System Coordination Committee
Meeting Materials, August 8th, 2018

Table of Contents

1. Agenda .......................................................................................................................... 1
2. SCC Work In Progress .................................................................................................. 2
3. Prevention Research ..................................................................................................... 5
4. Recommendations for Standards and Procedures for
   HRC/Resource Zone Transfers ..................................................................................... 8
5. SSVF Prevention Prioritization Example ..................................................................... 11
6. ESG Prevention Eligibility Example ........................................................................... 19
1. Director’s Report
   a. HUD CoC Committee approved Governance Charter changes
   b. SCC can now assume the HUD CoC delegated responsibilities related to Coordinated Entry and the Housing Crisis Response System

2. Urgent Items
   a. Reminder to send any urgent items to Director, Chair, Co-Chair in advance

3. Discussion Items
   a. Honor Sharon Leyden, BFHP
      i. Comments from Committee Members
      ii. Celebration at The Cooler following the meeting
   b. Improvements to Homelessness Prevention
      i. Share research and discuss next steps
      ii. Commitments from last meeting:
         1. Julie - Sample Prevention Prioritization Tools/Policies
         2. Christina/Jamie – Prevention dollars in County
         3. Suzanne - Talk to HCD about new county money
   c. Recommendations for 4 open seats (2 expansion, 1 person with lived experience, 1 vacated seat)
   d. Revisiting priorities and action for the SCC Work & Improvement Schedule

4. Action Items
   a. Aisha Brown to replace Sylvia Soublet as SSA Representative
      i. Comments from Director
      ii. Call to Vote
   b. Standards and Procedures for HRC/Zone Transfers
      i. Comments from Director
      ii. Call to Vote
   c. Plan of Action
      i. Action on Homelessness Prevention
      ii. Work Groups

   8/7/2018  Prioritization & Preference Group #2: Shelter Preferences
   8/21/2018  Client Feedback, Grievance Policy
   9/4/2018  Prevention Work Group

5. Consent Items
   a. None
Governance Charter Changes

1. HUD CoC Committee approved. SCC can assume delegated responsibilities.
2. Changes will be added to the Governance Charter

Shelter Preferences

1. Topic for work group discussion on Tuesday

Certified Assessor Policy

1. HCSA has a proposal to bring to the SCC
2. Proposal is for HomeStretch, as a countywide zone coordinator, to coordinate an expansion of assessors in healthcare
3. This is a departure from our current design in which assessors are staff or subcontractors of HRCs and change would need to be reviewed and approved by SCC

Homelessness Prevention

1. ESG:
   a. As required under 24 CFR 576.400(d) and 578.7(a)(8), each CoC and each ESG recipient operating within the CoC’s geographic area must also work together to ensure the CoC’s coordinated entry process allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards for administering ESG assistance established under 24 CFR 576.400(e).
   b. As required by HUD CE Notice: Homelessness prevention services. Persons must be able to access homelessness prevention services funded with ESG Program funds through the coordinated entry process. The coordinated entry process may include separate access point(s) for homelessness prevention so that people at risk of homelessness can receive urgent services when and where they are needed, e.g. on-site at a courthouse or hospital, provided that the separate access point(s) meet all requirements in II.B.2 of this Notice. Written policies and procedures must describe the process by which persons will be prioritized for referrals to homelessness prevention services. To the extent that other homelessness prevention programs participate in the coordinated entry process, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs.
   c. To do:
i. Update or affirm RRH rent standards
   1. Committee could decide to take a vote affirming that the rent
      standards are the same as the 2013 document and directing
      EveryOne Home/ESG Funders to update the manual
   ii. Determine prioritization for ESG resources

2. Notes from SCC:
   a. Currently no standard mechanism for using prevention funds, so it differs across
      programs
   b. Concern about focus on prevention overtaking needs of literally homeless, since
      non-literally homeless population is so large
   c. Eden I&R may be able to provide data about non-literally homeless callers
   d. Flex funds, available for non-literally homeless clients, are currently not
      accessible due to workflow of the LH/NLH screening

3. Follow-up commitments
   a. Julie has SSVF tool, still trying to get a hold of the San Jose
   b. Suzanne will talk to HCD about new county money
   c. Jamie and Christina will do an accounting of the HP grants providers in AlCo and, from this inventory, we will decide on whether/when/how to reach out for a discussion.

4. Work group is scheduled for 9/4, need to decide how to use that time

Inter-Hub Transfer Policy
1. Proposal based on email exchanges

Program eligibility waiver form
1. Lara T. has committed to this
2. There are several projects happening at once right now to evaluate the best format for collecting eligibility information (Clarity development, matchers, HomeStretch, NOFA)

LH/NLH workflow/Recommendation 2 from the HPS memo
1. Current Access Packet workflow assumes a very basic housing problem solving that could get staff what they need to know in order to refer to HPS funds
2. Workflow requires that all Access Points work with LH/NLH to conduct screening and housing problem, then refer LH/NLH to proper location for assessment or services.
3. It is clear that there is not agreement or consistent application of standard workflow by Access Points

Work groups/improvement schedule

1. Tracking progress of our various working groups, esp shelter onboarding and grievance
   a. No shelter onboarding work group was established, grievance is scheduled for 8/21
2. Re-working/re-prioritizing the improvement schedule
   a. Work groups are below, what more reworking needs to be done?

8/7/2018  Prioritization & Preference Group #2: Shelter Preferences
8/21/2018  Client Feedback, Grievance Policy
9/4/2018  Prevention Work Group
Summary of Homelessness Prevention Funds & Partners Research
Alameda County Housing Crisis Response System
8-08-2018

Prevention Partners

- Catholic Charities
- Seasons of Sharing (SSA)
- BHCS (HCSA)
- HRCs (HCSA/HCD)
- VA/SSVF
- City funding (specifics unknown, came from county presentation ppt in 2017)
- County funding (specifics unknown, came from county presentation ppt in 2017)

<table>
<thead>
<tr>
<th>Resource</th>
<th>Amount</th>
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<tbody>
<tr>
<td>EOCP SSVF</td>
<td>203,400</td>
</tr>
<tr>
<td>BFHP SSVF</td>
<td>7,000</td>
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<tr>
<td>STP SSVF</td>
<td>267,622</td>
</tr>
<tr>
<td>Catholic Charities (incl FEMA, excl. SOS)</td>
<td>88,107</td>
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<tr>
<td>Seasons of Sharing</td>
<td>1,508,362</td>
</tr>
<tr>
<td>BHCS</td>
<td>75,000</td>
</tr>
<tr>
<td>HRC Contracts: Boomerang (Abode)</td>
<td>353,810</td>
</tr>
<tr>
<td>HRC Contracts: Boomerang (Oakland)</td>
<td>386,951</td>
</tr>
<tr>
<td>HRC Contract: Boomerang (Berkeley)</td>
<td>96,743</td>
</tr>
<tr>
<td>City Funding</td>
<td>1,100,000</td>
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<tr>
<td>County Funding</td>
<td>5,300,000</td>
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<tr>
<td>ESG</td>
<td>35,839</td>
</tr>
<tr>
<td>BALA</td>
<td>709,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>10,131,834</strong></td>
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Seasons of Sharing (from SSA website)
Season of Sharing (SOS) is a private fund providing one-time crisis-based assistance for housing and critical family needs to Alameda County residents. The program aims to help eligible households regain stability after experiencing an unforeseen emergency situation beyond their control.

To be considered for SOS assistance, applicants must be current residents of Alameda County for at least 6 continuous months or longer and meet one of the following criteria:
- Seniors age 55 and older;
- Disabled individuals;
- Low to moderate income families with dependent children;
- Emancipated foster youth;
- Veterans;
- Victims of domestic violence or violent crimes; or
- Pregnant women in their second trimester.

Documentation will be required to confirm each household's eligibility status. Simply meeting these criteria DOES NOT entitle or guarantee a household assistance. Grants are based not only on criteria being met, but also on merit and the greatest need. Assistance is not guaranteed.

To initiate an inquiry, call the automated pre-screening line at (510) 272-3700. You will be asked to answer a series of questions using the keypad on your phone. Be prepared to provide basic information, including phone number(s), type and amount of assistance requested, and sources of household income. If you meet basic criteria for consideration, Intake Staff will contact you for additional screening. Please be advised that response time will fluctuate depending on the volume of callers.

**ESG Prevention (from ESG Manual 2013)**

The primary purpose of ESG-funded rapid rehousing and prevention is to reduce entries into homelessness and/or shorten stays in homelessness to the greatest extent feasible.

To be eligible to receive ESG prevention or rapid rehousing assistance, participant households in Alameda County must meet both national and local requirements, and this eligibility must be documented with an application and supporting documentation kept in a client file. These requirements include:

- Participants must be homeless or at imminent risk of homelessness, per the applicable HUD definitions in the ESG regulation (§576.2) supported by documentation;
- Participants must be one of the locally targeted populations for the program, as specified on the application and eligibility determination form;
- Participants must be willing to participate in the program and to meet the terms of a self-developed Housing Stability Plan;
- Participants may not have already received 24 months of ESG assistance during the past 36 months (§576.105(c));
- Participants must meet the local asset policy, including having cash or equivalent assets of less than $2,000 per single individual and $3,000 per couple;

In addition:

- Participants receiving prevention assistance must have incomes at or below 30% of the Area Median Income (§576.103).

**Eligibility for Prevention Assistance:**
Prevention assistance will be directed to persons who are not literally homeless but are at imminent risk of homelessness per the HUD Homeless definition (Category 2). Prevention assistance may include support to a household to retain its current housing or to move to other housing without having to become literally homeless. While the ESG regulations allow for ESG prevention to be provided to those categorized as “at-risk” but not necessarily at “imminent risk”, Alameda County ESG programs will target prevention services specifically to those that are at “immediate risk” defined as:

An individual or family who will imminently lose their primary nighttime residence, provided that:

- the primary nighttime residences will be lost within 14 days of the day of application for homeless assistance;
- no subsequent residence has been identified; and,
- the individual or family lacks the resources of support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing

Within the category of “imminent risk” special attention and outreach will be done to target those households that are:

- doubled up with family and friends, must move within 14 days and are seeking to enter shelter;
- living in a hotel or motel using their own resources, must leave within 14 days, and are seeking to enter shelter;
- living in their own housing, are being evicted for non-payment of rent, must leave within 14 days, and are seeking shelter;
- fleeing domestic violence;
- imminently leaving foster care, or have recently left foster care, and are at imminent risk of losing their current housing.
RECOMMENDATION: Standards and Procedures for HRC/Resource Zone Transfers

DEVELOPED BY: Vivian Wan, Robert Ratner, Peter Radu

PURPOSE
To establish a standard practice and procedure for transferring clients from one Resource Zone and/or HRC to another.

BACKGROUND
For the purpose of coordination, administration, and matching to housing resources, Alameda County’s Coordinated Entry and Housing Crisis Response System is organized into Resource Zones. Resource Zone Coordinators are responsible for facilitating access to and coordinating the services and housing programs located in or associated with their Resource Zone, including coordination of affiliated Housing Resource Centers. Resource Zone Coordinators are also responsible for ensuring that the activities of the Resource Zone are consistent with countywide standards and coordinated with countywide partners as necessary and required.

As standard procedure for the Coordinated Entry Screening all Access Point staff must refer literally homeless households to an appropriate Housing Resource Center in the appropriate Resource Zone.

As standard procedure for the Coordinated Entry Assessment, all Access Point staff must assign any literally homeless households to a Resource Zone.

Resource Zone assignments and HRC referrals are based on the household’s response to the standardized screening and assessment question that asks, “In what part of the Bay Area do you spend most of your time? Or, what city do you identify as “home”?

At this point in the Coordinated Entry process, the Resource Zone and its affiliated HRCs assume responsibility for serving the household and the household is eligible for matching to resources coordinated by that Resource Zone, as well as resources coordinated by the countywide Resource Zone.
<table>
<thead>
<tr>
<th>RESOURCE ZONE</th>
<th>ZONE COORDINATOR</th>
<th>COORDINATES RESOURCES, PRIORITIZATION, &amp; MATCHING FOR</th>
<th>AFFILIATED HOUSING RESOURCE CENTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland Adults</td>
<td>City of Oakland</td>
<td>Oakland, Piedmont</td>
<td>Downtown Oakland HRC (BACS)</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>East Oakland HRC (EOCP)</td>
</tr>
<tr>
<td>North County Adults</td>
<td>City of Berkeley</td>
<td>Albany, Berkeley, Emeryville</td>
<td>North County HRC (BFHP)</td>
</tr>
<tr>
<td>North County Families</td>
<td>City of Oakland</td>
<td>Albany, Berkeley, Emeryville, Oakland, Piedmont</td>
<td>North County Family Front Door</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(EOCP, BFWC)</td>
</tr>
<tr>
<td>Mid County Adults + Families</td>
<td>Abode Services</td>
<td>Alameda, San Leandro, Hayward, Castro Valley, San Lorenzo, Cherry Land, Ashland, unincorporated areas</td>
<td>Mid-County West HRC (BFWC)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mid-County East HRC (Abode Services)</td>
</tr>
<tr>
<td>East County Adults + Families</td>
<td>Abode Services</td>
<td>Dublin, Livermore, Pleasanton, and unincorporated areas east of foothills</td>
<td>Tri-Valley County HRC (Abode Services)</td>
</tr>
<tr>
<td>South County Adults + Families</td>
<td>Abode Services</td>
<td>Fremont, Newark, Union City, Sunol, and unincorporated areas around Fremont</td>
<td>Tri-City HRC (Abode Services)</td>
</tr>
<tr>
<td>Countywide Adults + Families</td>
<td>Alameda County Health Care Services Agency, Home Stretch</td>
<td>Countywide</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**PROPOSAL**

The following set of standards and procedures are necessary to ensure that households can be transferred between HRCs and Resource Zones in a fair, consistent, and client-centered manner:

**Standards**

- A household cannot be assigned to multiple zones or served by multiple HRCs at the same time.
- Zone/HRC transfers should occur if either the client or HRC requests a transfer for the following reasons:
  - Household’s composition or characteristics change (family, single, TAY) and an alternate Resource Zone would better serve the household
  - Household moves permanently from one region to another, or to where they are predominately staying or receiving services
A transfer is necessary to ensure safety of any member of the household
A transfer is necessary as part a reasonable accommodation request

Transfers should be considered on a case-by-case basis, and every reasonable effort should be made by staff to inform the household of the possibilities and implications of the transfer and support the transfer process.

Procedures

- The transfer process is initiated by the HRC at which the client is currently receiving services. If a client presents at another HRC and expresses the desire to access services there, the new HRC may initiate a transfer by contacting the current HRC.
- Current HRC Manager completes a transfer form and sends to Manager of new HRC.
- New HRC Manager reviews form and approves.
- Managers and/or staff directly serving the client from both HRCs create a transfer plan with client to ensure that the client is successfully transferred. Ultimate responsibility for the warm-hand off is that of the current HRC.
- If the transfer requires the household to be transferred out of their assigned Resource Zone, the new HRC staff/manager changes the Resource Zone assignment in HMIS by updating the client’s Coordinated Entry Assessment.
- For AC3 billing, the current HRC is allowed to bill for the overlap month and the subsequent month would be transferred to new HRC.
**Supportive Services for Veteran Families (SSVF)**

**Homelessness Prevention (HP) Screening Form** (v.3 March 2018)

**SCREENING DATE** (e.g. 10/01/2017)

|   |   |   |

**APPLICANT HEAD OF HOUSEHOLD** (IDENTIFY VETERAN MEMBER OF HOUSEHOLD)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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**OTHER HOUSEHOLD MEMBERS** (attach an additional page as needed)

<p>| | | |</p>
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</table>

**STAGE 1: ELIGIBILITY FOR VA SSVF HP**

**Eligibility Condition 1. Veteran Status**

<table>
<thead>
<tr>
<th>Did you serve in the active military, naval, or air service?</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you discharged or released under conditions other than</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dishonorable or discharged by reason of General court-martial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(PL 114-315; 38 USC § 2002(b))?</td>
<td></td>
<td></td>
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<tr>
<td>[Staff Note: Bad Conduct discharges are not the same as</td>
<td></td>
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</tr>
<tr>
<td>dishonorable, and as such, are eligible. Furthermore, for</td>
<td></td>
<td></td>
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<tr>
<td>Veterans with multiple discharges, the best discharge status</td>
<td></td>
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<tr>
<td>may be used for SSVF eligibility.]</td>
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</tbody>
</table>

**SSVF STAFF DISPOSITION:**

Is applicant an eligible Veteran (as defined above)?

|   |   |

**IF “NO”, STOP: APPLICANT NOT CURRENTLY ELIGIBLE.**

**Documentation obtained?**

|   |   |

**IF “NO” AND DOCUMENTATION PENDING, CONTINUE.** Please refer to the SSVF Program Manual for further guidance.

**Eligibility Condition 2. Very Low-Income Status**

<table>
<thead>
<tr>
<th>Household size (all adults/children):</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Total Annual Gross Income from All Sources:</td>
<td>$</td>
</tr>
<tr>
<td>50% of Area Median Income for Household Size:</td>
<td>$</td>
</tr>
</tbody>
</table>

**SSVF STAFF DISPOSITION:**

Is gross annual household income less than 50% Area Median Income for household size (grantee may set lower income threshold)?

|   |   |

**IF “NO”, STOP: APPLICANT NOT CURRENTLY ELIGIBLE.**

**Documentation obtained?**

|   |   |
Eligibility Condition 3. Imminently At-Risk of Literal Homelessness

### 3A: Imminent Housing Loss

Next, we need to know some details about your current housing situation so we can understand how best to assist you.

**Staff Note:** Applicants who are losing their housing because they are fleeing or attempting to flee domestic violence are eligible for SSVF Rapid Re-Housing assistance and should instead be screened for RRH assistance.

Can you tell me about the place you stayed last night? Is this the primary place you stay or is there somewhere else you normally stay? If there’s somewhere else you normally stay, can you tell me about that place?

Identify the primary place where applicant is staying (check only one):

- Hotel or motel paid for without emergency shelter voucher
- Staying or living in a family member’s room, apartment or house
- Staying or living in a friend’s room, apartment or house
- Rental by client, no ongoing housing subsidy
- Rental by client, with HUD VASH subsidy
- Rental by client, with other ongoing housing subsidy
- Permanent housing for formerly homeless persons (e.g., CoC Program funded unit)
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Hospital or other residential non-psychiatric medical facility*
- Long-term care facility or nursing home*
- Jail or prison*
- Residential project or halfway house with no homeless criteria*
- Psychiatric hospital or other psychiatric facility*
- Substance abuse treatment facility or detox center*
- Other (describe):  

*If staying in institution, determine if stay there is 90 days or less and if previously stayed in emergency shelter, Safe Haven, or on the street. Such individuals are considered literally homeless and should instead be screened for SSVF RRH assistance.

**Staff Note:** Applicants staying in emergency shelter, including hotel/motel paid for with emergency shelter voucher, a Safe Haven, transitional housing (including GPD), or in a place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) are considered literally homeless and should be screened for SSVF RRH assistance.

Do you have to leave this place (or the place you normally stay)?  

- YES  
- NO  
- N/A

**Staff Note:** Briefly describe reasons why applicant has to leave current place they are staying and obtain copy of any written documentation.

If yes, what’s causing you to have to leave? How long can you continue to stay there?

Identify why the applicant must leave the primary place they are staying (check only one):

- Court-ordered eviction notice to vacate rental unit
- Formal written notice from landlord to vacate rental unit (e.g., 30 day Notice to Quit)
- Written or verbal notice from family, friend or host to leave doubled-up housing
- Exiting an institution or system of care (e.g., hospital, jail, treatment facility, etc.)
| **Insufficient resources to continue to pay for hotel or motel** | □ | □ | □ |
|**Other (describe):** | | | |

[**Staff Note:** Applicants who have only received a verbal notice from landlord and applicants who are only behind on utilities and have not received a formal written eviction notice are not eligible for SSVF HP assistance.]

**By what date must the applicant leave the primary place they are staying:** / /  
[**Staff Note:** Must be within 30 days of date of application to be eligible for SSVF HP assistance.]

| **Have you tried asking for an extension on your rent payment or otherwise negotiating a way to stay in your current housing?** | □ YES | □ NO | □ N/A |
| **If yes, what was the result of the conversation? If no, is this an option for you?** | | | |

| **May I contact your current [landlord, host family/friend, other] to see if we can negotiate a solution so you can continue to stay there OR stay there while you find another place to live?** | □ YES | □ NO | □ N/A |

**SSVF STAFF DISPOSITION:**

| **Is applicant imminently losing their current primary nighttime residence?** | □ YES | □ NO | □ N/A |
| **IF “NO”, STOP: APPLICANT NOT CURRENTLY ELIGIBLE.** | | | |

**Documentation obtained?** □ YES □ NO

| **3B: Other Housing Options & Resources** | **We would like to know if you have any other safe and appropriate place to stay – either permanently OR while you look for other housing. We would also like to know if you have family, friends or others you know that may be able to help you financially.** |
| **[Staff Note:** Discuss and record below a summary related to each of the following potential housing options and sources of assistance: 1) family members or relatives; 2) close or trusted friends; and 3) faith-based group or network applicant associates with. Where appropriate, ask if a potential housing option can be contacted by you to help secure housing. Attach additional notes as necessary.]** | | |

**Do you have a safe, appropriate place where you could live if you lose your current home? Let’s talk about different types of options and whether any of these might be available to you as a safe, appropriate place to live, either permanently or while you seek other housing on your own. Let’s start with family members and relatives...**

| **If you’re unsure if relatives, friends or others could help OR if there are any people or groups you have NOT contacted for help but you think might be willing to assist you...** | | |
| **Would you be willing to contact them OR may I contact them to find out if they can provide you with a place to stay, financial help, or other assistance to keep you from becoming homeless? This might include family, trusted friends or other groups (faith-based, social, etc.) that might be able to help.** | □ YES □ NO □ NOT SURE |
If YES, who should be contacted?

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to you</th>
<th>Phone number or email</th>
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SSVF STAFF DISPOSITION: Briefly summarize efforts and discussion related to other possible housing options and resources and whether applicant lacks other safe/appropriate housing options (either permanent or one they can access while seeking other housing) and resources sufficient to avoid literal homelessness.

Does applicant have other safe/appropriate housing options and/or resources sufficient to avoid literal homelessness?  □ YES  □ NO

IF “YES”, STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

3C: Financial Resources

We would like to find out if you have any funds or if there is other assistance immediately available to you and that you could access to help you keep your current housing or immediately find other housing.

- Approximately how much money would you need to pay immediately in order to keep your housing OR obtain other housing? $

Do you have any funds or other assistance immediately available to you and that you could access to help you keep your current housing or immediately find other housing?

- Approximately how much money do you currently have available in savings, assets or other accounts? $

- Do you have enough money to pay for your current housing costs, including any rent or utility arrears? □ YES □ NO □ NOT SURE

- Are there other community resources you’ve applied for, such as other eviction prevention programs, emergency financial assistance programs, utility assistance programs, or other local emergency assistance programs? □ YES □ NO □ NOT SURE

If you have no other financial resources and are unsure if there are other community resources that could help, we may be able to refer you to other resources that would be more appropriate than SSVF.

Can we help provide information about other resources? □ YES □ NO

If YES, identify each resource:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Potential Assistance Available</th>
<th>Disposition (e.g., information &amp; referral provided; contacted and not available; etc.)</th>
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</table>
**SSVF STAFF DISPOSITION:** Briefly summarize efforts and discussion related to financial resources and whether other (non-SSVF) financial resources are available to avoid literal homelessness. If they will lose housing *regardless* of their own financial resources or other financial assistance, explain.

---

**Does applicant have enough financial resources to avoid literal homelessness?**

- [ ] YES
- [ ] NO
- [ ] N/A *(Housing loss occurring regardless of financial resources)*

**IF “YES”, STOP: APPLICANT NOT CURRENTLY ELIGIBLE.**

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**Eligibility Condition 4 (Optional). Other Program Eligibility Conditions**

*Additional Grantee Eligibility Requirements*

(as identified in SSVF grantee’s VA approved *Grantee Screening Criteria and Targeting Threshold Plan*)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SSVF STAFF DISPOSITION:**

Does applicant meet other grantee eligibility conditions approved by the VA?  

- [ ] YES
- [ ] NO

**IF “NO”, STOP: APPLICANT NOT CURRENTLY ELIGIBLE.**

---

**Stage 1: Eligibility Disposition**

<table>
<thead>
<tr>
<th>ELIGIBLE: Meets all eligibility requirements above</th>
<th>[ ] CONTINUE TO STAGE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ELIGIBLE: Does not meet one or more eligibility requirements</td>
<td>[ ] STOP <em>(reference HP Screening Form Instructions for next steps)</em></td>
</tr>
</tbody>
</table>
## STAGE 2: TARGETING

### TARGETING CRITERIA

Use the following criteria to identify if the eligible applicant household is also a priority for SSVF homelessness prevention assistance. Check each condition that is true for the Veteran applicant.

<table>
<thead>
<tr>
<th>Check if Applicable</th>
<th>Point Value</th>
<th>TOTAL POINTS (enter value for each box that is checked)</th>
</tr>
</thead>
</table>

### URGENCY OF HOUSING SITUATION

(\textit{May indicate more urgent need for homelessness prevention assistance})

- Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation. 
  - [ ] 5

- Current housing loss expected within... (select only one)
  - 0-6 days [ ] 5
  - 7-13 days [ ] 4
  - 14-21 days [ ] 3

### POTENTIAL BARRIERS AND VULNERABILITIES

(\textit{May impact ability to quickly secure housing and resolve literal homelessness independently if household is not assisted and becomes literally homeless})

- \textit{Current} household income is $0 (i.e., not employed, not receiving cash benefits, no other \textit{current} income)
  - [ ] 5

- \textit{Annual} Household Gross Income Amount (select only one)
  - 0-14\% of Area Median Income (AMI) for household size [ ] 4
  - 15-30\% of AMI for household size [ ] 3

- Sudden and significant decrease in cash income (employment and/or cash benefits) \textit{AND/OR} unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months [ ] 3

- Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months [ ] 3

- Rental evictions within the past 7 years (select only one)
  [Staff Note: Only include formal eviction actions (i.e., Notice to Quit) taken by a landlord due to lease non-compliance and that ultimately resulted in loss of rental housing.]
  - 4 or more prior rental evictions [ ] 5
  - 2-3 prior rental evictions [ ] 4
  - 1 prior rental eviction [ ] 3
  - Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit [ ] 3
<table>
<thead>
<tr>
<th>History of Literal Homelessness (street/shelter/transitional housing) (select only one)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 or more times or total of at least 12 months in past three years</td>
<td>☐</td>
<td>5</td>
</tr>
<tr>
<td>2-3 times in past three years</td>
<td>☐</td>
<td>4</td>
</tr>
<tr>
<td>1 time in past three years</td>
<td>☐</td>
<td>3</td>
</tr>
<tr>
<td>Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing</td>
<td>☐</td>
<td>3</td>
</tr>
<tr>
<td>Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property</td>
<td>☐</td>
<td>4</td>
</tr>
<tr>
<td>Registered sex offender</td>
<td>☐</td>
<td>5</td>
</tr>
<tr>
<td>At least one dependent child under age 6</td>
<td>☐</td>
<td>3</td>
</tr>
<tr>
<td>Single parent with minor child(ren)</td>
<td>☐</td>
<td>3</td>
</tr>
<tr>
<td>Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)</td>
<td>☐</td>
<td>3</td>
</tr>
</tbody>
</table>

**POLICY PRIORITIES**

| Any Veteran in household served in Iraq or Afghanistan | ☐ | 3 |
| Female Veteran | ☐ | 3 |

**TOTAL POINTS**

**Stage 2: Targeting Disposition**

<table>
<thead>
<tr>
<th>Meets Targeting Threshold</th>
<th>[ ] Continue with SSVF HP enrollment OR other referral if no capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Approved Targeting Threshold Score: [ ]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does Not Meet Targeting Threshold</th>
<th>[ ] Reference HP Screening Form Instructions regarding “Service Directed Housing Interventions”</th>
</tr>
</thead>
</table>
Applicant Certification
By signing below I certify that the information provided above is correct, so far as I know and understand, and that I do not have other housing options or sufficient resources or support networks (e.g., family, friends, faith-based or other social networks) immediately available to prevent my household from becoming literally homeless.

Veteran Name: ____________________________
Veteran Signature: _________________________
Date: __________________________

SSVF Staff Certification
By signing below I certify that I have worked with the Veteran household to identify housing resources and solutions and believe, based on the information presented, that the Veteran household is eligible for SSVF services and will become literally homeless unless SSVF assistance is provided. Further, I certify that all supporting documentation required for SSVF enrollment has been obtained and verified and is contained in the participant’s case file.

SSVF Staff Name: ____________________________
SSVF Staff Signature: _________________________
Date: __________________________

SSVF Staff Certification

SSVF Staff Signature: ____________________________
Date: __________________________
ESG Application for Assistance and Eligibility Determination Form
(click here to return to relevant section of the manual)

Complete this form and have the head of household sign it. This form will determine eligibility and act as an application by the household for assistance.

Assessment Date: __ __ / __ __ / __ __ __ __

Staff: ___________________________________ Agency: ____________________________

A. General Information

1. Head of Household:

   First: ________________  Middle: ____________  Last: ________________  Suffix: __________

   Complete ROI for Head of Household or check here _________ if current ROI on file

2. Other Members of Household

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Relationship to Head of Household</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Total number of persons in household: _________

If applicant is determined to be eligible for assistance, you must complete an HMIS Standard Intake Form (SIF) for every household member.

3. Why are you seeking assistance? Please choose an option, then describe below.

   □ I am living on the streets, or a place not meant for human habitation
   □ I am in a shelter or TH housing program and have been referred for rapid re-housing
   □ I am applying for shelter because I must leave where I am currently staying
   □ I want to keep the housing I have and am at imminent risk of losing it

Explaination: ___________________________________________________________________________

I understand that I am applying for assistance from the federally-funded Emergency Solutions Grant Program. I understand that I am required to certify that all information in this application is true and to provide all required documents to determine eligibility and to enter into a housing stability plan if I am eligible for assistance. I also understand that financial assistance is not guaranteed, is time-limited, and may be terminated or adjusted at any time. I declare that all information I have provided in this application is true to the best of my knowledge.

Head of Household Signature: _________________________  Date: _________________________
B. Rapid Rehousing Assessment (Cross through and skip this section if applicant household is applying for prevention assistance)

Homeless Status Documentation: To receive rapid rehousing assistance, clients must be homeless by the HUD Homeless Definition and eligible for assistance under certain categories. Use this portion of the form if the applicant client household is Literally Homeless (Category 1), or is fleeing/attempting to flee domestic violence (Category 4) and also meets the category of Literally Homeless. Otherwise, complete Section B. of this form for Homeless Prevention.

1. Is household among the eligible target population for this program?
   - Living/staying in a shelter.
   - Living on the streets, a car, an encampment or a place not meant for human habitation.
   - Living/staying in transitional housing.
   - Exiting an institution where s(he) resided for 90 days or less and previously resided in a shelter or the streets of place not mean for human habitation.
   - Fleeing or attempting to flee domestic violence and also meets one of the above conditions.

<table>
<thead>
<tr>
<th>Documentation</th>
<th>(in order of preference for documentation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literally Homeless – on the streets or in a shelter</td>
<td>□ Written observation by an outreach worker (attached), or</td>
</tr>
<tr>
<td></td>
<td>□ Written referral by another housing or service provider (attached)</td>
</tr>
<tr>
<td></td>
<td>HMIS intake for shelter/TH, or</td>
</tr>
<tr>
<td></td>
<td>□ Self-certification that s(he) was living on the streets or in a shelter (attached)</td>
</tr>
<tr>
<td>Exiting an institution and entered from literal homelessness</td>
<td>One of the forms of evidence above and</td>
</tr>
<tr>
<td></td>
<td>□ Discharge paperwork or written/ or documented oral referral (attached), or</td>
</tr>
<tr>
<td></td>
<td>□ Written report of intake workers due diligence to obtain above evidence and certification by the individual that they exited institution (attached)</td>
</tr>
</tbody>
</table>

Be sure to attach the supporting documentation to the application in file.

2. This household is a candidate for ESG rapid rehousing because:
   - They are homeless but have adequate income to afford a place if assisted to obtain one with short-term assistance (deposit and up to one to three month’s rent subsidy).
   - They are homeless and don’t currently have adequate income for housing but have potential to increase income to be self sustainable within approximately 6 months and are willing to commit to a housing stability plan.
   - They are currently homeless but with assistance can move into a stable situation with friends or family or another situation that doesn’t require an increase in income.
   - They are currently homeless and are expected to receive a housing subsidy within six months from another source but need financial assistance to gain housing and/or support services

   Subsidy anticipated:
   - OPRI □ VASH □ Shelter Plus Care □ Other: __________________________

   Note: ESG funds may not be used to cover any cost covered by another subsidy source. For rapid rehousing candidates with a subsidy, ESG may only be used to pay security deposit and utility deposits if needed to secure housing.

   - Current Subsidy ____________ pays for: ____________________________

   - No other subsidy currently

   Proceed to Part D: Income Verification Section
C. Homelessness Prevention (Cross through and skip this section if applicant household is applying for Rapid Rehousing)

To receive Prevention assistance, clients may either be homeless under certain categories of the HUD Homeless Definition or At risk of Homelessness under any category of that definition. Use this portion of the form if the applicant client household is at Imminent Risk of Homelessness (Category 2), fleeing/attempting to flee domestic violence but does not meet the category of Literally Homeless (Category 4) or is At Risk of Homelessness. Households who do not qualify for rapid rehousing or prevention assistance under these definitions are not eligible for ESG assistance under this program.

1. This household is a candidate for prevention assistance because:
   - ☐ They are currently seeking shelter, and have been staying with family or friends who will no longer let them remain there. (Must be required to leave within 14 days.)
   - ☐ They are staying in a hotel or motel using their own resources, have no other residence and lack the resource and support networks to obtain other permanent housing.
   - ☐ They are fleeing or attempting to flee domestic violence, have no other residence and lack the resource and support networks to obtain other permanent housing.
   - ☐ They have a place to live with their name on the lease from which they are being evicted (must be required to leave within 14 days.)
   - ☐ The are about to be discharged from foster care, or have recently been discharged from foster care, and the residence where they are currently living will be lost within 14 days.

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Imminent Risk of Homelessness</th>
<th>Leaving an institution, including foster care</th>
<th>Fleeing domestic violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ A court order resulting from an eviction action notifying the individual or family that they must leave (attached), or</td>
<td>☐ Discharge paperwork or written/oral referral (attached), or</td>
<td>☐ An oral statement, by the individual or head of household self-certified or certified by the intake worker, which states they are fleeing and have no subsequent resident or resources.</td>
</tr>
<tr>
<td></td>
<td>☐ Leaving a hotel or motel – evidence that household has been staying in hotel/motel (attached), and this application documents lack of resources</td>
<td>☐ Written report of intake workers due diligence to obtain above evidence and certification by the individual that they exited an institution or foster care (attached)</td>
<td>For non-victim services providers: ☐ An oral statement, by the individual or head of household self which states they are fleeing and have no subsequent resident or resources. Where the safety of the individual or family is not jeopardized, the oral statement must be verified.</td>
</tr>
<tr>
<td></td>
<td>☐ A documented and verified oral statement that residence will be lost within 14 days of the date of this application (attached), and this application documents lack of resources.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Housing Assessment (Prevention Only)

If household intends to keep current housing, what is the monthly rent? __________

**STOP**

*If the household intends to remain in their current unit, does the rent amount exceed the FMR payment standard (based on the chart below)?*

☐ No: Proceed to next page.
☐ Yes: Client is not eligible to be subsidized in their current unit. Ask the client if they are interested in relocating to less expensive housing and if so, proceed with assessment. Otherwise, stop here; client is not eligible. Proceed to end of form.

<table>
<thead>
<tr>
<th>Final FY 2013 FMRs By Unit Bedrooms</th>
<th>Oakland-Fremont, CA HUD Metro FMR Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>Studio/Efficiency</td>
</tr>
<tr>
<td>$669</td>
<td>$892</td>
</tr>
</tbody>
</table>

Is your name on a rental agreement?

☐ No  ☐ Yes

If your name is not on a rental agreement, are you living with someone who has a rental agreement and who has notified you in writing that you must leave?

☐ No  ☐ Yes

If you owe back rent, how much do you owe? __________

How many month’s rent is that?

☐ One  ☐ Two  ☐ Three  ☐ Four  ☐ Five  ☐ Six or more  ☐ Don’t Know

Is your landlord willing to accept rent from you?

☐ No  ☐ Yes  ☐ Don’t Know  ☐ Does Not Apply

If you are at risk of eviction, where are you in the eviction process?

☐ Have not been served formal notice  ☐ Served a 3-day notice to pay rent or quit  ☐ Served an Unlawful Detainer summons  ☐ Eviction judgment has been issued

☐ Does not apply

Do you currently receive any type of housing or utility subsidy or assistance from any other source?

☐ No  ☐ Yes

Subsidy pays for: ____________________________________________________________

**Note:** ESG funds cannot be used to cover any cost covered by another subsidy source. For prevention candidates with a housing subsidy, ESG may only be used to pay the tenant portion of overdue back rent.

*Be sure to attach housing status verification form and supporting documentation in file.* Proceed to Part D: Income Verification Section

D. Income Verification

What is the combined income of this applicant household? __________

Household size: __________
Alameda County, California  
FY2013 Income Limits

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1 Person</th>
<th>2 Person</th>
<th>3 Person</th>
<th>4 Person</th>
<th>5 Person</th>
<th>6 Person</th>
<th>7 Person</th>
<th>8 Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Low Income (30% of AMI)</td>
<td>$18,750</td>
<td>$21,400</td>
<td>$24,100</td>
<td>$26,750</td>
<td>$28,900</td>
<td>$31,050</td>
<td>$33,200</td>
<td>$35,350</td>
</tr>
</tbody>
</table>


☐ At or below 30% AMI for household size

☐ Above 30% AMI for household size and seeking rapid rehousing assistance. Authorization of recipient may be required to proceed.

Required Authorization: ____________________________ (if applicable)

☐ Above 30% AMI for household size and seeking prevention assistance—INELIGIBLE: Proceed to end of form.

*You may use the ESG Income Eligibility Calculation Form or another similar form to determine income. Be sure to include income verification form and supporting documentation for determination in file.*

E. Resources, Networks and Asset Determination

In addition to meeting the housing status and income requirements, applicants must demonstrate that they do not have sufficient support or resources to retain or gain housing on their own.

ii. Asset Assessment

To determine whether the applicant household has resources that could be used to prevent or end their homelessness, and to determine the amount of financial assistance to be provided, the program must review their assets. This portion of the form applies to all adults in the household listed on page 1.

☐ No Bank accounts

**Bank Accounts (attach appropriate third party documentation for all accounts listed below)**

1. Name of Financial Institution: _______________________ Type of account:_____________
Name(s) on Account: _______________________________________________________________
Acct #:______________ Acct. Balance:_______________________ as of ____/_____/_____

2. Name of Financial Institution: _______________________ Type of account:_____________
Name(s) on Account: _______________________________________________________________
Acct #:______________ Acct. Balance:_______________________ as of ____/_____/_____

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21

ESG Manual and Forms - Ver 1.1 2/6/13
Investment Accounts (obtain appropriate third party documentation for all accounts listed below)

1. Name of Financial Institution: ____________________________ Type of account: ____________
   Name(s) on Account: ________________________________________________________________
   Acct #: ____________ Acct. Balance: __________________ as of ____/____/____

Other Assets
# of Vehicles: _____  □ No Vehicles

Make: ______________________ Model: ________________ Year:________
Make: ______________________ Model: ________________ Year:________

For cars that are 2007 or newer, note blue book value: ____________________________

Property (describe and note value): ________________________________________________

Other (describe): __________________________________________________________________

Be sure to attached copies of bank statements or other asset verification

If assets exceed $2,000 per individual or $3,000 per couple, if any vehicle is worth more than $10,000, or if household has more working cars than adult drivers, the household is ineligible.

□ No  □ Yes: ineligible. Proceed to end of form

ii. Personal Resource and Networks

Other subsequent housing options

What steps have you taken to identify other appropriate housing options that you can afford without any assistance from this program?

Summary of assessment: ________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Does the household have any other appropriate housing options?  □ Yes  □ No

2) Financial Resources

Do you have any other resources that you could use to help your household gain housing or remain in your housing? (See asset assessment; discuss use of participants personal resources to resolve situation.)

Summary of assessment: ________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Does the household have other financial resources sufficient to obtain other appropriate subsequent housing or remain in their existing housing? □ Yes □ No

3) Support Networks

Do you have any other support networks that could help you gain housing or remain in your housing? (This would include family or friends who can lend or give money, a faith-based organization that can assist you, someone with whom you can live, etc.)?

Summary of assessment: ________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Does the household have support networks needed to obtain other appropriate subsequent housing or remain in their existing housing? □ Yes □ No

F. Approach to housing stability

How did your current situation of homelessness or housing instability come about?

Describe: ____________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Are you currently doing anything to increase your household income or decrease your costs?

□ No □ Yes □ Does Not Apply

Describe: ____________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

If you are to be assisted, are you willing to participate in services to increase your income or decrease your costs?

□ No □ Yes □ Does Not Apply

**STOP** If household is not currently working toward increasing income or decreasing costs and is unwilling to do so, the household may be determined as ineligible. (Note that households with a fixed income may not need to increase income to remain stable.)

Please add any other information pertinent to eligibility determination:
FOR STAFF USE ONLY:

Last Name: ____________________ First Name: ________________  HMIS ID: _______

Eligibility Determination

A. Household is not eligible to receive ESG assistance due to:
   □ Not among target population for local program
   □ Ineligible Housing Status
   □ Over Income
   □ Households Assets exceed asset limit
   □ Household is already receiving a subsidy for the same cost for which the household is seeking assistance
   □ Adults in household unwilling to engage in activities or participate in services designed to support housing stability plan
   □ Household as already received 24 months of ESG assistance in last 36 months

If client is not eligible, inform client of determination and refer client to other programs that may be able to assist the household. Programs referred to:

1. Program: ______________________ How was referral made?:______________________
2. Program: ______________________ How was referral made?:______________________
3. Program: ______________________ How was referral made?:______________________
4. Program: ______________________ How was referral made?:______________________

B. Household is eligible to receive ESG assistance.

   □ Eligibility for rapid rehousing verified; household will be enrolled and housing search assistance will begin.
   □ Eligibility for prevention assistance verified; new housing has been identified or current housing is to be retained and program will proceed to check on unit eligibility and to offer financial assistance and housing stability support.

Staff signature:_______________________________  Date: __________________

Proceed to enroll the Household:
   • Complete ROI and HMIS Intake,
   • Sign the participation agreement,
   • Complete the Household Budget and develop Housing Stability Plan,
   • If housing unit is identified, complete unit documentation, Financial Assistance Calculation Form and other required documentation.