to move on to more independent settings.

Use of Case Conferencing by CAS

Households with ongoing housing needs are facing complex challenges. Often, comprehensive plans involving multiple stakeholders will yield the best outcomes. Case Conferencing is a collaborative approach to discussing the progress of households enrolled in any homeless services program who are having difficulty achieving service plan goals aimed at helping the household obtain or maintain stable housing. Families and individuals receiving shelter, diversion, prevention, permanent supportive housing, rapid re-housing services can be involved in case conferencing.

When issues arise that involve client participation and/or adherence to program guidelines, the program staff should first work directly with the household to determine a plan to address the issues. Action steps for both the client participants and staff should be outlined. This plan should be in writing and specify S.M.A.R.T goals that are clearly explained to all participants. Once complete and signed, this plan should be sent to the Routing and Referral Manager in CCU. Reviews of progress should occur after 30 days.

Should there be a lack of significant progress, the program caseworker should seek a case conference through DHS Clinical Coordination Program. An onsite case conference will be scheduled. During a case conference, a review of client participation will describe challenges and progress as well as outstanding areas of concern. Additionally, the meeting will include a review of current housing stability and if necessary future housing options. If amenable to continued participation with services, an updated service plan with objectives for the next 30 days will be created. If after this 30-day period, the household is still not compliant, the household may be discharged from the program.

Assessor Training

Arlington County CoC ensures that all staff conducting assessments, making prioritization decisions, and/or providing referrals for the interventions described in this manual have been trained on and have access to materials that clearly describe:

- the methods by which assessments are to be conducted to ensure fidelity to the policies and procedures described in this manual and to align with the recommendations of the developer of the SPDAT tools;
- the prioritization and uniform decision-making criteria determining which households will be prioritized for assistance as described in this manual;
- the referral policies and procedures as described in this manual.

Arlington County CoC uses the following training protocols for all CCP staff and for all partner agency staff tasked with conducting assessments and making prioritization decisions as outlined in this manual:

- All staff must receive training on the assessment tools they are tasked with using prior to commencing any assessments.
- All supervisors must receive training on the assessment tools they are tasked with supervising the use of prior to commencing any related supervisory tasks.
- DHS provides in-person training on all assessment tools for assessors and supervisors at least two times per year.
- All training on the SPDAT is provided by a certified trainer (i.e., either an Org Code trainer or a local trainer who has been trained to provide SPDAT training).
- All training on prioritization and uniform decision-making criteria, referral policies and procedures and other non-SPDAT assessment tools used by CAS as described in this manual is provided by DHS supervisory staff.
- As necessary, to expedite training of new CCP and community partner staff, training may be provided through recorded or self-administered web-based sessions.
- DHS provides and/or ensures the provision by outside trainings of training handouts that can be used for reference by participants and that provide easy-to-understand guidance on key content areas covered during the training.
- At least annually, and as necessary to reflect significant changes to CAS policies and procedures, DHS updates and distributes to DHS and relevant community partner staff these training protocols and all training materials.
- DHS will determine prior to each semi-annual training whether there have been changes that are sufficiently significant to require all previously trained CCP and relevant partner agency staff to attend the upcoming training session(s).

Section VI: Prioritization

Prioritization Process Overview

Prioritization standards have been established for certain program components of the CAS and households will be prioritized for assistance in accordance with the prioritization criteria and procedures described below.

In all cases, only information relevant to these factors will be used to make prioritization decisions:

- significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type);
- high utilization of crisis or emergency services to meet basic needs, including but not

limited to emergency rooms, jails, and psychiatric facilities;
- the extent to which people, especially youth and children, are unsheltered;
- vulnerability to illness or death;
- risk of continued homelessness;
- vulnerability to victimization, including physical assault, trafficking or sex work; or other factors determined by the community and documented in this manual that are based on severity of needs.

The Arlington County CoC, prohibits the use of any assessment tool or prioritization process that would discriminate on the basis of race, color, religion, national origin, sex, age, familial status, disability type, amount of disability or disability-related services or supports required, actual or perceived sexual orientation, gender identity, or marital status.

The Arlington County CoC prohibits assessment and prioritization processes that require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

Prioritization Criteria: Prevention Services

The Arlington County CoC uses the Prevention/Re-Housing Vulnerability Index – Service Prioritization Decision Assistance Tool (PR-VI-SPDAT) to prioritize households for prevention services, including any services that receive ESG funds through the State. Access to Prevention Services is based on the eligibility criteria defined in this manual, and eligible households with higher PR-VI-SPDAT scores are prioritized over those with lower scores.

Prioritization Criteria: Diversion Services

The priority populations for Diversion services are those who, with staff support, can be diverted from entering the emergency shelter system by exploring other alternatives of housing (temporary and permanent) that can be maintained or located.

Prioritization Criteria: Emergency Shelter

There are no identified priority populations or prioritization criteria with respect to Emergency Shelter. Access to Emergency Shelter is based on the eligibility criteria defined in this manual on a first-come-first-serve basis and is dependent on the availability of shelter capacity.

Prioritization Criteria: Rapid Re-housing

Procedures for Prioritizing Households for and Referring Households to RRH

All households referred for RRH assistance will be prioritized by the RRH Admissions Committee during a Case Conference meeting using the process and prioritization criteria defined below. DHS will manage a by-name list of households prioritized for RRH assistance using the process and prioritization criteria defined below.

To access Rapid Re-Housing Services the following procedures are followed:

- For households residing in shelter, the shelter case manager will conduct the appropriate SPDAT based on the household type (i.e., Individual, Family, or Youth) within 8 days of shelter entry. For households living in places not meant for human habitation, the outreach case manager will conduct the appropriate SPDAT as quickly as feasible. For households residing in any other qualified location any worker that has been trained to complete the SPDAT may do so.
- The SPDAT will serve as a guide to determine the best housing approach for the household. Arlington County considers households that score between 20-34 on the SPDAT generally, to be appropriate for RRH. If after completing the SPDAT, the shelter, outreach case manager, or other designated and trained staff, in consultation with the client, determine that RRH is the most suitable intervention to help the household to resolve their homelessness and that the household meets RRH eligibility criteria as defined above, the case manager or other staff person will refer the household via HMIS for a RRH case conference. The SPDAT score range provided above is intended as a guideline. If a referring worker can justify a referral for RRH, a score outside of the range does not prevent the worker from making such a referral. Workers should make referrals regardless of whether the referring agency has RRH space within their organization's RRH project(s)- as the household can enter any RRH program within the CoC.
- When sufficient RRH capacity is unavailable to immediately serve all households determined to require the intervention, the SPDAT will also serve as a guide for prioritizing which household will be offered the next available unit as described under the RRH Prioritization Criteria below.
- Prior to making a referral, the referring worker must consult with the household regarding the tenets of RRH to ensure the household consents to the referral.
- Referrals must be accompanied by the required supplemental attachments indicated below and included in the Appendix of this manual; the referring worker is responsible for uploading these forms to HMIS when initiating a referral:
    - CAS Conference Request Form - Referring workers must answer all of the RRH Intake Questions that are provided on the CAS Conference Request Form during the RRH Conference (described below).
- Once DHS authorizes eligibility for RRH services, which shall occur within 3 business days of upload of complete eligibility documentation (see eligibility section above), the DHS will schedule a RRH case conference to include all necessary staff from the referring organization as well as DHS staff and any other participants determined to have relevant information. This meeting will take place within 1 week of eligibility authorization whenever possible; in all cases, the meeting will be held within 2 weeks of eligibility authorization.
- The case conference will be a discussion among the participating organizations for the following purposes 1) Clarify information provided on the Brief Triage and Case Conference Request forms; 2) Identify household strengths and barriers and additional supports recommended; 3)Determine whether RRH is the most appropriate intervention to resolve the household's homelessness; 4)determine the

household's prioritization category for RRH services or authorize an exemption (see RRH Prioritization Criteria below); 5)determine the type of subsidy for which the household is being authorized (i.e. Bridge or Income-based/Graduated/Declining Subsidy) 6) Determine the level of assistance for which the household is being authorized (see Table 4)

- Upon completion of the case conference, the participating DHS staff person will: 1) document the plan and recommendations (if any) for the household and record the conference outcome in HMIS 2) update the by-name list with the priority level determined.

RRH Prioritization Criteria

The Arlington County Continuum of Care has established the following priority populations for all Rapid Re-housing programs. Households that fall into the following categories will be prioritized for RRH assistance as described below:

1. Veterans regardless of discharge status who are unable or unwilling to receive VA housing assistance and whose level of need demonstrates that they will be unable to resolve their homelessness without RRH assistance;
2. Households with a chronically homeless member who are awaiting Permanent Supportive Housing assistance;
3. Households facing an imminent safety risk as a result of domestic violence, dating violence, sexual assault, stalking or human trafficking and whose level of need demonstrates that they will be unable to resolve their homelessness without RRH assistance;
4. Households without income whose level of need demonstrates that they will be unable to resolve their homelessness without RRH assistance.

Households approved for RRH participation will be placed on a by-name list maintained by DHS in accordance with the criteria defined below:

1. Priority #1: Households who have been continuously homeless for at least 8 days and have a Veteran member and a SPDAT score of at least 20-34 or F-SPDAT score of 27-53
2. Priority #2: Households who meet the HUD definition of chronic homelessness, are awaiting permanent supportive housing assistance and who have a SPDAT score of at least 20-34 or F-SPDAT score of 27-53
3. Priority #3: Households facing an imminent safety risk as a result of domestic violence, dating violence, sexual assault, stalking or human trafficking and who have a SPDAT score of at least 20-34 or F-SPDAT score of 27-53
4. Priority #4: Households who have been continuously homeless for at least 8 days and have no income and have a SPDAT score of at least 20-34 or F-SPDAT score of 27-53
5. Priority #5: All other households who have been continuously homeless for at least 8 days and a SPDAT score of at least 20-34 or F-SPDAT score of 27-53
6. Priority #6: All other households who have been continuously homeless for at least 8 days and a SPDAT score of less than 20-34 or F-SPDAT score of 27-53

Prioritization criteria above may be modified in a manner that is consistent with the requirements outlined in HUD Notice 17-01 at the discretion of the RRH Admissions Committee as needed. Any changes to the criteria shall be documented in this manual and made publicly available on the CoC website.

- Within each priority group described above, applicants will be prioritized based on SPDAT score. For example, applicants in priority group #1 with a higher SPDAT score will be prioritized over other applicants in priority group #1 with a lower SPDAT score.
- In the event that two or more households are identically prioritized and eligible for the next available unit, the household that was referred first will receive priority.
- Exceptions to the order specified above may be considered through a case conference and must be approved by the RRH Admissions Committee. For example, a referring worker might seek an exception to prioritize someone who has been homeless for 6 months and is not a member of a priority population and/or has a lower SPDAT score over someone who has been homeless for less time.
- Within 2 business days of each case conference, DHS will update the RRH by-name list in accordance with the decisions made by the RRH Admissions Committee and in accordance with the prioritization criteria described above.

Prioritization Criteria: Permanent Supportive Housing

Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated for Occupancy by Persons Experiencing Chronic Homelessness

When selecting participants for housing for dedicated or prioritized beds, the CAS PSH Admissions Committee are required to use the following order of priority that has been established by the Arlington County CoC Executive Committee, which is consistent with HUD Notice CPD-16-11:

- Priority #1: People who meet the HUD definition of chronic homelessness and have been determined to have a Service Prioritization Decision Tool (SPDAT) score of 51-60. This score is considered level I.
- Priority #2: People who meet the HUD definition of chronic homelessness and have been determined to have a SPDAT score of 41-50. This score is considered Level II.
- Priority #3: People who meet the HUD definition of chronic homelessness and have been determined to have a SPDAT score of 37-40. This score is considered Level III
- Within each priority group described above, applicants will be prioritized based on the cumulative score of the following components: Mental Health Functioning, Physical Health, History of Homelessness (number of days homeless)- this is otherwise known by CAS as the MPH Score. An example of this prioritization: applicants in priority group #1 with a higher overall MPH score will be prioritized over other applicants in priority group #1 with a lower MPH score. If there is a tie

in the SPDAT and MPH categories, the PSH Intake Committee will further prioritize based on date of application, with earlier application dates being prioritized over later application dates.

Recipients of CoC funds must follow the order of priority while also considering any target populations served by the project as identified in the project application submitted to HUD. For example, a CoC Program-funded PSH project that targets TAY persons should follow the order of priority to the extent to which persons with serious TAYs meet the criteria. In this example, if there were no TAY chronically homeless, the recipient should follow the order of priority for PSH when no chronically homeless person exists on the By-Name List (see below).

Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. The Arl CoC recognizes that some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. Projects should continue to make attempts to engage those persons that have not accepted an offer of PSH and these chronically homeless persons must continue to be prioritized for PSH until they are housed.

Order of priority for PSH when no chronically homeless person exists on the By-Names List or wants to live in the jurisdiction where the vacancy is located

When no chronically homeless person or no chronically homeless person who meets a project's HUD-approved target population criteria (e.g. families with children, TAYs, veterans, people with mental illness, people who use substances, or people with HIV/AIDS) exists on the *By-Names List of People Experiencing Chronic Homelessness* maintained by DHS and Partnering Agencies, CoC Program-funded PSH projects are required to follow the order of priority below when selecting participants. The PSH Intake Committee will work with CoC Program-funded PSH projects to match eligible applicants to vacancies in their preferred geographic area, and homeless people may decline referrals that are inconsistent with their geographic preferences. Projects are required to follow the order of priority below when there is no eligible chronically homeless applicant who wishes to live in the geographic area where the vacancy exists.

a) *First Priority–Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs*

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions in the past three years where they have been living or residing in a place not meant for human habitation or in an emergency shelter but where the cumulative time homeless during the three-year period is at least 12 months **and** who has been identified as having severe service needs as demonstrated by being assigned to Level I based on SPDAT score.

b) Second Priority–Homeless Individuals and Families with a Disability with Severe Service Needs.

i. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or in an emergency shelter where the cumulative time homeless during the three-year period is at least 8 months **and** who has been identified as having severe service needs as demonstrated by being assigned to Level I based on SPDAT score.

ii. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or in an emergency shelter where the cumulative time homeless during the three-year period is less than 8 months **and** who has been identified as having severe service needs as demonstrated by being assigned to Level I based on SPDAT score.

Applicants who meet the definition in section i above (i.e., those whose period of cumulative time homeless during the three-year period is at least 8 months) will be prioritized over applicants who meet the definition in section ii above.

c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or an emergency shelter where the individual or family has not been identified as having severe service needs as demonstrated by being assigned to Level II or Level III based on SPDAT score, with Level II applicants being prioritized over Level III applicants.

d) Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional

housing the applicant had lived in a place not meant for human habitation, or in an emergency shelter. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

Within each priority group described above, applicants will be prioritized based on the number of days of cumulative homelessness during the past 3 years. For example, applicants in priority group "a" with more cumulative days of homelessness will be prioritized over other applicants in priority group "a" with fewer cumulative days of homelessness. Only as necessary to break a tie, applicants within each priority group will be further prioritized based on date of application, with earlier application dates being prioritized over later application dates.

Beds assigned to applicants who do not meet HUD criteria for chronic homelessness will continue to be dedicated or prioritized, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no eligible persons who meet that criterion within the CoC's geographic area at that time.

Recordkeeping Requirements for Prioritization of CoC Program-funded PSH

Recipients of CoC Program-funded PSH, will maintain evidence of implementing the priorities described above. Evidence of following these orders of priority must be demonstrated by:

A. **Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in this policy using data- driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.

B. **Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.** Recipients must follow the CoC's written standards for prioritizing assistance, as described in this policy. Recipients must also document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

C. **Evidence that there are no Households Meeting Higher Order of Priority within CoC's Geographic Area.**

   (a) When chronically homeless dedicated PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should

document how it was determined that there were no chronically homeless households identified for assistance within the geographic area at the point in which a vacancy became available. This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. The recipient of PSH may refer to a single prioritized list maintained by DHS and partnering agencies as evidence.

(b) When non-dedicated PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the geographic area that met a higher priority. The recipient of PSH may refer to a single prioritized list maintained by DHS and partnering agencies as evidence that there were no households identified within the CoC's geographic area that meet a higher order of priority.

Severity of Service Need Recordkeeping Requirements for PSH

For the purposes of this policy, severity of service needs must be documented in a program participant's case file (e.g. a copy of the SPDAT used to determine priority for PSH). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual or family.

Prioritization of survivors of domestic violence, dating violence, stalking and human trafficking

Survivors of domestic violence, dating violence, stalking and human trafficking living in federally assisted housing often need to move to another subsidized unit to protect their safety and maintain affordable housing. In accordance with the HUD Final Rule Regarding the Implementation of Housing Protections Authorized in the Violence Against Women Reauthorization Act of 2013 (VAWA), the Arlington County CAS coordinates emergency transfers, when survivors need to move to another safe and available subsidized unit.

In compliance with VAWA the Arlington County CoC has adopted an emergency transfer plan that identifies tenants/occupants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance on safety and security. That plan is included in the Appendix of this manual.

All recipients and sub-recipients of federal, county, or state funds for transitional housing, permanent supportive housing, and rapid re-housing projects must follow the CoC's Emergency Transfer Plan. The transfer plan must be communicated to program participants

upon initial assessment at the Centralized Access System, upon enrollment in any homeless housing and services program listed above, and annually during recertification process. Exercising the rights outlined in the Emergency Transfer Plan must be also be made available upon request. The housing provider must also ensure that refusal of a transfer unit is not a basis for terminating a tenant from assistance. Providers are encouraged, when possible, but not required to bear moving costs related to emergency transfers. As necessary providers, are encouraged to work with survivors to identify ways to pay for moves associated with emergency transfers – note that moving costs are an eligible Supportive Service Expense under the CoC Program.

Section VII: Referral

Referral Process – General Overview

DHS has different authority for eligibility and referral decisions for various types of programs as described in this manual. As applicable, referrals for each relevant program component will be made by DHS to the respective program in accordance with the procedures described herein.

Diversion, Prevention, Housing Location and Emergency Shelter programs may only accept clients based on referrals made or reviews completed by DHS. Rapid Re-housing and Permanent Supportive Housing programs may only accept clients into their programs based on referrals made or reviews completed by the relevant Admissions Committee. All projects must admit to beds designated for literally homeless people only households referred in accordance with the eligibility, assessment, and referral protocols described in this manual.

Referrals to Prevention Services

Eligibility determinations for Prevention Services will be made by DHS based upon the Intake Interview and Assessment. Therefore, referrals for this program component will be made only by DHS to the respective program. The referrals will take place via the HMIS system and additional conversations will take place by phone. DHS will make the referral indicating the need for prevention services to the appropriate agency. Prevention programs may only accept clients into their programs referred by DHS.

Referrals to Housing Location Services

All referrals for housing locations services will originate from the CCP via one of nine Case Managers. Referrals for Housing Location Services shall be made in accordance with the following procedures:

- At intake, a CCP Case Manager meets with the client and determines the need for housing location services. If the client needs and can benefit from those services the Case Manager completes the **Housing Location Referral Form and sends it to the Housing Locator via email.**
- The Housing Locator reviews the referral request and clarifies questions with the Case Manager.

- The Housing Locator then works with the on-going case management services and the Intake Specialist, if necessary, to identify the most appropriate housing option.

Referrals to Diversion Services

All referrals for Diversion Services will originate from DHS via one (1) of (9) Intake Specialists. At a minimum the Intake Specialist has completed the **Intake Interview and Assessment** which documented a need for the services.

Referrals to Rapid Re-housing

All RRH projects are required to accept referrals ONLY from the *By-Names List for RRH*. The single prioritized list is updated frequently by the RRH Admissions Committee to reflect the most up-to-date and real-time data as possible.

DHS will use the RRH Admissions Committee to manage the availability of RRH services and to make referrals to RRH projects to ensure that available RRH funds are fully expended and admissions are prioritized based on the community-wide criteria described in this manual. If providers know that they will have funds available to serve a new household in their RRH project, they will be required to alert DHS and/or the head of the RRH Admissions Committee of the anticipated availability date within two (2) business days of being made aware of such availability. Programs must provide this information in writing-by emailing DHS and/or head of the RRH Admissions Committee.

Referrals for new admissions to RRH projects shall be made in accordance with the following procedures:

- The Admissions Committee will convene within one week of receiving notification that a project has availability to serve a new household in their RRH project. The Admissions Committee will determine the household highest on the by-name list that meets target population criteria for the program where the vacancy exists. To avoid delays that might be associated if the first referral is not admitted to the program, the Admissions Committee may opt to prioritize more than one household per vacancy.
- DHS will be responsible for making the referral in writing within 2 business days of the Admissions Committee meeting.
- The RRH program that receives the referral will update DHS and/or head of the RRH Admissions Committee in writing by email of any issues related to the referral within 2 business days of receiving the referral notification.
- The RRH program will contact the referring worker within 2 business days of receiving the referral notification to schedule an intake appointment with the referred household. If the RRH program is unable to contact the referring worker or referred household and schedule an intake appointment within 7 business days of receiving the referral notification, the RRH program will contact DHS and/or head of the RRH Admissions Committee in writing by email to initiate a new referral.

- If the RRH program determines that they must reject a referral, they will reject the referral and notify DHS and/or head of the RRH Admissions Committee in writing by email of the reason for the rejection within 2 business days of the rejection decision.
- RRH programs may only reject referrals under the following circumstances:
    - Referred household declined assistance
    - Unable to locate the household within 7 business days of receiving the referral
    - No vacancy exists in the program
    - Referred household does not meet eligibility criteria for the program
    - Referred household cannot be safely served by the program
- Within 2 business days of receiving the rejection decision DHS will initiate a new referral based on the order determined by the RRH Admissions Committee or notify the RRH program that their rejection is contested and work with the program to reach an agreement regarding the referral.
- If DHS and the program cannot reach an agreement, DHS will bring the case to the RRH Admissions Committee for a case conference, whenever possible, within 1 week of determining that consultation is necessary; in all cases, the case conference will be held within 2 weeks of determining that consultation is necessary.
- In all cases, when a referral has been rejected, including when the household declined assistance or could not be located, the household will retain their place on the by-name list and DHS will refer the household to the next available vacancy in a program for which the household is eligible.
- When a household is rejected by multiple programs, DHS will convene a case conference to problem solve and determine next steps for assisting the household to secure permanent housing.
- The RRH Admissions Committee will coordinate efforts to confirm that all households on the by-name list remain homeless and in need of RRH services at least every six months.
- Receiving rapid re-housing programs are responsible for ensuring that the participants they serve meet all eligibility requirements as defined in this manual and required by their project's funding streams at the time of project entry. Since a household's housing status might change between the time of entry on the by-name list and the time a RRH vacancy becomes available, receiving RRH programs are required to conduct a final eligibility review and ensure sufficiency of eligibility documentation prior to admitting participants.
- Beginning (DATE TO BE DETERMINED), under no circumstances may RRH funds be expended on behalf of any household that was not referred through the process described above.
- Once a household is admitted into RRH, case management services of the RRH project will work closely with case management services of the emergency shelter and/or street outreach program to successfully transition the household into housing.
- If needed, the household can be referred to Housing Location Services via the process described in this manual.

Referrals to Permanent Supportive Housing

All PSH projects are required to accept referrals ONLY from the *By-Names List of People Experiencing Chronic Homelessness*. The single prioritized list is updated frequently by the PSH Admissions Committee to reflect the most up-to-date and real-time data as possible.

DHS uses the PSH Admissions Committee to manage the availability of PSH units and to make referrals to PSH projects to ensure that available PSH capacity is fully and admissions are prioritized based on the community-wide criteria described in this manual. If providers know that they will have a vacant PSH unit or funds available to enable over-leasing in a PSH project so that they may serve a new household in PSH, they are required to alert DHS and/or the head of the PSH Admissions Committee of the anticipated vacancy date within two (2) business days of being aware of such availability. Programs must provide this information in writing-by emailing DHS and/or head of the PSH Admissions Committee.

Referrals for new admissions to PSH projects shall be made in accordance with the following procedures:

- The Admissions Committee will convene within two weeks of receiving notification that a project has availability to serve a new household in their PSH project. The Admissions Committee will determine the household highest on the by-name list that meets target population criteria for the program where the vacancy exists. To avoid delays that might be associated if the first referral is not admitted to the program, the Admissions Committee may opt to prioritize more than one household per vacancy.
- DHS will be responsible for making the referral in writing by email within 2 business days of the Admissions Committee meeting.
- The PSH program that receives the referral will update DHS and/or head of the RRH Admissions Committee in writing by email of any issues related to the referral within 2 business days of receiving the referral notification.
- The PSH program will contact the referring worker within 2 business days of receiving the referral notification to schedule an intake appointment with the referred household. If the PSH program is unable to contact the referring worker or referred household and schedule an intake appointment within 7 business days of receiving the referral notification, the PSH program will contact DHS and/or head of the PSH Admissions Committee in writing by email to initiate a new referral.
- If the PSH program determines that they must reject a referral, they will reject the referral and notify DHS and/or head of the PSH Admissions Committee in writing by email of the reason for the rejection within 2 business days of the rejection decision.
- PSH programs may only reject referrals under the following circumstances:
    - Referred household declined assistance
    - Unable to locate the household within 7 business days of receiving the referral
    - No vacancy exists in the program
    - Referred household does not meet eligibility criteria for the program
    - Referred household cannot be safely served by the program
- Within 2 business days of receiving the rejection decision PSH will initiate a new referral based on the order determined by the PSH Admissions Committee or notify

the PSH program that their rejection is contested and work with the program to reach an agreement regarding the referral.

- If DHS and the program cannot reach an agreement, DHS will bring the case to the PSH Admissions Committee for a case conference, whenever possible, within 1 week of determining that consultation is necessary; in all cases, the case conference will be held within 2 weeks of determining that consultation is necessary.
- In all cases, when a referral has been rejected, including when the household declined assistance or could not be located, the household will retain their place on the by-name list and DHS will refer the household to the next available vacancy in a program for which the household is eligible.
- When a household is rejected by multiple programs, DHS will convene a case conference to problem solve and determine next steps for assisting the household to secure permanent housing.
- The PSH Admissions Committee will coordinate efforts to confirm that all households on the by-name list remain homeless and in need of PSH services at least every six months.
- Receiving PSH programs are responsible for ensuring that the participants they serve meet all eligibility requirements as defined in this manual and required by their project's funding streams at the time of project entry. Since a household's housing status might change between the time of entry on the by-name list and the time a PSH vacancy becomes available, receiving PSH programs are required to conduct a final eligibility review and ensure sufficiency of eligibility documentation prior to admitting participants.
- Under no circumstances may a PSH project admit any household that was not referred through the process described above.
- Once a household is admitted into a PSH vacancy, case management services of the PSH project will work closely with case management services of the emergency shelter and/or street outreach program to successfully transition the household into housing.
- If needed, the household can be referred to Housing Location Services via the process outlined in this manual.

Prohibition against denying assistance on the basis of domestic violence

Projects participating in the CAS may not deny assistance to an applicant on the basis or as a direct result of an applicant having been a survivor of domestic violence, dating violence, sexual assault, stalking, or human trafficking or adverse factors resulting from the abuse (e.g., poor credit or criminal history).

Section VIII: Data Management

Homeless Management Information System (HMIS)

Arlington County will utilize the Homeless Management Information System (HMIS) to collect data about households that are provided services in any program dedicated to serving

the homeless and/or in any homelessness prevention or diversion program. The data obtained via HMIS is used to administer core functions of the CAS, establish resource allocation plans, evaluate how programs designed for homeless households or households at risk of homelessness are meeting the goals and objectives established at the federal, state, and local levels, and evaluate the efficiency and effectiveness of CAS.

In accordance with section 578.103(b) of the CoC program rule, the Arlington County CoC requires that records containing Personally Identifiable Information (PII) are kept secure and confidential and the address of any family violence project not be made public.

CAS participating projects, including but not limited to all projects receiving County Department of Community Planning and Housing Development, State Department of Housing and Community Development, and/or HUD Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funds are required to report program participant-level data, in HMIS, in accordance with Arlington County CoC's HMIS policies and procedures and all HMIS requirements as defined by HUD. This includes but is not limited to obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the CAS.

Households seeking assistance are free to decide what information they provide throughout the assessment and referral process, and the Arlington County CoC prohibits denying assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulations. Detailed participant consent policies and procedures can be found in the Arlington County CoC HMIS Governance Manual available at: https://arlingtonva.s3.dualstack.us-east-1.amazonaws.com/wp-content/uploads/sites/33/2014/04/FY18-Arlington-CoC-HMIS-Governance.pdf

Arlington County CoC also prohibits denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.

Please note that victim services providers may, in lieu of HMIS, use a comparable data collection system. Programs operated by victim services providers[7] that receive CoC or ESG funds are required to collect client-level data consistent with HMIS data collection requirements, BUT they must not directly enter data into HMIS. To protect clients, victim services providers must enter required client-level data into a comparable database that complies with HUD HMIS requirements. Information entered into a comparable database must not be entered directly into or provided to an HMIS. Victim services providers MUST

[7] As defined by the CoC Program Interim Rule, ***Victim service provider*** means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

provide aggregate data to the CoC for reporting purposes.

To ensure that victim service providers that are prohibited by law from entering PII in HMIS can participate fully in CAS, the Arlington County CoC has developed detailed policies and procedures for sharing de-identified data. These procedures enable full CAS participation by victim services providers while complying with all applicable federal laws and regulations and protecting the privacy of survivors. These policies and procedures can be found in the Arlington County CoC HMIS Governance Manual available at: https://arlingtonva.s3.dualstack.us-east-1.amazonaws.com/wp-content/uploads/sites/33/2014/04/FY18-Arlington-CoC-HMIS-Governance.pdf

The Arlington County CoC extends the same HMIS data privacy and security protections prescribed by HUD in the HMIS Data and Technical Standards to all "By Name Lists" and ensures that, to the extent that a system other than HMIS is used to record information from any CAS process, that such a system meets HUD's requirements in 24 CFR 578.7(a)(8) and Section II.A and is compliant with HUD's HMIS Privacy and Security Notice or any future regulations that update the requirements therein.

Vacancy Tracking

DHS manages a centralized vacancy tracking system for all of the program types listed below. This means that DHS keeps track of program capacity and is alerted when a program has available capacity to serve an additional household. This enables DHS to keep informed about the resources that are available to prevent and end homelessness, to prioritize which households will be offered each type of intervention in accordance with the prioritization criteria and uniform decision-making criteria described in this manual, and to make referrals only to programs that have capacity to serve a new household available. Program types for which DHS manages a centralized vacancy tracking system are:

- Prevention;
- Diversion;
- Transitional Housing (system currently under development);
- Permanent Supportive Housing;
- Rapid Re-housing (system currently under development);
- Other Permanent Housing (system currently under development);
- Hotel/Motel Assistance; and
- Emergency Shelter

DHS tracks all beds designated to serve households at risk of becoming homeless and households deemed literally homeless. DHS makes referrals to appropriate vacant beds and program slots when available in accordance with the policies and procedures contained in this manual.

To the extent possible, DHS uses HMIS to manage the vacancy tracking system. Except as otherwise noted in this manual, programs are required to post vacancies in homeless designated beds in HMIS within eight (8) hours of unit/bed availability. If providers know

of an impending vacancy, they will be required to post the anticipated availability date within two (2) business days of being made aware of such availability and updating HMIS with the actual availability date once the bed becomes vacant. Programs must update vacancy information in HMIS within eight (8) hours of a unit/bed being filled.

Veterans

The Continuum of Care is committed to ending Veteran homelessness. If/when a veteran is identified at intake for Prevention, Diversion, Rapid Rehousing or Permanent Supportive Housing, the worker must update the HMIS record. This provides the basis for a robust service response that includes:

- Coordination with VA for HUD-VASH and SSVF
- Prioritizing non-VA eligible Veterans for CoC assistance

Data to Inform CoC Resource Allocation Plan

Annually, prior to the initiation of the CoC program competition, the Arlington County CoC conducts an analysis of the inventory of housing interventions available in the County to help end homelessness and an assessment of the specific needs of people experiencing or at-risk of homelessness to determine how much of each intervention type is necessary to divert as many households as possible to housing so they never become homeless and to house everyone who becomes homeless within 30 days using the least costly intervention that solves homelessness for each household. At least every two years the CoC develops a resource allocation plan that establishes right-sizing targets for aligning the inventory of available interventions with the needs of people experiencing homelessness.

Data from the CAS, for example, regarding household configuration and service needs, system vacancies, unit turnover rates, the number of households prioritized for each intervention type and wait times on By-Name Lists for each intervention are critical to developing an effective resource allocation plan.

DHS, with support from the *Data and Evaluation Committee,* is responsible for defining specifications for data needed from the *CAS* to inform the resource allocation plan. *DHS* also is responsible for determining which needed data are already available and for providing those data at least annually. Furthermore, DHS is responsible for establishing priorities to obtain additional data, determining adjustments that are necessary to their processes and data tracking systems to gather additional prioritized data, and working with the HMIS vendor make adjustments to HMIS as necessary to gather data whenever possible.

Section IX: Evaluation

The implementation of the *CAS* necessitates significant, community-wide change. To help ensure that the system is effective and manageable for homeless and at-risk households and for the housing and service providers tasked with meeting their needs, the Arlington County Continuum of Care engages in evaluation of the CAS each year in February and makes ongoing adjustments to the processes described in this manual.

Soliciting Stakeholder Feedback

To inform those adjustments, the *CAS* is periodically evaluated, and there are ongoing opportunities for stakeholder feedback. *DHS,* with support from the *Data and Evaluation Committee*, solicits feedback at least annually in February from: 1) households that participated in coordinated entry during the evaluation period, including both individuals and families currently seeking services through the CAS and those who have been referred to housing and/or services through the CAS in the past year 2) projects that referred participants to and/or received referrals from CAS in the past year and 3)relevant DHS staff and leadership.

Specifically, *DHS*, in conjunction with the *Arlington County Executive Committee* and with supports from the *Data and Evaluation Committee,* is responsible for:

- Designing and administering an annual survey of a representative sample of CAS participating providers and households
- Facilitating annually a minimum of at least two focus groups of at least 5 or more participants that are representative of the diversity among CAS participating providers and households
- Conducting individual interviews, as determined necessary with CAS participating providers and households to clarify and elaborate information obtained through surveys and focus groups.
- Obtaining feedback from relevant DHS staff and leadership through an annual survey focus group, and/or individual interviews.

To the extent feasible, all providers and households participating in the CAS during the evaluation period shall be provided the opportunity to complete an annual survey. To the extent necessary, given available resources, the *Data and Evaluation Committee* will be responsible for designing a survey methodology that ensures surveying a representative sample of CAS participating providers and households. Similarly, the *Data and Evaluation Committee* will be responsible for designing a focus group methodology that ensures participation by a representative sample of CAS participating providers and households. The *Data and Evaluation Committee* will also be responsible for analyzing data from surveys and focus groups and designing a key informant interview methodology as determined necessary.

Use of Performance Data

Evaluation efforts shall be informed by metrics established annually by the *Executive Committee*, in conjunction with *DHS* and with support from the *Data and Evaluation Committee***.** These metrics shall include indicators of the efficiency and effectiveness of the *CAS* itself, such as:

- % of households receiving prevention assistance for less than 90 days
- % of households receiving prevention assistance who do not become literally homeless within 6 months, 12 months, 18 months, and 2 years of initiation of prevention assistance
- Average & Median Length of time from shelter request to shelter entry
- Average & Median Length of Time from program entry to SPDAT completion
- Average & Median Length of Time from SPDAT completion to provider making a referral for a housing intervention to CAS
- Average & Median Length of Time from CAS referral to assignment to By-Name List
- Average & Median Length of Time from assignment to By-Name List to project referral
- Average & Median Length of Time from project referral to move-in
- Number/Percentage of referrals that are accepted by Receiving Programs
- Rate of consumers missing appointments for scheduled intakes
- Number/Percentage of persons declined by more than 1 provider
- Number of appeals

These metrics shall also include indicators of the impact of the *CAS* on Continuum of Care Systems Performance Measures, such as:

- Length of time persons remain homeless (median and average)
- Extent to which persons who exit to permanent housing return to homelessness
- Number of homeless persons – PIT & Annual
- Number/percentage of people who become homeless for the first time
- Number/percentage of successful housing placements

For more details on the HUD CoC Systems Performance Measures see: https://www.hudexchange.info/programs/coc/system-performance-measures/

The *Data and Evaluation Committee* is responsible for recommending the performance metrics to be used annually for the CAS evaluation and the *Executive Committee* shall adopt the final criteria. The *Data and Evaluation Committee* is responsible for designing the methodology and designating an annual timeline for the collection and analysis of performance data.

Making Adjustments to CAS Based on Stakeholder Feedback and Performance Data

DHS, in conjunction with the *Arlington County Consortium Executive Committee* and with supports from the *Data and Evaluation Committee,* is responsible for:

- Analyzing and documenting key findings from stakeholder feedback and performance data
- Prioritizing adjustments to the CAS in response to stakeholder feedback and performance data at least annually.
- Implementing prioritized adjustments at least annually.

- Ensuring that the *CAS* is updated, as necessary, to maintain compliance with all state and federal statutory and regulatory requirements.
- Ensuring that the CAS Operating Policies and Procedures Manual is updated, at a minimum annually and as necessary, to reflect adjustments.

Rapid Re-housing Performance Benchmarks and Program Standards

The CoC has adopted the National Alliance to End Homelessness (NAEH)/ Virginia Department of Housing and Community Development (DHCD) RRH Performance Benchmarks and Program Standards. The standards are based on what is currently considered promising practice by the National Alliance to End Homelessness, the U.S. Department of Veteran Affairs (VA), the U.S. Department of Housing and Urban Development (HUD), U.S. Interagency Council on Homelessness (USICH), Abt Associates and other federal technical assistance providers, and nationally recognized, high-performing RRH providers. As RRH practice continues to evolve, these program standards will be updated. The full Arlington County CoC approved document can be found in the Appendix of this manual and at:

http://www.endhomelessness.org/page/-/files/Performance%20Benchmarks%20and%20Program%20Standards.pdf

Performance Benchmarks for Other Project Types

Prevention, Diversion, Housing Location, Emergency Shelter, Transitional Housing, and Permanent Supportive Housing projects should meet any relevant outcome measures established in the CoC Report Card as well as the outcomes measures established by the State and those established annually by the Arlington County CoC for renewal project evaluations.

Section X: Appendix

Assessment Forms

a. SPDAT/VI-SPDAT – All SPDAT/VI-SPDAT forms referenced in this manual are available at: http://www.orgcode.com/spdat
b. Barriers to Housing Stability Assessment
c. Gross Annual Income Worksheet
d. Triage Form
e. Diversion Assessment

Shelter Forms

f. **Guest Information** Form
g. Shelter Residence and Expense Form

RRH Forms

h. RRH Referral Form
i. HUD Rent Calculation Form

PSH Forms

j. Habitability Standards form
k. Lead-based Paint visual inspection form
l. PSH Rent Calculation form

Case Conference Forms

m. Case Conference Referral Form

Policies, Notices and Other Documents

n. Consent to share info
o. Notice of Privacy Practices
p. Acknowledgment of Privacy Practices
q. Participant/Applicant Bill of Rights
r. Arlington County CoC Emergency Transfer Plan
s. Housing First Principles
t. Equal Access Policy – Additional Guidance

Barriers to Housing Stability Assessment

COMPLETE FOR HEAD OF HOUSEHOLD, SINGLES, AND UNACCOMPANIED YOUTH

AGENCY:	**DATE:**
CLIENT NAME:	

1. TENANT SCREENING BARRIERS TO GETTING HOUSING

TENANT SCREEING BARRIERS (Check one)

☐ Barriers *(Complete below)* ☐ No Barriers *(Skip to next section)* ☐ Barriers not assessed/NA *(Skip to next section)*

1A. RENTAL HISTORY

Number of evictions or unlawful detainers:	Poor reference from current/prior landlords: *(Y/N/NA)*	Lack of rental history: *(Y/N/NA)*

1B. CREDIT HISTORY

Unpaid rent or utility bills: *(Y/N/NA)*	Lack of or poor credit history: *(Y/N/NA)*

1C. CRIMINAL HISTORY

One or more misdemeanors: *(Y/N/NA)*	Critical felony (sex crime, arson, drugs): *(Y/N/NA)*	Other felony: *(Y/N/NA)*

2. PERSONAL BARRIERS TO GETTING OR KEEPING HOUSING

PERSONAL BARRIERS (Check one)

☐ Barriers *(Complete below)* ☐ No Barriers *(Skip to next section)* ☐ Barriers not assessed *(Skip to next section)*

2A. CHEMICAL HEALTH

Chemical use has resulted in housing loss: *(Y/N/NA)*	Chemical use currently affects housing: *(Y/N/NA)*

2B. MENTAL HEALTH

Mental health has resulted in housing loss: *(Y/N/NA)*	Mental health currently affects housing: *(Y/N/NA)*

2C. DOMESTIC VIOLENCE/ABUSE

Domestic violence/abuse resulted in housing loss: *(Y/N/NA)*	Domestic violence/abuse currently affects housing: *(Y/N/NA)*

2D. PHYSICAL/MEDICAL CONDITION

Medical/Physical Condition has resulted in housing loss: *(Y/N/NA)*	Medical/Physical currently affects housing: *(Y/N/NA)*

3. INCOME BARRIERS TO GETTING OR KEEPING HOUSING

INCOME BARRIERS *(Check one)*

☐ Barriers *(Complete below)* ☐ No Barriers *(Skip to next section)* ☐ Barriers not assessed *(Skip to next section)*

3A. INCOME

Needs temporary assistance to get or keep housing: *(Y/N/NA)*	If housed: percent of income spent on housing:	If not housed: amount able to spend on housing:

3B.OTHER INCOME—RELATED

Lacks steady, full time employment: *(Y/N/NA)*	Lacks high school diploma or GED: *(Y/N/NA)*	Job barrier: limited English proficiency: *(Y/N/NA)*
Job barrier: lack of reliable transportation: *(Y/N/NA)*	Job barrier: lack of reliable/affordable child care: *(Y/N/NA)*	

TouchPoint Name: Gross Annual Income Worksheet

Date: _____/_____/_______ Name:

Completed by:

Completed on behalf of:

Identifier:

Annual Income Worksheet

Gross Annual Income Worksheet: Complete when documentation is received.

A. Earned Income - Complete for each person working

# of weeks/year ______________________________

______________________________

Income Calculation:

		# of hours/weeks/months	Paid	Total Earned
Calculation for Job1 1				
	59		#	
		Hrs/week:		
	60	#		
				Total :
	61			#
	62		#	
				Annual/weekly
	63			#
	64		#	
		Bi-# of payment		
	65	#		
		Weekly paymt		

	66	#		
				Annual Bi-weekly
	67			#
	68		#	
		Twice- # of weeks		
	69	#		
				Annual Twice a month
	70			#
	71		#	
		Monthly payment		
	72	#		
				Annual Monthly
	73			#
Calculation for Job2	2			
	59		#	
		Hrs/week:		
	60	#		
				Total :
	61			#
	62		#	
				Annual/weekly
	63			#
	64		#	
		Bi-# of payment		
	65	#		
		Weekly paymt		
	66	#		
				Annual Bi-weekly
	67			#
	68		#	
		Twice- # of weeks		
	69	#		
				Annual Twice a month

	70			#
	71		#	
		Monthly payment		
	72	#		
				Annual Monthly
	73			#

B. Other Income (Social Security, Child Support, Public Assistance, etc.)

Other income

		Monthly amount	support, public benefit)	Total
Row Group1	1			
	74			
		Income 1 amount		
	75	#		
				Total income-1
	76			#
		# of months/year:		
	77	#		
	78			
		Amount Income-2		
	79	#		
				total income-2
	80			#
	81			
		Amount income-3		
	82	#		
				total income-3
	83			#
	84			
		Amount income-4		

	85	#		
				Total income-4
	86			#

Total Gross Annual Income =
#

Participant
Signature: ____________________ (Participants Signature)

Date:
____/____/______

Staff
Signature: ____________________ (Staff Completing Signature)

Date:
____/____/______

Calculation Notes:

TouchPoint Name: Triage Form

Name:

Completed by:

Completed on behalf of:

Identifier:

Has the client been enrolled in the DHS-ETO enterprise?

( ) Yes

( ) No

First Name

Last Name

DOB

___/___/______

In order to provide you with the best services possible, please know that I am about to enter the information

If client declines to share information, please check the following

( ) Yes

( ) No

1. Are you an Arlington County Resident?

( ) Yes

( ) No

If yes, please identify proof of residence

( ) Current Arlington County Lease in their own name.
( ) Currently staying at a shelter within Arlington County for more than 30 days.
( ) Working with TOW/ASPAN/CAB for more than 90 consecutive days.
( ) Verbal Statement (For Telephone Triage Only)
( ) Other: (Example notarized letter for sub-leasing)

Other Detail:

2. Is this an individual or a family situation?

( ) Individual
( ) Family

If family, how many members of your family are in need of assistance?

#

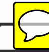
3. What services are you here for:

[ ] Clothing
[ ] Dental
[ ] Emergency Shelter
[ ] Food
[ ] Furniture
[ ] Housing
[ ] Information
[ ] Medical
[ ] Mortgage
[ ] Rent
[ ] Rx
[ ] Security Deposit
[ ] Transportation
[ ] Utilities
[ ] Vision

Disconnect Notice?

( ) Yes
( ) No

4. Tell me what's currently going?

5. Are you safe where you are? (For Domestic Violence, please refer to the Safehouse 703-237-0881). 

( ) Yes

( ) No

If yes, briefly describe below:

1. **Are you connected with any mental health services agency in Arlington County besides TOW or A-SPAN?** *Please note that working with any mental health agency with the exception of TOW does not constitute automatic Arlington County residency.*

2. **Have you been an Arlington County resident for the last 90 days or more?** If yes, proceed with question number 3. If no, please stop interview and connect client to resources in their jurisdiction of origin.

3. **Where did you sleep last night?** If client is **not** literally homeless, imminently at-risk of becoming homeless in the next 14 days, or fleeing a domestic violence situation, please refer to Homeless Prevention Case Manager to assess for prevention services.

For clients who meet the definition of literally homeless:

1. Do you have any family or friends in this region? □ Yes □ No
2. Do you think you could stay there temporarily if we were able to provide some help to find a permanent place to live? □ Yes □ No
3. If we can prevent you from going into shelter until a more permanent housing option is available, we would like to try. Can I assist you with a temporary housing plan to stabilize your current crisis? □ Yes □ No
4. If client answers "yes" to questions 1, 2 or 3, proceed with diversion.

For clients who meet the definition of imminently at-risk of becoming homeless in the next 14 days:

1. Is money owed for rent or utilities? □ Yes □ No
   If yes, how much and to whom? ____
2. Are you having problems with your landlord? □ Yes □ No
   If yes, may I contact your landlord on your behalf? □ Yes □ No
3. Do you have any family or friends in this region? □ Yes □ No
4. Do you think you could stay there temporarily if we were able to provide some help to find a permanent place to live? □ Yes □ No
5. If client answers "yes" to questions 1, 2, 3, or 4 please refer them to Homeless Prevention Case Manager.

For clients fleeing a domestic violence situation:

1. When did the situation most recently occur? □ 24-48 hours □ 1 -3 weeks □ 1 – 3 mos □ 3-6 mos □ 6- 9 mos □ 9 mos & up
2. If recent domestic violence is reported, refer client to the 24 Hour Domestic Violence Helpline at (703) 228-4848. Follow up with client to ensure contact has been made with the DV Helpline.
3. If client made contact with the DV Helpline, indicate the Outcome:

   □ Client is able to obtain necessary services through the DV Helpline (discontinue interview)

   □ Client is NOT able to obtain necessary services through the DV Helpline and wishes to continue the interview/assessment (please reassess as homeless or imminently at-risk of becoming homeless)

Arlington County Unified Shelter (Single)
Guest Information Sheet

Do you have a car? Yes____ No ____

Vehicle on site:

____Auto ____Truck/Van ____Bicycle ____Moped/Motorcycle

Color: ____________________ License Plate No. ____________________

Demographic Information

Last Name: ____________________ First Name: ____________________

Marital Status: Single ____ Married ____ Divorced ____ Separated ____

Age ____ Sex ____

Race/Ethnicity (circle one):

African American Caucasian/Non-Hispanic

Hispanic Asian Other:__________________

Geographic Origin

DC ____ Arlington ____Maryland ____ Alexandria ____

Fairfax ____ Other Virginia ____ Other State _______________________

Employment Status

Full Time ____Part Time ____ Unemployed ____

Do you receive any of the following? (please circle any that apply)

SSI/SSDI SNAP benefits General Relief Child Support TANF

Medicaid Medicare Private Insurance (please list provider): ______________________

Reason for Shelter/Guest Characteristics

Eviction____ Mental Illness____ Domestic Violence____ Unemployment ____

Transience____ Other Shelter____ De-Institutionalized ____

Veteran ____ Relocation____

Have you ever experienced homelessness before? Yes______ No ______
Have you ever stayed in emergency shelter before? Yes______ No______

If yes, please list the name of the shelter(s) and approximate dates:
____
____

Have you ever received treatment for the following?

Substance Abuse Yes______ No ______

Mental Health Symptoms Yes______ No______

Physical Illness Yes______ No______

Are you currently under the care of a counselor, therapist, mental health professional or doctor?

Yes______ No______

If yes, please provide brief information on the condition:
____
____

Name of Professional(s): ____

Housing Barriers

Please list any felony and misdemeanor convictions or pending charges, as well as prior evictions, regardless of when they occurred. This information will help your case manager identify anything that could potentially cause a delay in assisting you with reaching your Individual Housing Plan goals.

Charge	Approximate Date	Court Fees Paid
____________________	____________________	____________________
____________________	____________________	____________________
____________________	____________________	____________________
____________________	____________________	____________________
____________________	____________________	____________________

Are you currently on probation or parole?

Yes______ No______

If yes, please provide your Probation or Parole Officer's name and number:
____

DEPARTMENT OF HUMAN SERVICES
Economic Independence Division
2100 Washington Boulevard. 1st Floor, Arlington, VA 222041-5703
TEL 703.228.1350 FAX 703.228.1011 TTY 703.228.1398 www.arlingtonva.us

SHELTER and RESIDENCE EXPENSE VERIFICATION

This will verify that____ lives/resides at:

____
Street Name Unit

____
County/City State Zip Code

1. Renter is responsible for monthly rent in the amount of $__________. Rent includes utilities? ☐ Yes ☐ No
   Renter has lived here since _______________ Renter must leave by: _______________
   If rent **DOES NOT** include utilities:
   - Does the renter pay the same amount for utilities each month? ☐ Yes ☐ No
     If **YES**, how much: $______________.
   - Check if the renter pays expenses for: ☐ Heating ☐ Cooling ☐ Cable/Internet
   - If yes, is this utility expense shared with another person? ☐ Yes ☐ No
2. Does renter purchase, store and prepare meals separately from others at this address? ☐ Yes ☐ No ☐ Unknown
3. List the names of all persons living in this residence: ____

____

4. List all names appearing on the LEASE: ____

____

(You may include a copy of the lease)

This Document should be completed and notarized by your landlord and/or lease householder.

Please be advised that if you complete this form and you currently receive a housing subsidy through either the Housing Choice Voucher (HCV), Housing Grant (HG) or a Permanent Supportive Housing (PSH) program, you may be compromising your benefit. The program will be notified if you are receiving this benefit and sign this form.

(Printed name of person completing this form)	
(Signature of person competing this form)	
Relationship to renter	
Daytime Telephone Number	Date Form Completed

NCR 1+1 REVISED 10/2017

ARLINGTON
VIRGINIA

Arlington County Continuum of Care - Centralized Access System
Rapid Re-Housing Referrals

Instructions: The questions below should be answered regarding all households (individual and family) being referred to any rapid re-housing slot for local, state, and federal funds. **All of the following information must be provided or the request will be denied. This form must be signed by the worker as well as the worker's supervisor before submission.** Please email Amanda Manning (amanning@arlingtonva.us) to submit this request.

Client Name and date of birth: Click or tap here to enter text.
Program: Click or tap here to enter text.
Case Manager: Click or tap here to enter text.
Case Manager Phone Number: Click or tap here to enter text.

What is the concrete discharge plan for the household upon exit from the Rapid Re-Housing Program?
Click or tap here to enter text.

Provide the most critical S.M.A.R.T (Specific, Measurable–how will it be measured, Attainable, Relevant, Time-Bound) goals that will be included in the initial service plan?
Click or tap here to enter text.

Provide background information about the household.

Length of time in your program: Click or tap here to enter text.
How/why did client become homeless? Click or tap here to enter text.
Current income from all sources (If client is working, how long on the job? Any garnishments against pay?): Click or tap here to enter text.
Current debts (i.e., back child support/income taxes/SSI overpayments/rental arrears from eviction(s) owing, etc.): Click or tap here to enter text.
Does client have a car note or any other substantial payment obligation each month (i.e., credit card debt)? Click or tap here to enter text.
What mode of transportation does client use, and the approximate cost each month? Click or tap here to enter text.
Family size: Click or tap here to enter text.
Strengths: Click or tap here to enter text.
Barriers to housing (criminal history, substance abuse history, mental health history, rental history, prior evictions?) Click or tap here to enter text.
Has a unit been identified? ☐ **Yes** ☐ **No** **Housing Location Services needed?** ☒ **Yes** ☐ **No**
If a unit has already been identified, what will the base rent, and client's portion be? Click or tap here to enter text.

What is the length of time you believe the household should participate in the RRH program? ☐ **Short-term (1-3 months),** ☐ **medium-term (3-6 months),** ☐ **long-term (6-9 months)**

What type of subsidy will be provided for the household?

☐ **Income-based,**
☐ **Gradual/Declining Subsidy**
☐ **Bridge Subsidy?**

What financial funds (savings or other) does the household have to provide toward their moving costs? (Please consider length of time in shelter, paying no rent, and time on the job. If client has not managed to save any money, please tell us why.): Click or tap here to enter text.

ARLINGTON
VIRGINIA

Will the household potentially qualify for the Housing Grant program? If so, what criteria will they qualify under?

- ☐ **Aged 65 or older?**
- ☐ **Permanently or totally disabled OR client of Arlington County Behavioral Healthcare?**
- ☐ **Employed adults with children under 18?**

_______________________	___________________	_______________________	___________________
Case Manager	**Date**	**Program Manager**	**Date**

For Clinical Coordination Program Use Only:

Approved? ☐ Yes ☐ No

_______________________ ___________________
Routing and Referral Manager **Date**

___________________ ___________________
RRH Case Manager **Date**

Revised T.Thompson 11-03-17

RRH Income, Rent & Utility Calculation Worksheets

This two tabs provided in this document will allow you to calculate a household's income, allowable subsidy amount and tenant's portion of rent. Information should only be entered into YELLOW CELLS.

Step 1: DETERMINING INCOME ELIGIBILITY

All clients have to meet a certain income requirement to be eligible for rental assistance. You will need ask your client their income then back up what is determined as income through documents/verification.

Step One:	Refer to the Accepted forms of Income Verification Chart in order to collect correct income documentation/verification.
Step Two:	Begin to complete Tab 2: Rental Calc, Section I: Gross Household Income.
Step Three:	Identify your local Area Medium Income Limits listed on "2012 Income Limits" document located at
Step Four:	Determine whether or not client is eligible for rental assistance. Client's household income cannot exceed 30% of Area Median Income to be eligible for rental assistance
Step Five:	If client is eligible print off worksheet once completing Step 2 and place in client file, along with proper income documentation/verification, and the Accepted forms of Income Verification Chart

Step 2: RENTAL CALCULATION

This sheet is to be used if client will be receiving rental assistance.

Step One:	Complete Section II: Allowances. Enter in # of dependents and all allowances for household. The income will adjust to the allowances automatically. If an allowance is not listed, it should not be considered in calculating rent subsidy.
Step Two:	Complete Section III: Adjusted Income. Enter in the county income limits. Check box of household's applicable income unit.
Step Three:	Complete Section IV: Enter in the unit rent. The tenant rent payment will automatically be calculated. Enter in reasonable rent determined using either Go Section 8 software system or Rent reasonabless determination form. **No subsidy should be paid on rents that are not reasonable.**
If Utilities are not included in the rent complete the third tab: Utility Allowance using the website provided at the top of the worksheet. The total from this sheet will automatically be entered into Section V of Tab 2.	
Step Four:	Complete Section V only if utilities are <u>NOT</u> included in rent. Find out which utilities are not included in rent. List all utilities in Tab #3: Utility Allowances.
Step Six:	Utilities amount entered on Tab 3 will carry over to Section V of Tab 2. Enter the Rent reasonable payment standard in the yellow box to determine if you can pay that subsidy amount. **No subsidy should be paid on rents that are not reasonable.**

Client Name		**Calculation Date**	
Client HMIS #			

☐ **Initial Calculation** ☐ **Interim Calculation** ☐ **Recertification Calculation**

SECTION I: GROSS HOUSEHOLD INCOME

***The total income of the household (Annual Gross Income) is from all sources anticipated to be received in the 12-month period following the effective date of the income certification. Therefore, income must be ANNUALIZED, e.g. payment amount multiplied by number of payment periods per year for all income sources.**

1)	The full amount (before payroll deductions) of annual wages and salaries, overtime pay, commissions, fees, tips and bonuses, other compensation for personal services prior to payroll deductions. (Applies to client and **all** household members 18 and older. For full-time students 18 and older, only $480 of annual earned income should be included here.)	$0	
2)	Periodic payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, excluding lump sum payments for the delayed start of a periodic payment (Except as provided in (c)(14)).	$0	
3)	Payments in lieu of earnings, such as unemployment, disability, worker's compensation, and severance pay (Except as provided in (c)(3)).	$0	
4)	WELFARE ASSISTANCE, including payments made under other programs funded, separately or jointly, by federal, state, or local governments which are not excluded by Federal Statutes (see Income Exclusions).	$0	
5)	Periodic allowances including alimony and child support payments, and regular contributions or gifts received from organizations or persons not residing in the residence.	$0	
6)	Net income from operation of a business or profession.	$0	
7)	Interest, dividends, and other net income of any kind from real or personal property. Where net family assets are in excess of $5,000, annual income shall include the greater of actual income derived from net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.	$0	
8)	All regular pay, special pay and allowances of a member of the Armed Forces (Except Hostile Fire Pay).	$0	
9)	<u>**ANNUAL GROSS INCOME**</u> (Sum of lines 1-8) *Note: Annual gross income must be reassessed at least annually. However, if there is substantial change in the household's income during the year, an adjustment must be made to the resident rent to reflect the change in income.*		$0
10)	<u>**MONTHLY GROSS INCOME**</u> (Line 9 divided by 12.)		$0

SECTION II: ALLOWANCES

Per HUD regulations 24CFR5.611(a) the annual adjusted income is determined by deducting the following allowances from the annual gross income.

11)	<u>NUMBER OF DEPENDENTS</u> ($480 for each) *Dependents include household members under the age of 18, elderly dependents, handicapped, disabled, or full-time students, but not the family head, spouse or foster children.*		

12) <u>$400 FOR ELDERLY OR DISABLED FAMILY MEMBER</u>

*This allowance is provided to any family whose <u>head, spouse, or sole member is at least 62 years of age OR is handicapped/disabled.</u> This deduction always applies to households with persons with HIV/AIDS if they are the head, spouse, or sole member at least 62 years of age. (ONLY **<u>ONE</u>** DEDUCTION PER FAMILY/HOUSEHOLD PER YEAR)*

13) <u>REASONABLE CHILDCARE EXPENSES</u> (ANNUAL EXPENSE)

*These are expenses anticipated during the year for children 12 years of age and under that enable a household member to work, seek employment, or to further education. Deductible expenses for childcare to enable a person to work shall not exceed the amount of income received from such work. Childcare cannot be paid to another member of the household. (ONLY EXPENSES **<u>NOT</u>** REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED)*

14) <u>THE SUM OF THE FOLLOWING EXPENSES, TO THE EXTENT THE SUM EXCEEDS 3% OF ANNUAL GROSS INCOME</u>

This deduction may not exceed the earned income received by family members who are 18 years of age or older and who are able to work because of such attendance care or auxiliary apparatus.

a) EXPENSES FOR *NON-ELDERLY* , DISABLED FAMILY MEMBERS — $0

*This allowance covers reasonable expenses anticipated during the period for attendance care (provided by a non-household member) and/or auxiliary apparatus for any disabled household member that enables that person or any other household member to work. Deduction may not exceed the amount of income generated by the person enabled towork. (ONLY EXPENSES **NOT** REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.)*

b) MEDICAL EXPENSES AND/OR ASSISTANCE FOR ELDERLY OR DISABLED FAMILY MEMBERS — $0

*(ONLY EXPENSES **NOT** REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.)*

15) <u>TOTAL NON-REIMBURSED MEDICAL EXPENSES</u> — $0

(Sum of lines 14a and 14b)

16) <u>3% OF ANNUAL GROSS INCOME</u> (Line 9 x .03) — $0

17) <u>ALLOWABLE MEDICAL EXPENSE DEDUCTION</u> — $0

(Line 16 minus line 17) *The Allowable Medical Expense Deduction is the amount of the Total Non-Reimbursed Medical Expenses that **<u>exceeds</u>** 3% of Annual Gross Income. If result is a negative number, client is **<u>not</u>** eligible for deduction.*

SECTION III: ADJUSTED INCOME

19) ANNUAL GROSS INCOME (from line 9) — $0

20) **<u>TOTAL ALLOWANCES</u>** (Sum of lines 11, 12, 13, 17 and 18) — $0

21) <u>ANNUAL ADJUSTED INCOME</u> — $0

(Line 19 minus line 20) If result is a negative number, Annual Adjusted Income is $0

22) **<u>MONTHLY ADJUSTED INCOME</u>** — $0

(Line 21 divided 12) If line 21 is a negative number, Monthly Adjusted Income is $0)

Enter in all amounts listed on County Income Limits document for household's county and size. Check box of household's income level:

0-30% of area median income (extremely low)		☐
31-50% of area median income (very low)		☐
51-60% of area median income (low)		☐
61-80% of area median income (low)		☐

http://www.in.gov/ihcda/2509.htm#HPRP

Find Area Median incomes by clicking on link above. Select ESG Documements. Select **Eligibility**. Select **Income Verification**. Open most recent **Income Limits** document.

SECTION IV: TENANT RENT PAYMENT (if utilities ARE included in rent)

23) **TENANT RENT DETERMINATION**

a) METHOD 1: 40% OF MONTHLY ADJUSTED INCOME — $0
(Line 22 x .40)

b) METHOD 2: 30% OF MONTHLY GROSS INCOME — $0
(Line 10 x .30)

24) **TOTAL MONTHLY RENT PER CURRENT LEASE AGREEMENT:**

25) **TENANT RENT:** (the higher of line 23a or 23b) — $0

26) **RENT SUBSIDY PAYMENT:** (Line 24 minus line 25)
This is the amount the Housing Program pays to Landlord

Reasonable Rent

STOP HERE IF: utilities are included as part of the rent charge, this is the total tenant rent and total rent subsidy.
CONTINUE IF: tenant must pay utilities out-of-pocket in addition to rent charge. Complete Section V.

SECTION V: TENANT RENT PAYMENT (if utilities are NOT included in rent)

*COMPLETE THIS SECTION **ONLY** IF THE TENANT'S UTILITIES ARE NOT INCLUDED IN RENT*

27) **TENANT RENT**: (the higher of line 23a or 23b)

28) **UTILITY ALLOWANCE** (if applicable) — $0
*A tenant is only eligible for a utility allowance if utilities are **NOT** included in the rent charge. The most recent HUD-approved utility allowance charts may be obtained from IHCDA's Web site at http://www.in.gov/ihcda/3102.htm and also from local Housing Authorities.*

29) **ADJUSTED TENANT RENT PAYMENT** (Line 27 minus line 28)
THIS IS THE AMOUNT THE TENANT PAYS. IF THIS IS A NEGATIVE NUMBER, THIS IS THE AMOUNT TO BE REIMBURSED TO THE TENANT (payment may be made directly to utility company). THE PROGRAM PAYS THE REMAINING AMOUNT OF THE RENT (line 24) TO THE LANDLORD.

30) **RENT SUBSIDY PAYMENT** (Line 24 minus line 29) — **$561**

Reasonable Rent

Gina Macanlalay — 1/5/18

Subrecipient Staff — Date

Utility Allowance

Locality	Arlington
Unit Type	
Date	
Unit Size	2

Only use this worksheet if utilities are NOT included in rent! List below the standard amounts listed in county's utility allowances provided in above link.

Heating	
Natural Gas	$30
Bottle Gas	$0
Oil / Electric	$22
Coal / Other	$0

Cooking	
Natural Gas	$6
Bottle Gas	$0
Oil / Electric	$10
Coal / Other	$0

Other Electric	$38
Air Conditioning	$10

Water Heating	
Natural Gas	$12
Bottle Gas	$0
Oil / Electric	$24
Coal / Other	$0

Water	$0
Sewer	$0
Trash Collection	$0
Range/Microwave	$7
Refrigerator	$7
Other	$0
Other	$0

Total	$166

PSH Income, Rent & Utility Calculation Worksheets

This two tabs provided in this document will allow you to calculate a household's income, allowable subsidy amount and tenant's portion of rent. Information should only be entered into YELLOW CELLS.

Step 1: DETERMINING INCOME ELIGIBILITY

All clients have to meet a certain income requirement to be eligible for rental assistance. You will need ask your client their income then back up what is determined as income through documents/verification.

Step One:	Refer to the Accepted forms of Income Verification Chart in order to collect correct income documentation/verification.
Step Two:	Begin to complete Tab 2: Rental Calc, Section I: Gross Household Income.
Step Three:	Identify your local Area Medium Income Limits listed on "2012 Income Limits" document located at
Step Four:	Determine whether or not client is eligible for rental assistance. Client's household income cannot exceed 30% of Area Median Income to be eligible for rental assistance
Step Five:	If client is eligible print off worksheet once completing Step 2 and place in client file, along with proper income documentation/verification, and the Accepted forms of Income Verification Chart

Step 2: RENTAL CALCULATION

This sheet is to be used if client will be receiving rental assistance.

Step One:	Complete Section II: Allowances. Enter in # of dependents and all allowances for household. The income will adjust to the allowances automatically. If an allowance is not listed, it should not be considered in calculating rent subsidy.
Step Two:	Complete Section III: Adjusted Income. Enter in the county income limits. Check box of household's applicable income unit.
Step Three:	Complete Section IV: Enter in the unit rent. The tenant rent payment will automatically be calculated. Enter in reasonable rent determined using either Go Section 8 software system or Rent reasonabless determination form. **No subsidy should be paid on rents that are not reasonable.**
If Utilities are not included in the rent complete the third tab: Utility Allowance using the website provided at the top of the worksheet. The total from this sheet will automatically be entered into Section V of Tab 2.	
Step Four:	Complete Section V only if utilities are NOT included in rent. Find out which utilities are not included in rent. List all utilities in Tab #3: Utility Allowances.
Step Six:	Utilities amount entered on Tab 3 will carry over to Section V of Tab 2. Enter the Rent reasonable payment standard in the yellow box to determine if you can pay that subsidy amount. **No subsidy should be paid on rents that are not reasonable.**

Client Name ______ Calculation Date ______

Client HMIS # ______

☐ Initial Calculation ☐ Interim Calculation ☐ Recertification Calculation

SECTION I: GROSS HOUSEHOLD INCOME

***The total income of the household (Annual Gross Income) is from all sources anticipated to be received in the 12-month period following the effective date of the income certification. Therefore, income must be ANNUALIZED, e.g. payment amount multiplied by number of payment periods per year for all income sources.**

1) The full amount (before payroll deductions) of annual wages and salaries, overtime pay, commissions, fees, tips and bonuses, other compensation for personal services prior to payroll deductions. (Applies to client and **all** household members 18 and older. For full-time students 18 and older, only $480 of annual earned income should be included here.) $0

2) Periodic payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, excluding lump sum payments for the delayed start of a periodic payment (Except as provided in (c)(14)). $0

3) Payments in lieu of earnings, such as unemployment, disability, worker's compensation, and severance pay (Except as provided in (c)(3)). $0

4) WELFARE ASSISTANCE, including payments made under other programs funded, separately or jointly, by federal, state, or local governments which are not excluded by Federal Statutes (see Income Exclusions). $0

5) Periodic allowances including alimony and child support payments, and regular contributions or gifts received from organizations or persons not residing in the residence. $0

6) Net income from operation of a business or profession. $0

7) Interest, dividends, and other net income of any kind from real or personal property. Where net family assets are in excess of $5,000, annual income shall include the greater of actual income derived from net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. $0

8) All regular pay, special pay and allowances of a member of the Armed Forces (Except Hostile Fire Pay). $0

9) **<u>ANNUAL GROSS INCOME</u>** (Sum of lines 1-8) $0
Note: Annual gross income must be reassessed at least annually. However, if there is substantial change in the household's income during the year, an adjustment must be made to the resident rent to reflect the change in income.

10) **<u>MONTHLY GROSS INCOME</u>** (Line 9 divided by 12.) $0

SECTION II: ALLOWANCES

Per HUD regulations 24CFR5.611(a) the annual adjusted income is determined by deducting the following allowances from the annual gross income.

11) <u>NUMBER OF DEPENDENTS</u> ______ $0
($480 for each) *Dependents include household members under the age of 18, elderly dependents, handicapped, disabled, or full-time students, but not the family head, spouse or foster children.*

12) <u>$400 FOR ELDERLY OR DISABLED FAMILY MEMBER</u> — $400

This allowance is provided to any family whose head, spouse, or sole member is at least 62 years of age OR is handicapped/disabled. This deduction always applies to households with persons with HIV/AIDS if they are the head, spouse, or sole member at least 62 years of age. (ONLY ***ONE*** *DEDUCTION PER FAMILY/HOUSEHOLD PER YEAR)*

13) REASONABLE CHILDCARE EXPENSES (ANNUAL EXPENSE) — $0

These are expenses anticipated during the year for children 12 years of age and under that enable a household member to work, seek employment, or to further education. Deductible expenses for childcare to enable a person to work shall not exceed the amount of income received from such work. Childcare cannot be paid to another member of the household. (ONLY EXPENSES ***NOT*** *REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED)*

14) THE SUM OF THE FOLLOWING EXPENSES, TO THE EXTENT THE SUM EXCEEDS 3% OF ANNUAL GROSS INCOME

This deduction may not exceed the earned income received by family members who are 18 years of age or older and who are able to work because of such attendance care or auxiliary apparatus.

a) EXPENSES FOR *NON-ELDERLY* , DISABLED FAMILY MEMBERS — $0

This allowance covers reasonable expenses anticipated during the period for attendance care (provided by a non-household member) and/or auxiliary apparatus for any disabled household member that enables that person or any other household member to work. Deduction may not exceed the amount of income generated by the person enabled towork. (ONLY EXPENSES ***NOT*** *REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.)*

b) MEDICAL EXPENSES AND/OR ASSISTANCE FOR ELDERLY OR DISABLED FAMILY MEMBERS — $0

(ONLY EXPENSES ***NOT*** *REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.)*

15) TOTAL NON-REIMBURSED MEDICAL EXPENSES — $0

(Sum of lines 14a and 14b)

16) 3% OF ANNUAL GROSS INCOME (Line 9 x .03) — $0

17) ALLOWABLE MEDICAL EXPENSE DEDUCTION — $0

(Line 16 minus line 17) *The Allowable Medical Expense Deduction is the amount of the Total Non-Reimbursed Medical Expenses that* ***exceeds*** *3% of Annual Gross Income. If result is a negative number, client is* ***not*** *eligible for deduction.*

SECTION III: ADJUSTED INCOME

19) ANNUAL GROSS INCOME (from line 9) — $0

20) **TOTAL ALLOWANCES** (Sum of lines 11, 12, 13, 17 and 18) — $400

21) ANNUAL ADJUSTED INCOME — $0

(Line 19 minus line 20) If result is a negative number, Annual Adjusted Income is $0

22) **MONTHLY ADJUSTED INCOME** — $0

(Line 21 divided 12) If line 21 is a negative number, Monthly Adjusted Income is $0)

Enter in all amounts listed on County Income Limits document for household's county and size. Check box of household's income level:

0-30% of area median income (extremely low)		☑
31-50% of area median income (very low)		☐
51-60% of area median income (low)		☐
61-80% of area median income (low)		☐

http://www.in.gov/ihcda/2509.htm#HPRP

Find Area Median incomes by clicking on link above. Select ESG Documements. Select **Eligibility**. Select **Income Verification**. Open most recent **Income Limits** document.

SECTION IV: TENANT RENT PAYMENT (if utilities ARE included in rent)

23) **TENANT RENT DETERMINATION**

a) METHOD 1: 30% OF MONTHLY ADJUSTED INCOME (Line 22 x .30) — $0

b) METHOD 2: 10% OF MONTHLY GROSS INCOME (Line 10 x .10) — $0

24) **TOTAL MONTHLY RENT PER CURRENT LEASE AGREEMENT:** — $1,300

25) **TENANT RENT:** (the higher of line 23a or 23b) — $0

26) **RENT SUBSIDY PAYMENT:** (Line 24 minus line 25) — $1,300

This is the amount the Housing Program pays to Landlord

Reasonable Rent

STOP HERE IF: utilities are included as part of the rent charge, this is the total tenant rent and total rent subsidy.

CONTINUE IF: tenant must pay utilities out-of-pocket in addition to rent charge. Complete Section V.

SECTION V: TENANT RENT PAYMENT (if utilities are NOT included in rent)

*COMPLETE THIS SECTION **ONLY** IF THE TENANT'S UTILITIES ARE NOT INCLUDED IN RENT*

27) **TENANT RENT**: (the higher of line 23a or 23b) — $0

28) **UTILITY ALLOWANCE** (if applicable) — $169

*A tenant is only eligible for a utility allowance if utilities are **NOT** included in the rent charge. The most recent HUD-approved utility allowance charts may be obtained from IHCDA's Web site at http://www.in.gov/ihcda/3102.htm and also from local Housing Authorities.*

29) **ADJUSTED TENANT RENT PAYMENT** (Line 27 minus line 28) — **-$169**

THIS IS THE AMOUNT THE TENANT PAYS. IF THIS IS A NEGATIVE NUMBER, THIS IS THE AMOUNT TO BE REIMBURSED TO THE TENANT (payment may be made directly to utility company). THE PROGRAM PAYS THE REMAINING AMOUNT OF THE RENT (line 24) TO THE LANDLORD.

30) **RENT SUBSIDY PAYMENT** (Line 24 minus line 29) — **$1,469**

Reasonable Rent

Subrecipient Staff

Date

Utility Allowance

Locality	
Unit Type	
Date	
Unit Size	

Only use this worksheet if utilities are NOT included in rent! List below the standard amounts listed in county's utility allowances provided in above link.

Heating	
Natural Gas	$0
Bottle Gas	$0
Oil / Electric	$0
Coal / Other	$0

Cooking	
Natural Gas	$0
Bottle Gas	$0
Oil / Electric	$0
Coal / Other	$0

Other Electric	$0
Air Conditioning	$0

Water Heating	
Natural Gas	$0
Bottle Gas	$0
Oil / Electric	$0
Coal / Other	$0

Water	$0
Sewer	$0
Trash Collection	$0
Range/Microwave	$0
Refrigerator	$0
Other	$0
Other	$0

Total	$0

Referred by: ____________________ Ext. __________ Date: ___________
Supervisor: _______________________

Case Conference Referral

☐ Face to Face Case Conference ☐ Shelter Re-Entry Case Conference

Identified client(s) and ages: _________________________________

Language/interpreter needs: Yes☐ No☐ If yes, language needed: _______________

Is this client being considered for discharge, or have they been discharged due to:

- ☐ Non-compliance in following up with staff on his/her housing plan?
- ☐ Violating rules at the shelter? (please use the Unified Shelter manual to list what rules have been broken)
  - Page number from manual:
  - Rule broken:

Services currently being received within DHS, if known please list worker:

_____ BHD _____ ADSD _____ Section 8
_____ CAB Social Work _____ TANF/SNAP _____ CFSD
_____ Violence Intervention _____ Public Health Services _____ Housing Grant
_____ Permanent Supportive Housing

Services/benefits currently being received by client external to DHS:

_____ Financial Literacy _____ Faith based Services _____ Mental health counseling
_____ Legal Assistance _____ Veteran Services _____ SSI/SSDI
_____ Shelter _____ OAR _____ Arlington Free Clinic

For Face to Face case conferences only:

1) **Please list the dates of any meetings scheduled with client to discuss issues of concern with their stay in shelter:**

2) **Attach any behavioral contracts, Agreements for Success, or treatment plans listing the S.M.A.R.T. goals that were discussed with the client when you submit this referral. (Please note: case conferences will only be scheduled 30 days after a scheduled meeting with the client where they agreed to work on a specific goal plan and has failed to follow through.)**

3) **Please describe how the client is struggling to comply with this treatment plan and how they are not following through with their S.M.A.R.T. goals.**

4) **Briefly describe what unmet needs remain for client/family and what degree of risk remains for this client/family regarding finances, physical health, mental health, and housing need.**

SUBMIT TO: Amanda Manning, amanning@arlingtonva.us 703-228-1306

Referred by: ____________________ Ext. __________ Date: ___________
Supervisor: _______________________

Please list the people who should be invited to the meeting:

Name	Agency	Role	Email	Phone	Required or Optional?

SUBMIT TO: Amanda Manning, amanning@arlingtonva.us 703-228-1306

ARLINGTON
VIRGINIA

DEPARTMENT OF HUMAN SERVICES
~~Economic Independence Division~~

2100 Washington Blvd., 1st Fl. Arlington, VA 22204
TEL 703-228-1350 FAX 703-228-1039 TTY 703-228-1398 www.arlingtonva.us

CLIENT IDENTIFICATION:	
NAME	DATE OF BIRTH

Consent

The Arlington County Department of Human Services (DHS) can better assist you if we are able to work with all programs and professionals in DHS that know you. By signing this form, you are giving permission for us to use and share confidential information about you to better coordinate services and benefits. We cannot refuse you benefits if you do not sign this form unless your consent is needed to determine your eligibility. If you have questions about how we share client confidential information or your privacy rights, please consult the Notice of Privacy Practices or ask the person giving you this form.

☐ I allow
☐ I do not allow

the Department of Human Services to share information about me within its programs for purposes of service and/or benefit coordination. I understand that this consent does not allow sharing of detailed information about diagnosis or treatment of mental health, HIV/AIDS, or chemical dependency. I can withdraw this consent at any time by notifying my worker.

SIGNATURE	DATE	AGENCY CONTACT/WITNESS SIGNATURE	DATE
PARENT OR OTHER REPRESENTATIVE'S SIGNATURE (IF APPLICABLE)			DATE
If I am not the subject of the records, I am authorized to sign because I am the: Parent Legal Guardian Personal representative Other:			

Social Solutions
transforming human services

TouchPoint - Blank TouchPoint

TouchPoint Name: Notice of Privacy Practices

Date: _____/_____/_______

Name:

Completed by:

Completed on behalf of:

Identifier:

Notice of Privacy

Notice of Privacy Practices
Efforts to Outcomes System (ETO)
for Arlington County's Centralized Access System (CAS)

THIS "NOTICE of PRIVACY PRACTICES" FORM DESCRIBES HOW INFORMATION ABOUT YOU WILL BE SHARED IN THE ETO SYSTEM. PLEASE REVIEW IT CAREFULLY.

I,

First Name: ____________________

Last Name: ____________________

(list any other adults in the household also covered by this form, needing to initial and sign below) ____________________

agree to share information contained (only) in the ETO System with the Participating Agencies listed below:

I also agree to share information on my minor children: ____________________

Social Solutions
transforming human services

TouchPoint - Blank TouchPoint

Participating Agencies:
[ ] Bridges to Independence
[ ] Arlington County Department of Human Services
[ ] Arlington Street People's Assistance Network
[ ] Borromeo Housing
[ ] Doorways for Women and Families
[ ] VOAC-Residential Program Center
[ ] Phoenix House
[ ] Sheriff Department
[ ] Landlord

Landlord Detail:

In signing this document, I agree to share the following information indicated by my initials:

Client Record : First Name, Middle Name, Last Name , Date of Birth ,Social Security Number

Client Demographics: Date of Birth , Date of Birth Type , Gender , Primary/Secondary Race, Ethnicity

Additional Profile Information : English Speaking Skills , Primary Language Spoken , Country of Birth , Marital Status

Incidents (instances if client cannot accessing other social service programs)

Entry/Exit Assessments, (Dates of Entry/Exit from a program)

Other:

Social Solutions
transforming human services

TouchPoint - Blank TouchPoint

By signing, I am indicating that I understand why information about myself and/or my household members is being collected and I clearly understand that the information listed above about me or my household members will be shared in the Centralized Access System of Arlington. This release is valid for 12 months from the date of signature.

Client/Guardian

Signature:______________________ (Participants Signature)

Date:

____/____/_______

Other Adult 1 Signature
(Required for Spouse or adult children living in household)

Signature:______________________ (Other Adult 1)

Date:

____/____/_______

Other Adult 2 Signature
(Required for Spouse or adult children living in household)

Signature:______________________ (Other Adult 2)

Date:

____/____/_______

If client refuses to sign the acknowledgement receipt, sign here and date:

Staff

Signature:______________________ (Staff Completing Signature)

Date:

____/____/_______

Comments:

Social Solutions
transforming human services

TouchPoint - Blank TouchPoint

TouchPoint Name: Arlington County Acknowledgement of Privacy Practices (HIPAA)

Date: ____/____/______ Name:

Completed by:

Completed on behalf of:

Identifier:

ARLINGTON COUNTY ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

First Name

Middle Name

Last Name

Case Number

SSN

DOB

___/___/_____

Is this an Emergency Treatment situation:

( ) Yes

( ) No

Social Solutions
transforming human services

TouchPoint - Blank TouchPoint

Is this an Emergency Treatment situation:

( ) Yes
( ) No

HOW NOTICE WAS PROVIDED

Written:

( ) Notice of Privacy Practices Only
( ) Both Notice of Privacy Practices and Guide to Privacy Practices

Written:

( ) Notice of Privacy Practices Only
( ) Both Notice of Privacy Practices and Guide to Privacy Practices

Other:

[ ] Verbal
[ ] Fax
[ ] E-mail
[ ] Website

Signature of Client:

Signature:________________________ (Participants Signature)

Date:

____/____/______

ACKNOWLEDGEMENT OF RECEIPT

If client did not sign, did client otherwise acknowledge Notice of Privacy Practices:

( ) Yes
( ) No

If client did not sign, did client otherwise acknowledge Notice of Privacy Practices:

( ) Yes
( ) No

Social Solutions
transforming human services

TouchPoint - Blank TouchPoint

Method of acknowledgement:

( ) Verbal
( ) Fax
( ) E-mail

Method of acknowledgement:

( ) Fax
( ) E-Mail
( ) Verbal

If no acknowledgement was received, document why you were unable to obtain an acknowledgement

Signature of Staff Completing Form:

Signature:________________________ (Staff Completing Signature)

Date:

____/____/________

Effective: 04/10/03
AC ACK of Notice of PRIVACY.English 10/12/2006 pal EID #

Arlington County CoC Participant/Applicant Bill of Rights

Implemented January 1, 2017

As a participant in or applicant to any emergency shelter, transitional housing, rapid re-housing, permanent supportive housing or other permanent housing project operating within the Arlington County Continuum of Care (CoC), **YOU HAVE THE RIGHT TO:**

- Not be discriminated against based on race, color, national origin, religion, sex, actual or perceived sexual orientation, gender identity/expression, disability or marital status. Additionally, you will not be denied admission or separated from members of your family based on any of these things.
- To decide for yourself who is a member of your family and to be served together with those people whether your family includes adults and children or just adults, or the age, disability, marital status, actual or perceived sexual orientation, or gender identity of any member of your family.
- To be placed in a shelter based on the gender with which you identify.
- Have safety and/or privacy concerns addressed in a timely manner
- Not to be sexually harassed.

In addition, as a participant in any transitional housing, rapid re-housing, permanent supportive housing or other permanent housing project funded by the Arlington CoC **YOU HAVE THE RIGHT:**

- To be treated with respect and dignity and in a way that honors differences.
- To get services that meet your needs with a focus on helping you to get and keep permanent housing and achieve the things that are important to you.
- To not be physically, sexually, verbally and/or emotionally abused or threatened.
- To receive services that are consistent with the Housing First model.
- To receive a written statement describing the services provided by the project, any rules and your responsibilities and to receive an updated written statement if any changes are made.
- To have your personal information and records kept private and not shared without your written permission and to say with whom the information can be shared.
- To be informed of situations when your personal information can be shared without your permission, for example, when there is a medical emergency, when a clear and

immediate danger to you or to others exists, when there is possible child or elder abuse, or when ordered by a court of law.

- To make suggestions and complaints about services or denial of services.

- To receive a prompt and reasonable response to requests and complaints.

- To have the freedom to participate in or choose not to participate in services and activities offered by the CoC project or by any other organization in the community. If you feel you were denied this right and/or want to file a complaint you can do so by doing the following:
    - Visit topics.arlingtonva.us/human-rights/affirmative-action/
    - Call the Office of Human Rights at (703) 228-3929
    - Email the Office of Human Rights at commissions.arlingtonva.us or sperez@arlingtonva.us

- If you are no longer going to get services and/or housing, to get a written notice that includes a clear statement of the reasons, an opportunity to appeal the decision, and the right to receive a written notification of the final decision. This right applies whether you decide you no longer want the services or the project decides they can no longer serve you. Please see the Arlington County Continuum of Care Grievance Policy that is included with this form.

- If you are a participant in a tenant-based rental assistance program, you have the right to choose the housing unit you will live in within Arlington County. All housing units must meet habitability standards, rent reasonable standards and fair market rent standards.

- To receive a copy of these rights and to have someone review them with you when you enter the project.

Please sign below to indicate that you received a copy of these rights and someone reviewed them with you. More information about your rights and what you can do if you believe your rights have been violated is attached.

Participant/Applicant Name **Participant/Applicant Signature** **Date**

Staff Name **Staff Signature** **Date**

Arlington County CoC Participant/Applicant Bill of Rights

Implemented January 1, 2017

1. Purpose

The purpose of the Arlington County CoC Grievance Policy is to ensure that there is a fair and accessible process for organizations providing homeless services (i.e. “providers”) and CoC Committee members to file a grievance with the CoC. Examples include: a provider grieving project renewal evaluation results or rejection of a project application for funding, and a CoC Committee member grieving whether a vote was conducted in compliance with Consortium Governance and Policy Statements.

2. Composition of Grievance Committee

The Grievance Committee shall be made up of a minimum of three members of the Arlington County CoC Executive Committee. Members shall be appointed by the Executive Committee Co-Chairs.

3. Filing a Grievance

Grievances shall be submitted in writing to the Arlington County Department of Human Services via e-mail to a CoC staff member.

4. Resolution of a Grievance

Written grievances will be reviewed within 30 days of receipt. Grievance Committee members involved in the original decision that is being grieved shall recuse themselves from voting on and otherwise influencing the outcome of matters referred to the Grievance Committee. For example, a member of the Data and Evaluation Committee who was involved in an initial project scoring decision shall recuse him/herself from involvement in any grievance related to that decision. The committee will issue a written decision that specifies the resolution of the grievance and any actions that need to be taken. All decisions by the Grievance Committee are final.

5. Conflicts of Interest

In all instances, parties must abide by the conflict of interest policy contained in the Arlington County Consortium Continuum of Care Governance and Policy Statements. When a conflict of interest is present, parties shall disclose the conflict and recuse themselves from voting on and otherwise influencing the outcome of matters referred to the Grievance Committee.

Arlington County Continuum of Care

Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Emergency Transfers

The Arlington County, Virginia Continuum of Care (Arlington CoC) is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking. In accordance with the Violence Against Women Act (VAWA),[1] the Arlington CoC has developed this emergency transfer plan, which allows tenants of transitional housing, permanent supportive housing, and rapid re-housing projects that receive federal, county, or state funds who are victims of domestic violence, dating violence, sexual assault, stalking or human trafficking to request an emergency transfer from the tenant's current unit to another unit. All recipients and subrecipients of federal, county, or state funds for transitional housing, permanent supportive housing, and rapid re-housing projects must follow this plan. All recipients and subrecipients of federal, county, or state funds for transitional housing, permanent supportive housing, and rapid re-housing projects must follow the CoC's Emergency Transfer Plan, must make the CoC's Emergency Transfer Plan, which contains no information regarding individual clients publicly available whenever feasible (e.g. by posting the plan in a publicly visible location at project sites and must make the plan available to participants and community partners upon request. The housing provider must also ensure that refusal of a transfer unit is not a basis for terminating a tenant from assistance.

[1] Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Providers are encouraged, when possible, but not required to bear moving costs related to emergency transfers. As necessary providers, are encouraged to work with survivors to identify ways to pay for moves associated with emergency transfers – note that moving costs are an eligible Supportive Service Expense under the CoC Program.

The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.[2] The ability of the Arlington CoC to honor such requests for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, stalking or human trafficking, and on whether the Arlington County CoC has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the Arlington CoC is in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, stalking or human trafficking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm

[2] Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.
A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify the management office of the transitional housing, permanent supportive housing, or rapid re-housing project where they are residing and submit a written request for a transfer to**:**

Department of Human Services
2100 Washington Boulevard
Attn: Clinical Coordination Program Supervisor
Arlington, Virginia 22204

Projects will provide reasonable accommodations to this policy for individuals with disabilities.
The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the relevant transitional housing, permanent supportive housing, or rapid re-housing program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Housing providers must retain records for all emergency transfer requests and outcomes.

Confidentiality

The housing provider will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives the housing provider written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants (form HUD 5380 available at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a) for more information about housing providers' responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

The Arlington CoC cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The Housing Provider will, however, act as quickly as possible to secure an internal emergency transfer (i.e., to move a tenant who is a victim of domestic violence, dating violence, sexual assault, stalking or human trafficking to another unit, subject to availability and safety of a unit available within that provider agency's portfolio). If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The housing provider may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit. At the tenant's request, the Housing Provider will

also assist tenants in contacting the Doorways, the local organization offering assistance to victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking. Doorways' hotline services are available 24 hours per day, seven days per week by calling **(703) 237-0881.**

If the housing provider has no safe and available units for which a tenant who needs an emergency transfer is eligible, the housing provider will refer the tenant to the Arlington County Centralized Access System (CAS), which will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, CAS will also assist tenants in contacting Doorways. CAS will retain records for all emergency transfer requests they receive and outcomes of those requests.

For individuals and families who qualify for an emergency transfer but a safe unit is not immediately available for an internal emergency transfer, the CAS shall ensure that the individual or family receives priority over all other applicants for transitional housing, permanent supportive housing and rapid rehousing projects provided that the individual or family meets all eligibility criteria required by federal, state, or county law or regulation or the terms of the source through which the project is funded; and the individual or family meets any additional criteria or preferences established for specific subpopulations in accordance with fair housing and equal opportunity requirements. The individual or family shall not be required to meet any other eligibility criteria or preferences for the project. The individual or family shall retain their original homeless or chronically homeless status for the purposes of the transfer.

In accordance with the CoC Program Interim Rule, CoC Tenant-based Rental Assistance program participants who have complied with all program requirements during their residence and who have been a victim of domestic violence, dating violence, sexual assault, or stalking, and who reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking (which would include threats from a third party, such as a friend or family member of the perpetrator of the violence), if they remain in the assisted unit, and are able to document the violence and basis for their belief, may retain the rental assistance and move to a different Continuum of Care geographic area if they move out of the assisted unit to protect their health and safety. Recipients and subrecipients of CoC funds must maintain the documentation related to transfers to a different CoC as required by the CoC Program Interim Rule.

Non-transferring Family Members

If the family separates in order to effect an emergency transfer, and the person vacating the unit was the person who qualified the family for assistance, unless otherwise prohibited by the terms of a federal, county, or state funding stream the housing provider must provide the remaining tenant(s) until lease expiration to establish eligibility to remain in the unit or find alternative housing. In accordance with VAWA, all housing providers, except those receiving CoC program funds, must provide the remaining tenant(s) at least ninety calendar days or until lease expiration with a possible 60-day extension to establish eligibility for the existing program, establish eligibility for another program, or find alternative housing. In accordance with the CoC Program Interim Rule, all CoC funded projects must provide the remaining tenant(s) until lease expiration to establish eligibility to remain in the unit or find alternative housing. In all cases, remaining tenants are obligated to pay rent based on the usual program requirements.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. Tenants who have been victims of any form of interpersonal violence (domestic violence, dating violence, sexual assualt, stalking, human trafficking) are encouraged to contact providers who specialize in safety planning and access to protections from ongoing abuse. In Arlington, **Doorways Sexual and Domestic Violence Hotline** is the comprehensive access point for these services (as well as survivor and family counseling services) **703-237-0881** or learn more about services online at https://www.doorwaysva.org.

If tenants prefer to seek assistance outside of local resources (not Doorways), they are encouraged to reach out to national hotlines that can direct them to possible assistance. These hotlines may refer victims back to their local provider, however may be of assistance to some who seek services in other areas. These hotlines or resource centers include:

- National Domestic Violence Hotline at 1-800-799-7233. For persons with hearing impairments, the national hotline can be accessed by calling 1-800-787-3224 (TTY). (domestic violence)
- Rape, Abuse & Incest National Network's National (RAINN) Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at https://ohl.rainn.org/online/. (sexual assault or incest)
- National Center for Victims of Crime's Stalking Resource Center at https://www.victimsofcrime.org/our-programs/stalking-resource-center.

Arlington CoC Housing First Principles

Proposed 2/22/18

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

- Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:
    a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
    b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of "housing readiness."
    c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
    d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
    a. Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
    b. Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
    c. Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
    d. Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

Lease compliance and housing retention

- Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction.
    a. Leases do not include stipulations beyond those that are customary, legal, and enforceable under Virginia law.
    b. No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., visitor policies should be equivalent to those in other types of permanent, lease-based housing in the community).
    c. Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.

- Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:
    a. Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
    b. Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
    c. PH providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out legal obligations as defined by local and state law.
    d. In order to terminate housing, PH providers are required to use the legal court eviction process.

Separation of housing and services

- Projects are designed in such a manner that the roles of property management (e.g., housing application, rent collection, repairs, and eviction) and supportive services staff are clearly defined and distinct.
    a. Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
    b. There are defined processes for communication and coordination across the two functions to support stable tenancy.
    c. Those processes are designed to protect client confidentiality and share confidential information on a need to know basis only.

Tenant Choice

- Efforts are made to maximize tenant choice, including type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor.
- Staff accepts tenant choices as a matter of fact without judgment and provides services that are non-coercive to help people achieve their personal goals.
- Staff accepts that risk is part of the human experience and helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior.
- Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others.
- Staff helps tenants to understand the legal obligations of tenancy and to reduce risk of eviction.
- Projects provide meaningful opportunities for tenant input and involvement when designing programs, planning activities and determining policies.

Equal Access Policy – Additional Guidance

a. Confidentiality and Privacy

All clients, staff, and community partners have a right to privacy. Staff and contractors will:

- Treat sexual orientation, transgender status, and intersex status, information about a person's anatomy or medical history, and names other than the client's preferred name as confidential information.
- Never disclose such information without the client's permission, unless such disclosure is required to properly serve the individual and is consistent with federal, State and local law.
- Share information in a professional and respectful manner only if a client grants permission.

b. Collection of Demographic Information

The CoC and community partners may collect demographic information about sexual orientation and gender identity. Answering these demographic questions would under all circumstances be completely voluntary and any such information gathered will only be used for analytic purposes. This information will not affect eligibility for assistance.

c. Titles Names and Pronouns

Once a preferred name has been established, staff should always address individuals by their preferred name in addition to their preferred title (e.g., Ms./Miss/Mrs./Mr.), and preferred pronoun (e.g., he/she, him/her, his/hers, they/theirs), regardless of their birth sex, whether the individual has undergone a legal name change, or what their gender expression is at the time, and without requiring identification or other forms of "proof" of gender identity.

Additional guidance:

- If staff are unsure what title and name a person wishes to be referred by or what pronoun they prefer, ask, "How would you like me to address you?"
- Having learned the title, preferred name, and pronoun chosen by an individual, refusing to refer to that person by the correct title, name and pronoun is a form of harassment and will be considered discrimination.

d. Gender Separated Facilities

HUD's Equal Access Rules prohibit most single sex projects. Where single sex facilities are permissible, it is the policy of Arlington County's CoC that all individuals have the right to access such facilities consistent with their gender identity and gender expression. Clients should be placed in facilities according to their gender identity and/or expression. No one should be denied access to a gender-affirming facility because of birth sex. Every effort must be made to place individuals where they feel safest, and where the service provider can ensure appropriate and culturally competent delivery of services.

Additionally, all single occupancy restrooms must be made available to people of all genders. In situations where an individual does not identify as male or female or when gender expression does not match traditionally male or female roles or expectations, this individual is welcome to use the single sex facility they feel most closely aligns with their gender identity or use a single occupancy facility if available. Clients, staff, and visitors are entitled to use the facility that matches their gender identity or expression most closely and are entitled to do this without being required to show identification, medical documentation or any other form of proof or verification of gender.

e. Gender Separated Programs and Activities

Some programs, activities, and facilities are gender specific. Everyone has the right to be free from harassment and to participate in gender specific programs and activities that correlate with how they identify.

f. Safety

LGBTQIA+ people may be subject to increased harassment, bullying, or violence. Protecting the safety of all clients, staff, contractors and community partners is paramount. All incidents involving harassment, bullying, discrimination or violence against LGBTQIA+ clients should be documented and addressed appropriately. Often, discrimination is subtle and is not documented. It is important to make sure documentation is prompt, accurate and comprehensive. Staff members who observe harassment based on sexual orientation, gender identity, transgender status, or any other protected identity trait should take immediate action and document such action in relevant case notes and/or incident reports.

g. Health Care

LGBTQIA+ clients may need access to health services such as gender-affirming medications or surgeries or services or products that don't match their documented gender. Staff should make every effort to connect residents with affirming providers for any such medical needs and should reach out to their supervisors for any assistance.

h. Dress Code

Staff and clients should never be required to wear clothing or meet grooming standards that are inconsistent with their gender identity or expression, or be forbidden from wearing clothing consistent with their gender identity orexpression. Holding employees or clients to different dress and grooming standards based on gender or perceived gender is considered to be discriminatory.

i. Violations

LGBTQIA+ clients who feel unsafe, believe they are being treated unfairly or are being discriminated against, and/or believe they are not receiving gender-affirming services they need, may raise the issue referring to the Client Bill of Rights found in the Appendix.

Arlington County Continuum of Care
Emergency Transfer Plan Notice

In accordance with the Violence Against Women Act (VAWA), the Arlington Continuum of Care has developed an emergency transfer plan that allows participants or tenants who are victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking to request an emergency transfer from their current unit to another unit.

If you believe there is a threat of imminent harm from further violence if you were to remain in the same dwelling that is covered by the plan, OR if you were a victim of sexual assault that occurred on the premises in the last 90 days, you may request an emergency transfer.

To request an emergency transfer, please notify the manager of the program where you are residing. They will work with you to submit a written request to:

Arlington County Department of Human Services
2100 Washington Boulevard
Attn: Clinical Coordination Program Supervisor
Arlington, Virginia 22204

The full Emergency Transfer Plan is attached.

Please sign below to indicate that you received a copy of the full Emergency Transfer Plan and someone reviewed the plan with you.

Participant/Tenant Name	**Participant/Tenant Signature**	**Date**

Staff Name & Organization	**Staff Signature**	**Date**