

## **Before Starting the Exhibit 1 Continuum of Care (CoC) Application**

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps) &nbsp;- Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. &nbsp;- The HUD HRE Virtual Help Desk is available for submitting technical and policy questions. &nbsp;

### Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

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

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at [www.hudhre.info](http://www.hudhre.info).

**CoC Name and Number (From CoC Registration):** VA-514 - Fredericksburg/Spotsylvania, Stafford Counties CoC

**CoC Lead Agency Name:** City of Fredericksburg, VA

## 1B. Continuum of Care (CoC) Primary Decision-Making Group

### Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** CoC Executive Committee

**Indicate the frequency of group meetings:** Monthly or more

**If less than bi-monthly, please explain (limit 500 characters):**

**Indicate the legal status of the group:** Not a legally recognized organization

**Specify "other" legal status:**

n/a

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 67%

**\* Indicate the selection process of group members: (select all that apply)**

<b>Elected:</b>	<input checked="" type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

n/a

**Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):**

A nominating committee recommended a slate of 7 candidates (3 officers and 4 at-large members). The full CoC voted to accept the nominations at the July 2010 meeting. Each member is serving a two-year term. There is currently one vacancy on the board at this time. The position is expected to be filled in December 2011 by a CoC vote.

**\* Indicate the selection process of group leaders: (select all that apply):**

<b>Elected:</b>	<input checked="" type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

n/a

**If administrative funds were made available to the CoC, will the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring? Explain (limit to 750 characters):**

Yes, the CoC would have the capacity if administration funds were made available. The primary decision-making body currently applies for HUD funding on behalf of the CoC. This would continue and could expand to include more in-depth project oversight and monitoring with HUD administrative funds.

## 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

**Instructions:**

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

### Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
CoC Executive Committee	This group is the primary decision making entity for the CoC. It is tasked with organizing and leading regular monthly CoC meetings, setting policies, appointing committees, guiding the 10-year Strategic Plan, and overall coordination of the CoC.	Monthly or more
Grant Writing Committee	The main role of the Grant Writing Committee (GWC) is to prepare the annual CoC Exhibit 1 application. This activity includes project ranking and recommendation to the general CoC. The group will also work with agencies to apply for other funding to benefit the homeless population and those at-risk of homelessness. In 2009, the GWC brought together several CoC agencies and was successful in receiving \$727,282 in HPRP funding for a local 2 year program. It has continued to encourage partnerships through the 2010 and 2011 CoC grant submission process. The GWC also reviews grantee APRs and provides training to agencies on what information they should be prepared to collect and provide throughout the year in anticipation of grant applications.	quarterly (once each quarter)
Discharge Planning Committee	The Discharge Planning Committee was formed as a subcommittee following the CoC's 10-year strategic planning effort in 2009. The resulting Committee of stakeholders is focused on ensuring that discharge policies exist to avoid clients being released from area medical hospitals, mental health facilities, correctional facilities, or foster care/social service programs directly into homelessness. The Committee has recently finalized discharge agreements with the local corrections facility and has begun talks with the three local hospitals to further define current discharge policies.	Bi-monthly
Point in Time Committee	The Point In Time Committee is responsible for preparation, execution, and evaluation/follow up on the annual point-in-time count. For the upcoming 2012 count, the PIT Committee is also considering how expand on the (first ever) 2011 services fair to provide additional services during the annual count to benefit the homeless population and encourage participation. The 2011 surveys and the gaps identified will guide the services that will be pursued for the 2012 effort.	Bi-monthly

Housing Connections Committee	The Housing Connections Committee was formed as a CoC subcommittee following the CoC's 10-year strategic planning effort in 2009. The resulting Committee is focused on addressing the identified gaps in housing services for the homeless population. The group has recently been working with managers of rental properties to negotiate lower rents and provide permanent housing for clients receiving disability and/or social security income. The group has also begun exploring partnerships with permanent supportive housing developers in hopes to create new SRO beds in Planning District 16.	Bi-monthly
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**If any group meets less than quarterly, please explain (limit 750 characters):**

n/a

## 1D. Continuum of Care (CoC) Member Organizations

**Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.**

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
City of Fredericksburg	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Thurman Brisben Center	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth, Serio...
Central Virginia Housing Coalition	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Rappahannock Area Community Services Board	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Micah Ecumenical Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Fredericksburg HIV/AIDS Support Services	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	HIV/AIDS
Quin Rivers Agency	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Greater Fredericksburg Habitat for Humanity	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
disAbility Resource Center	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Rappahannock Legal Services	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Rappahannock Refuge/The Hope House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth, Domes..
George Washington Regional Commission	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Fredericksburg Dept of Social Services	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	Youth
Project FAITH, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	HIV/AIDS

The Salvation Army	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Veteran s, Su...
Rappahannock Goodwill Industries, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriousl y Me...
Rappahannock Area United Way	Private Sector	Fun der ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Rappahannock Council for Domestic Violence	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth, Domes..
University of Mary Washington	Public Sector	Sch ool ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Stafford County, VA Schools	Public Sector	Sch ool ...	Primary Decision Making Group, Attend 10-year planning me...	Youth
Concerned Citizens	Private Sector	Fun der ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Stafford Dept of Social Services	Public Sector	Stat e g...	Attend 10-year planning meetings during past 12 months, C...	Youth
Spotsylvania Dept of Social Services	Public Sector	Stat e g...	Attend 10-year planning meetings during past 12 months, C...	Youth
Lloyd F. Moss Free Clinic	Private Sector	Hos pita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Carol Jackson	Individual	Hom eles s	Attend 10-year planning meetings during past 12 months	NONE
Mary Washington Hospice	Private Sector	Hos pita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Virginia Employment Commission	Public Sector	Stat e g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veteran s
Fredericksburg Area Food Bank	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Rappahannock Area Agency on Aging	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Rappahannock Area Community Services Board - Co...	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months, C...	Seriousl y Me...
Bragg Hill Family Life Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Youth

## 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.

- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** City of Fredericksburg

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

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**Name of organization or individual:** Thurman Brisben Center

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth, Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Transportation, Alcohol/Drug Abuse, Rental Assistance, Street Outreach, Child Care, Life Skills, Healthcare, Mental health, Mobile Clinic, Employment  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Central Virginia Housing Coalition

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Life Skills, Utilities Assistance, Mortgage Assistance, Rental Assistance  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rappahannock Area Community Services Board

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Mental health, Transportation, Alcohol/Drug Abuse  
(select all that apply)

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  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented - No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Micah Ecumenical Ministries

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend 10-year  
(select all that apply) planning meetings during past 12 months, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Prescription Assistance, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry, Employment  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Fredericksburg HIV/AIDS Support Services

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** HIV/AIDS  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Education, Case Management, Utilities Assistance, Mortgage Assistance, Healthcare, Rental Assistance, HIV/AIDS  
**(select all that apply)**

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Quin Rivers Agency

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** NONE  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Life Skills, Utilities Assistance, Mortgage Assistance, Rental Assistance, Soup Kitchen/Food Pantry  
**(select all that apply)**

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  - Type of membership - Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented - No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Greater Fredericksburg Habitat for Humanity

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** NONE  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
**(select all that apply)**

## 1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** disAbility Resource Center

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** NONE  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
**(select all that apply)**

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- Services provided, if applicable

**Name of organization or individual:** Rappahannock Legal Services

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Life Skills, Legal Assistance  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rappahannock Refuge/The Hope House

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth, Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Life Skills, Child Care, Transportation, Employment  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

**Name of organization or individual:** George Washington Regional Commission

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Fredericksburg Dept of Social Services

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Child Care, Life Skills, Transportation, Rental Assistance  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Project FAITH, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, HIV/AIDS, Rental Assistance  
(select all that apply)

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- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** The Salvation Army

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Veterans, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Education, Case Management, Life Skills, Utilities Assistance, Mortgage Assistance, Healthcare, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment, Soup Kitchen/Food Pantry  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rappahannock Goodwill Industries, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills, Employment  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rappahannock Area United Way

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Funder advocacy group  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rappahannock Council for Domestic Violence

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth, Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Transportation, Rental Assistance, Soup Kitchen/Food Pantry  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** University of Mary Washington

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** School systems/Universities  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend 10-year  
(select all that apply) planning meetings during past 12 months, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Stafford County, VA Schools

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** School systems/Universities  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend 10-year  
(select all that apply) planning meetings during past 12 months, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Life Skills, Transportation, Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Concerned Citizens

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Funder advocacy group  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend 10-year  
(select all that apply) planning meetings during past 12 months, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Stafford Dept of Social Services

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Life Skills, Child Care, Transportation  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Spotsylvania Dept of Social Services

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Transportation  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Lloyd F. Moss Free Clinic

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Hospitals/med representatives  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Healthcare, Mobile Clinic  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Carol Jackson

**Type of Membership:** Individual  
(public, private, or individual)

**Type of Organization:** Homeless  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Mary Washington Hospice

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Hospitals/med representatives  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Healthcare  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Virginia Employment Commission

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

**Subpopulation(s) represented by the organization:** Veterans  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Employment  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Fredericksburg Area Food Bank

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Life Skills, Soup Kitchen/Food Pantry  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rappahannock Area Agency on Aging

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rappahannock Area Community Services Board  
- Corrections Liasons

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Bragg Hill Family Life Center

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Life Skills, Soup Kitchen/Food Pantry  
(select all that apply)

# 1E. Continuum of Care (CoC) Project Review and Selection Process

### Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

**Open Solicitation Methods: (select all that apply)** e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership

**Rating and Performance Assessment Measure(s): (select all that apply)** e. Review HUD APR for Performance Results, k. Assess Cost Effectiveness, n. Evaluate Project Presentation, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), o. Review CoC Membership Involvement, r. Review HMIS participation status, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience, p. Review Match, i. Evaluate Project Readiness

**Voting/Decision-Making Method(s): (select all that apply)** c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?** No

**If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):**

## 1F. Continuum of Care (CoC) Housing Inventory Count--Change in Beds Available

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

**Emergency Shelter:** Yes

**Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):**

In June 2010, Micah Ecumenical Ministries opened a new Respite Center with eight beds replacing the two previous beds at a different location. The expansion of the Respite Center addresses a growing need for ongoing medical care for homeless individuals suffering with mental illness and physical disabilities. The program furthers the CoC's discharge planning efforts to coordinate care for chronically homeless individuals after their release from area hospitals.

**HPRP Beds:** Not Applicable

**Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):**

n/a

**Safe Haven:** Not Applicable

**Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):**

n/a

**Transitional Housing:** No

**Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):**

In the 2010 HIC report, four units with twelve beds were identified as under development by Hope House. These units will open by the end of 2011 and remain listed as under development in the 2011 HIC report. Hope House is completing the final renovations of the residential structure at 900 Lafayette Boulevard to provide transitional housing and supportive services for four additional women and their children. This undertaking was partially funded by ARRA dollars (CDBG-R) which were awarded to the City of Fredericksburg in 2009. The new TH units will be known as Discovery House.

**Permanent Housing: Yes**

**Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):**

The region's homeless have benefited from a significant increase in the number of permanent supportive housing beds now available. Micah Ecumenical Ministries added 34 new PSH beds through its Journey Program. Two of these units were funded with HUD CoC funding awarded in 2009 and made available in January 2011. Micah also anticipates the creation of 25 new PSH beds over the next year. Twelve of these units will be funded through the CoC grants awarded in 2009 and 2010. Rappahannock Council on Domestic Violence used ARRA funding through the Department of Justice to create 62 scattered site units for families and individuals fleeing domestic violence. These units will likely not appear in the 2012 report due to the completion of the program.

**CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes**

## 1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

### Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

**Did the CoC submit the HIC data in HDX by May 31, 2011?** Yes

**If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).**

**Indicate the type of data sources or methods used to complete the housing inventory count: (select all that apply)** Housing inventory survey

**Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply)** Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need: (select all that apply):** Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

**Specify "other" data types:**

**If more than one method was selected, describe how these methods were used together (limit 750 characters):**

The UN chart was developed with considerable stakeholder expertise. The group evaluated the HIC and gaps to serve the unique homeless populations including: DV victims, women w/ children, unaccompanied youth, chronic and general homeless. The analysis revealed similar numbers to 2010. The continued need, above the number of new beds created in 2010, is due partly to regional economic hardship. Fredericksburg has one of the highest unemployment rates in Virginia, resulting in an expected rise of homelessness in the region. New TH units are needed to serve the population until clients are reemployed. More chronically homeless individuals and working-able youth are seeking shelter, which is reflected in the need for additional PSH units.

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

### Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

- Select the HMIS implementation coverage area:** Single CoC
- Select the CoC(s) covered by the HMIS: (select all that apply)** VA-514 - Fredericksburg/Spotsylvania, Stafford Counties CoC
- Is the HMIS Lead Agency the same as the CoC Lead Agency?** No
- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** Yes
- Has the CoC selected an HMIS software product?** Yes
- If "No" select reason:**
- If "Yes" list the name of the product:** Pathways Compass
- What is the name of the HMIS software company?** Pathways Community Network, Inc.
- Does the CoC plan to change HMIS software within the next 18 months?** No
- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 03/01/2008
- Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** Inadequate staffing, Poor data quality, Inability to integrate data from providers with legacy data systems, No or low participation by non-HUD funded providers, Inadequate resources, No CoC formal data quality plan
- If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**  
n/a

**If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

In June 2010, after an extensive review of several HMIS products, the CoC agreed to transfer all data to Pathways Compass HMIS. Through regular data quality review meetings, and training sessions, access to on-line webinar demonstrations, and personal presentations with potential user agencies, GWRC staff hope to improve HMIS data quality, improve existing user maintenance of quality data and demonstrate the use and functionality of the new system and the type of program management reports which can be produced by the system. GWRC will ask local governments to link local approval of human service agency funding requests with mandatory adoption of the HMIS to increase program coordination & reporting. An HMIS Policy Manual is underdevelopment to establish better data quality standards and further define expectations of user agencies.

## 2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

**Organization Name** George Washington Regional Commission

**Street Address 1** 406 Princess Anne Street

**Street Address 2**

**City** Fredericksburg

**State** Virginia

**Zip Code** 22401

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** State or Local Government

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?** No

## 2C. Homeless Management Information System (HMIS) Bed Coverage

### Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.**

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

**How often does the CoC review or assess its HMIS bed coverage?** At least Quarterly

**If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:**

n/a

## 2D. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	2%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	1%
* Disabling Condition	35%	2%
* Residence Prior to Program Entry	1%	0%
* Zip Code of Last Permanent Address	1%	1%
* Name	0%	0%

**How frequently does the CoC review the quality of program level data?** At least Monthly

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):**

The CoC seeks to ensure that all data entered into the system is correct. Data compliance reports are run on a monthly basis to verify entry of various data points in an effort to proactively correct missing or incomplete data. These reports can be generated by participating agencies as well as by the HMIS lead agency for review with the HMIS Committee to ensure accurate data collection. If necessary, periodic user training and technical assistance is offered to existing users to correct and update the information. A customizable input screen is available for each agency to collect additional, non-standard information that is important to the agency's mission.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):**

A Partnership Agreement between participating agencies and the HMIS Lead Agency is signed when each agency joins the HMIS. The Agreement outlines CoC expectations for the collection of timely and accurate client information and specifies the user organization's obligation to comply with HIPAA to protect the privacy of client health data. All participating agencies have been trained to account for clients served by their respective programs. Each also completed training on HIPAA compliance. Monthly compliance reports are generated and sent to participating agencies as a stop-gap measure to ensure exit dates have been recorded. A Policy Manual is underdevelopment to establish data quality standards and define expectations of user agencies.

**Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)** None

**Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)** 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans

## 2E. Homeless Management Information System (HMIS) Data Usage

### Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the frequency in which the CoC uses HMIS data for each of the following:**

<b>Integrating or warehousing data to generate unduplicated counts:</b>	At least Monthly
<b>Point-in-time count of sheltered persons:</b>	At least Annually
<b>Point-in-time count of unsheltered persons:</b>	At least Annually
<b>Measuring the performance of participating housing and service providers:</b>	At least Quarterly
<b>Using data for program management:</b>	At least Monthly
<b>Integration of HMIS data with data from mainstream resources:</b>	Never

## 2F. Homeless Management Information System (HMIS) Data and Technical Standards

**Instructions:**

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:**

* Unique user name and password	At least Monthly
* Secure location for equipment	At least Monthly
* Locking screen savers	At least Monthly
* Virus protection with auto update	At least Monthly
* Individual or network firewalls	At least Monthly
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS Policy and Procedures manual	At least Monthly
* Validation of off-site storage of HMIS data	At least Monthly

**How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards?** At least Quarterly

**How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?** At least Monthly

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 09/30/2011

**If 'No' indicate when development of manual will be completed (mm/dd/yyyy):**

## **2G. Homeless Management Information System (HMIS) Training**

**Instructions:**

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:**

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Monthly
* Using HMIS data for assessing program performance	At least Monthly
* Basic computer skills training	At least Monthly
* HMIS software training	At least Monthly

## 2H. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

### Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

**How frequently does the CoC conduct a point-in-time count?** annually (every year)

**\*Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/27/2011

**If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011?** No

**Did the CoC submit the point-in-time count data in HDX by May 31, 2011?** Yes

**If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).**

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)** 01/26/2012

**Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.**

**Emergency Shelter:** 100%  
**Transitional Housing:** 100%

**Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).**

Overall, the number of homeless persons counted in Planning District 16 decreased by 44 persons from 2010 to 2011. HUD TA informed the CoC that the 50 unsheltered, unaccompanied youth should not be counted as their whereabouts the night of the 2010 count could not be confirmed. Therefore the revised 2010 number of homeless persons is 235, in 196 households. The significant decrease in the overall homeless can be attributed to several successful efforts by CoC member agencies. Micah Ecumenical Ministries has moved forward with its Journey Program, successfully providing permanent supportive housing opportunities for previously chronic homeless individuals. Thurman Brisben Center has been able to re-house many families while preventing new cases of homelessness since 2010 through the Homelessness Prevention and Rapid Rehousing Program. Transitional housing programs of Hope House and the Rappahannock Area Council on Domestic Violence have high success rates in transitioning formerly homeless persons/families into permanent housing. Other CoC agencies, such as Quin Rivers, Central Virginia Housing Coalition, and the Salvation Army also serve the public in preventing new cases of homelessness. The percentage of homeless children remained steady at 18% of the total homeless population. This population is of great concern for the CoC because many of these youth will be living in the community as homeless adults once they turn 18 if measures to stabilize them now are not successful.

## 2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:  
(Select all that apply):**

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

**Describe the methods used by the CoC, as indicated by the above selected method(s), to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters):**

Each shelter provider interviewed/surveyed each resident the night of the count. The individual surveys were forwarded to the Point-In-Time Committee for inclusion in the overall count. The HMIS was available to capture any missed records but since the survey included 100% completion by all sheltered homeless persons and had specific questions designed for the PIT, it was more heavily relied on for overall reporting.

## 2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

### Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons and, with the exception of chronically homeless and veterans, optional for unsheltered persons. Sheltered chronically homeless persons are those living in emergency shelters only.

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):**

	<b>HMIS</b>	<input checked="" type="checkbox"/>
	<b>HMIS plus extrapolation:</b>	<input type="checkbox"/>
<b>Sample of PIT interviews plus extrapolation:</b>		<input type="checkbox"/>
	<b>Sample strategy:</b>	
	<b>Provider expertise:</b>	<input checked="" type="checkbox"/>
	<b>Interviews:</b>	<input checked="" type="checkbox"/>
<b>Non-HMIS client level information:</b>		<input checked="" type="checkbox"/>
	<b>None:</b>	<input type="checkbox"/>
	<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):**

Each shelter provider interviewed/surveyed each resident the night of the 2011 count. The individual surveys were forwarded to the Point-In-Time Committee for inclusion in the overall count. New questions were added to and/or old questions were revised within the PIT survey which more effectively provided data on the individual subpopulations, gaps in services, and prior residency/homelessness. The HMIS was available to capture any missed records but since the survey included 100% completion by all sheltered homeless persons and had specific questions designed for the PIT, it was more heavily relied on for overall reporting.

## 2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

**Instructions:**

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to verify the data quality of sheltered homeless persons: (select all that apply)**

<b>Instructions:</b>	X
<b>Training:</b>	X
<b>Remind/Follow-up</b>	X
<b>HMIS:</b>	X
<b>Non-HMIS de-duplication techniques:</b>	X
<b>None:</b>	
<b>Other:</b>	

**If Other, specify:**

n/a

**If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).**

Specific identifiers were given to each surveyed individual. This was typically done through the use of the person's initials and/or birth date but in some cases other differentiating characteristics were used such as location and time of the survey (with the assurance that their information would not be captured again). The use of HMIS to verify data collected from providers for the sheltered count was also available.

**Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):**

All shelter providers were given instructions and training by the CoC Point-In-Time (PIT) Subcommittee at the general CoC meeting on January 12, 2011. In addition to this formal training, emails were sent with detailed guidance to all CoC members throughout the month of January leading up to the PIT date. This training, the emails, and follow-up prior to the day of the count were intended to clarify the process of how to accurately and efficiently deliver the survey to obtain the client responses. Included in the training was also a section on how to properly capture each client's unique identifier (initials and birth date) to ensure non-duplication of PIT results. Additionally, guidance was provided on how to delicately capture subpopulation characteristics. The use of HMIS to verify data collected from providers for the sheltered count was also available following the PIT to make sure that all clients were counted.

## 2L. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

**Instructions:**

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons: (select all that apply)**

<b>Public places count:</b>	X
<b>Public places count with interviews:</b>	X
<b>Service-based count:</b>	X
<b>HMIS:</b>	X
<b>Other:</b>	

**If Other, specify:**

n/a

**Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).**

On January 27, 2011, members of the Fredericksburg Regional CoC conducted its local PIT count of the homeless population. During the PIT, service providers and volunteers visited soup kitchens and outdoor locations to gather information from people who are homeless in Fredericksburg area. Getting homeless persons to provide personal information can be challenging, but in 2011, the CoC was able to offer incentives for completing the surveys through the generosity of the community. These gifts included free FRED Bus tickets donated by FREDericksburg Regional Transit, toiletry kits donated by the Salvation Army, free gift cards for phone minutes, food, and a service fair was sponsored by Micah Ecumenical Ministries which offered intake and referral information from various CoC agencies and the U.S. Veterans Administration (VA).

## **2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage**

**Instructions:**

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:** A Combination of Locations

**If Other, specify:**

n/a

## 2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)**

Training:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input type="checkbox"/>
Survey Question:	<input type="checkbox"/>
Enumerator Observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

n/a

**Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):**

Specific identifiers were given to each surveyed individual. This was typically done through the use of the person's initials and/or birth date but in some cases other differentiating characteristics were used such as location and time of the survey (with the assurance that their information would not be captured again). The use of HMIS to verify data collected from the surveys was available on a limited basis for the unsheltered count. Some of the locations and/or providers of services for the unsheltered population are not currently using HMIS (i.e. volunteer dinner sites and canvassing groups).

**Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):**

No unsheltered families with children were identified in the 2011 PIT count. Serving this population is a high priority for the CoC, and to continue to limit the number of unsheltered families with children, the CoC maintains a close relationship with the McKinney-Vento liaisons within its membership. The presence of these representatives ensures that the needs of homeless families with school aged children are routinely recognized and enables outreach efforts directly through the public school systems. All efforts are made by the CoC and its members to provide emergency shelter to families. Over the past two years, the CoC has coordinated with DSS providers and school homeless liaisons to identify homeless families with children and provide services as readily as possible. With the 2009 HPRP award, eighty-eight families with children have been served to prevent new cases of homelessness or to rehouse those already homeless. Finally, the CoC continues to work with member agencies to focus funding and outreach to serve families with children. In 2010, Micah Ecumenical Ministries was awarded CoC funds to provide PSH for four homeless families with children (Journey Program Phase II). In 2011, the CoC supports the Thurman Brisben Center application to provide PSH for at least five homeless families with children.

**Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):**

All efforts are made to bring unsheltered individuals into the emergency cold weather shelter and off the streets and areas not meant for human habitation. In 2011, the cold weather shelter will expand its days of service to not only include nights with freezing temperatures or below, but also nights with a potential for precipitation. Outreach through area churches and civic organizations is done daily through the offer of free meals, places to wash up, and counsel. Transportation is provided to and from the shelter to easily accessible and known locations each night/morning to encourage the use of the shelter facility. The Micah (Homeless) Hospitality Center moved to a prominent downtown location and provides street outreach and word of mouth publicizing. It continues to reach new homeless clients attracting approximately 70 daily visitors.

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

#### **Objective 1: Create new permanent housing beds for chronically homeless persons.**

##### **Instructions:**

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

- How many permanent housing beds are currently in place for chronically homeless persons?** 31
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 50
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 100
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 140

**Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):**

The CoC and Micah Ecumenical Ministries received HUD CoC funding in 2009 and 2010 to create new permanent housing solutions for the chronically homeless. The CoC fully supports Micah's 2011 PH Bonus and renewal applications to provide a subsidized housing allowance for persons who meet HUD's definition of chronically homeless. Micah has a supportive component (funded w/ other funds) to encourage clients toward self sufficiency in budgeting, obtaining and holding employment, tapping into mainstream resources, household maintenance, etc. In addition to this effort, Micah is expanding its effort to engage local landlords and support chronically homeless individuals as they enter into permanent housing agreements. Micah continues to be instrumental in finding solutions for housing the area's hardest to house. The CoC identified a need for additional permanent housing in its 10-year strategic plan and will continue to engage agencies to create new permanent housing opportunities.

**Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):**

The CoC will continue efforts to further Micah's Journey Program and engage other agencies to consider this subpopulation. The CoC fully supports the 2011 Thurman Brisben Center application to provide at least 1 new PSH bed for a person who meets HUD's definition of chronically homeless. The other identified beds are targeted to serve other HUD subpopulations including homeless families with children and unaccompanied youth. In addition to these efforts, the CoC's Housing Connections Subcommittee continues to work with area property managers to reduce rents for homeless and at-risk clients. In the next 10 years, the CoC will seek funding opportunities for additional permanent housing solutions and work with member agencies to address the needs of chronically homeless persons, veterans, families with children, and a growing population of unaccompanied school age youth specifically to interrupt continuing cycles of homelessness and avoid future cases of chronically homeless persons.

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.**

**Instructions:**

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?** 100

**In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 80

**In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 80

**In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 80

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):**

Micah Ecumenical Ministries received its 2009 CoC Award in January 2011 and housed two residents prior to January 31, 2011. Both residents remain in the PSH program which provides the 100% current figure. Since February 1, 2011, twenty-nine out of thirty-six residents have remained in PSH for longer than six months, establishing a general rate of 80%. Of the seven residents who left the PSH program, one returned to his family, one died, two found other non-supported permanent housing, and three returned to homelessness. The 80% figure has been projected as a realistic success rate over the next 10 years. Micah will continue to provide ongoing supportive services including, but not limited to, home visits two or more times a week, client engagement in the Giving Back program, ongoing employment readiness or benefits assistance, and general support to ensure that a client is successful in their new permanent housing situation.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):**

Micah Ecumenical Ministries is currently filling a new position for a Housing Navigator which will oversee all permanent housing programs serving the homeless and chronically homeless through Micah. This person will work to coordinate permanent housing efforts throughout the region and across all CoC agencies. Further, this position will reach out to landlords who are willing to provide an inventory of rental units to expand the program.

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

**Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.**

**Instructions:**

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 83

**In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 75

**In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 75

**In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 75

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).**

The current rate of TH residents moving in to permanent housing well exceeds the 65% benchmark. While the goal is to increase the 83% success rates even higher, Hope House traditionally sees a rate closer to 75% due to its small data pool of mothers who enter/exit the program during a given year. In late 2011, Hope House (HH) will increase its housing capacity to allow for 4 additional families to transition from homelessness into PH. The new space will raise the number of beneficiaries from 12 mothers and 38 children to 16 mothers and 46 children. HH will continue to set benchmarks to encourage families to remain in the TH program for the full 2 year course to ensure that self-sufficiency can be maintained once leaving the facility. In addition, HH will continue to support its clients through employment counseling, day care services, and education to allow for a successful transition into PH.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):**

The CoC already is successful in transitioning clients into permanent housing in accordance with Objective 3. It will continue to support Hope House through HUD renewal grants and other opportunities.

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

**Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.**

**Instructions:**

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** 91

**In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** 75

**In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 75

**In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 75

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).**

Hope House, the Micah Ecumenical Ministries Journey Program, and future Thurman Brisben Center (TBC) FISH Program require residents to seek and gain employment, become enrolled in an educational program, and/or apply for mainstream benefits within 14-30 days of entering programs. The success rates for residents exiting Hope House as employed individuals far exceed the HUD objective of 20%. (Micah has not had any residents exit its PSH program as of the end of the reporting period.) CoC agencies continue to collaborate to maintain high employment rates through several partnerships. TBC provides a satellite site for job readiness training. Goodwill Industries provides job training and employment opportunities (and is conveniently located next to TBC). Micah provides computer resources, clean professional clothes and areas for clients to prepare for job interviews while enrolled in its Journey Program.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit to 1000 characters):**

The CoC Executive Committee will continue to support the existing programs and engage local businesses to provide employment opportunities to qualified homeless persons. The Virginia Employment Commission joined the CoC membership in 2009 and Goodwill Industries has been a long standing member. Both organizations provide notices on available employment opportunities including training sessions that may be beneficial to CoC clients. Future partnerships with VEC and Goodwill Industries are envisioned to promote job readiness, training, and resume building opportunities.

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

#### Objective 5: Decrease the number of homeless households with children.

##### Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 21

**In 12 months, what will be the total number of homeless households with children?** 20

**In 5 years, what will be the total number of homeless households with children?** 18

**In 10 years, what will be the total number of homeless households with children?** 13

#### Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters):

The CoC identified the need to provide housing to unaccompanied youth and families with children as a priority for the 2011 CoC funding cycle and fully supports the Thurman Brisben Center's application to place at least five households with children in permanent supportive housing (FISH Program) in one year. The CoC continues to designate a portion of its initial HPRP award to assist households with children by either preventing homelessness or re-housing those already homeless. Sixty seven percent of those served (88 households) through HPRP have been households with children. By the end of 2011, Hope House will open four new TH units to transition women with children from homelessness into stable permanent housing. The CoC will continue to work with the Stafford and Spotsylvania Schools Project HOPE grant which provides case managers for homeless families with school age children in providing assistance to identified homeless families as quickly as possible.

**Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters):**

The CoC will continue to seek new funding opportunities to create and expand on the HPRP program once the initial funding period has concluded. This will likely include diverting the ESG funds that shelter providers receive to a new prevention and re-housing effort and applying for HUD CoC funds if in line with HUD priorities. The membership will continue to partner with member agencies to identify homeless families and provide assistance to reduce the cases of homelessness in the region. This has already started with a close relationship with the local School's McKinney-Vento liaisons.

### 3B. Continuum of Care (CoC) Discharge Planning

**Instructions:**

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, SRO). For each system of care, CoCs are to address the following:

**What:** Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

**Where:** Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

**Who:** Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).**

**Foster Care (Youth Aging Out):**

What: A Discharge Planning Subcommittee has been established as part of the CoC's Strategic Planning efforts to formalize the discharge policy with five area Department of Social Services providers. At this point, the area DSS offices have worked with the CoC to establish a policy for those individuals aging out of the foster care program. DSS counsels each client in preparation for independent living through its Independent Living Program <http://www.dss.virginia.gov/family/fc/independent.cgi>. In this program the client explores different living arrangements, considers budgeting options and career counseling, and prepares for independent living. The goal of the program is to transition each client to a permanent housing situation after foster care; however, as an adult, each person makes the ultimate decision on where he or she will reside. At such time as the adult leaves foster care, DSS will act as a referral agency and coordinate needed services with CoC member agencies and other service providers. The CoC continues to work with DSS to refine this protocol.

Where: The majority of foster children sign themselves out to live with a family member or friend.

Who: The collaborating partners include: the CoC and Planning District 16 Departments of Social Services. Micah and the Thurman Brisben Center will accept referrals as appropriate.

**Health Care:**

What: In 2008, new protocol with hospital providers was implemented informally. In 2011, the Discharge Planning Subcommittee continued to formalize the protocol. Micah Ecumenical Ministries (Micah) utilizes a grant through Mary Washington Healthcare (MWH) to provide 8 emergency shelter beds for homeless individuals being discharged from area hospitals. The Respite Program efforts to connect homeless individuals to high quality medical care which provides MWH case managers (CMs) an avenue to find housing solutions. CMs contact Micah when a homeless person is preparing for discharge from MWH after all other options (area shelters, family/friend home placement) have been explored. Micah places the client in the post-hospital care program, giving the client a place to stay, while staff, volunteers, hospice and home-health assist with post-hospital care. If no beds are available, Micah receives a copy of the discharge instruction record and works with the individual to follow-up with doctors and prescriptions. Micah also coordinates with other shelters/housing providers to find shelter. Formal adoption of this protocol is anticipated in 2012.

**Mental Health:**

What: The Discharge Planning Subcommittee will formalize the discharge policy with mental health providers including the Rappahannock Area Services Board and Snowden Hospital. Snowden, the area's mental health hospital, works with Micah Ecumenical Ministries through the PATH grant supported liaison. This case manager provides outreach to those individuals and helps them enroll in mental health services including RACSB's long term supportive housing for those with mental illness or temporary housing through its Crisis Stabilization Center. Micah will also refer clients to other area shelters for temporary housing. Formal adoption of this protocol is anticipated in 2012.

Where: The majority of patients are discharged to their own homes or a home of a family member. Persons who were homeless prior to treatment are referred to the local homeless shelter, TBC, or provided contact information for Micah. The client is responsible for making the contacts.

Who: The collaborating partners include: the CoC, Rappahannock Area Community Services Board, TBC, Micah, and Snowden Hospital.

**Corrections:**

What: Correctional discharge protocol will be finalized by the end of 2011. The Discharge Planning Subcommittee engaged the Rappahannock Regional Jail (RRJ) Facility, Virginia CARES, and area law enforcement officials during 2011. The group formalized a protocol with the Community Services Board employees within the jail, who serve inmates with mental illness. The CoC voted to accept the agreement at its meeting on October 12, 2011. The CoC will review a draft agreement with the RRJ as a whole, at its meeting on November 9, 2011. The focus of the protocol is to coordinate with the Micah Hospitality Center (Micah) and the Thurman Brisben Center (TBC) ahead of an inmate's release date so that either facility can adequately place them or work with the inmate's family members to prepare for release. This would avoid release directly to the street. In addition to these measures, Virginia CARES will continue to work with released inmates and housing providers to identify sources of income to reduce instances of homelessness.

Where: Persons are frequently discharged to their own homes or a home of a family member. Persons who were homeless prior to incarceration are referred to the local homeless shelter, TBC, or provided contact information for Micah. The client is responsible for making the contacts.

Who: The collaborating partners include: the CoC, Rappahannock Area Community Services Board, TBC, Micah, RRJ, and Virginia CARES.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

**Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?** Yes

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:** Establish effective intake and assessment to ensure homeless individuals and families are directed to the appropriate facilities and services. Provide sufficient shelter capacity for chronic homeless persons. Provide sufficient transitional housing for families and transitional housing for persons who have completed substance abuse detoxification programs and/or have been released from prison. Expand permanent affordable housing availability with supportive services for persons who have worked through transitional programs. Continue ongoing homeless prevention programs.

**Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):**

In 2009, the CoC Executive Committee coordinated a regional HPRP grant application to the Virginia DHCD. Thurman Brisben Center (TBC), on behalf of the CoC, received an award of \$727,262 to prevent and reduce homelessness for eligible households. The local two-year program is available through the TBC and provides short term assistance with utilities and/or rental payments in order to prevent eviction and avoid new cases of homelessness. Funds are also available to re-house individuals and families who are already homeless by providing security deposit and/or rental payments. This effort is reopening the door to permanent housing and reducing the number of homeless households in the area. Rappahannock Legal Services has provided legal services to residents facing eviction through court proceedings, successfully reducing the number of cases resulting in homelessness. Additionally, CoC member organizations and their clients, including area schools, are tied into the program through referrals, housing opportunities, and on-site intake services (starting in 2011). From 10-01-09 to 9-30-2011, 131 households have received assistance to prevent homelessness or re-house those already homeless. Sixty-seven percent of those served (88 households) through HPRP have been households with children.

**Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?**

In addition to the HPRP award, the CoC, its members, and clients are benefitting from the several newly funded programs and general CoC coordination between agencies. Updates of all programs are provided at the monthly CoC meetings to ensure continued coordination among members and enhance the ability for clients to access the available programs. Several examples of the new or expanded programs follow: The City of Fredericksburg received \$62,192 in CDBG-R funds under the ARRA and designated the funds for three projects to enhance transportation and/or energy efficiency at homeless shelters. The final of the three projects was completed in 2011. The region has utilized over \$6 million in Neighborhood Stabilization Program (NSP) funds through the Virginia DHCD. The CoC Executive Committee has a common member on the NSP Program Management Team (PMT) with the goal of providing housing opportunities for extremely low-income households. The PMT has identified a potential unit in the City of Fredericksburg that could be purchased with NSP funds to provide permanent housing for chronically homeless individuals through Micah Ecumenical Ministries. Two area school districts, Spotsylvania and Stafford Counties, have accessed an expanded Project HOPE - Virginia program (funded by ARRA) which allows each jurisdiction to provide part-time case managers who are dedicated to providing assistance to homeless families and children. These case managers assist homeless clients to access available programs for housing, food, school supplies, and transportation throughout the region. Not a HUD program, but an ARRA program which benefits the homeless in the region by providing additional housing resources, the Rappahannock Council on Domestic Violence (RCDV) received \$491,185 from the U.S. Department of Justice, Office on Violence Against Women under the Transitional Housing for Victims of Domestic Violence Recovery Act Grant (ARRA) in 2009. Thirty households with 47 children have received TH rental assistance, case management, victim advocacy, and support through an employment specialist who is available to assist them to retain or obtain employment. Goodwill Industries, Inc. is providing the employment service as a contractual partner in the grant.

**Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?** Yes

**If yes, please describe the established policies that are in currently in place.**

The CoC follows the local school systems (SS) policy for the enrollment rights of students identified as homeless through the McKinney-Vento Act. The SS ensure that all homeless children are enrolled in school immediately, even if they do not have the proper registration paperwork, and are offered the opportunity to stay enrolled in their school of origin if desired. Each SS has a McKinney Vento Liaison who trains other personnel regarding the rights of students who are homeless, highly mobile, or who have unstable housing due to a lack of financial resources. SS may assist with special transportation arrangements to keep students attending their school of origin, even if they are residing outside of that zone. These determinations are made on a case-by-case basis and are determined by a number of factors including the time of year, student's age, and distance/time on the bus. Students residing in local shelters are eligible for these special transportation arrangements.

**Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)**

Local Liaisons participate in the CoC. Local McKinney-Vento liaisons also assist in collecting data for the Point-In-Time Count. Stafford and Spotsylvania School systems have a collaborative grant from Project Hope which has increased the school focus on working with and supporting homeless families as identified under the McKinney Vento Assistance Act. In addition, the school systems have increased their use of Title 1 monies to support these populations. Two case managers (one in Stafford and one in Spotsylvania) have been hired to focus on providing services to families living in hotels and supporting unaccompanied homeless youth. Because of this commitment and focus, the school community and the general community have become increasingly aware of and invested in supporting these populations. This has resulted in awareness campaigns and donations to the school to support the basic living needs of these families (food, toiletry items, clothing).

**Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)**

As described above, the CoC will continue to support the local school systems' (SS) policy for the enrollment rights of homeless students. CoC shelter providers will continue to coordinate directly with SS McKinney-Vento liaisons to ensure that all homeless children are enrolled in school immediately. Project Hope case managers, as described above, specifically work with families residing in hotels, unaccompanied homeless youth, and homeless children living in shelters. Students in local shelters are transported to/from their school of origin by local SS. This service is available throughout the region. The CoC has 3 shelters, all of which serve a different population, however placement in the shelters is not an issue when determining school enrollment. Local shelters notify SS immediately regarding the presence of school aged children to get transportation services started to the school of origin. At times, students may reside in shelters from other counties and transportation services are arranged through that SS, when reasonable and if feasible (as per McKinney Vento regulations). Through the Project Hope Grant, gas cards are also made available to parents to provide transportation for their children to/from the school of origin while bussing is arranged. A taskforce, which includes local DSS representatives, school liaisons, the Office on Youth, and Micah Ministries, exists to evaluate issues specific to the needs of the growing population of unaccompanied homeless youth.

**Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)**

The CoC is fortunate to see a continuing decline in the number of homeless veterans in 2011 (17 individuals) compared to 2010 (19 individuals). Likewise, the number of HUD chronically homeless veterans decreased. The changes can be attributed to additional veteran resources available in the region. The Wounded Warrior Foundation has an office available through the Rappahannock Area Community Services Board to serve local homeless veterans. The agency coordinates with the Veterans Administration (VA) to provide VASH vouchers (housing assistance) for homeless veterans. To reduce the number further, Micah Ecumenical Ministries administers its Journey Program, which has targeted assistance to provide housing chronically homeless veterans. Micah has applied for renewal and new PH Bonus in 2011 to continue this effort. The CoC's Executive Committee has continued to engage outside agencies with a specific focus on serving veterans. In January, the McGuire VA Medical Center participated in the CoC Point-In-Time services fair to connect homeless veterans with available services. In February 2011, the CoC participated in the VA's 1st Homelessness Among Veterans Planning Summit. Internally, the CoC membership includes a representative from the Virginia Employment Commission who is specifically designated to work with veterans to find employment solutions. The representative attends monthly CoC meetings to report on employment/training opportunities for homeless veterans.

**Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters):**

Hope House and the Thurman Brisben Center (TBC) both provide shelter and supportive services to homeless families with children. TBC also administers the HPRP. Sixty-seven percent of those served (88 households) through HPRP have been households with children. The CoC identified the need to provide permanent housing solutions for unaccompanied youth and families with children as its main priorities for 2011 HUD funding, due to growing trend in the number of young homeless residents in the Planning District as evidence in the 2010 and 2011 PIT counts. As a result, two applications to serve these populations were submitted for consideration. The CoC selected the TBC's new PSH application which intends to provide permanent housing for 12 households during the 1 year program. At least five of the households will be families with children and one household will be an unaccompanied youth. TBC will work with area Social Service providers to identify youth aging out of foster care into homelessness and will collaborate with School McKinney-Vento liaisons to identify families with children and/or unaccompanied youth to provide permanent re-housing solutions.

### 3D. Hold Harmless Need (HHN) Reallocation

**Instructions:**

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?** No

**Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?** No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

## 4A. Continuum of Care (CoC) 2010 Achievements

### Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	39	Beds	31	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	77	%	100	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	71	%	83	%
Increase the percentage of homeless persons employed at exit to at least 20%	71	%	91	%
Decrease the number of homeless households with children.	20	Households	21	H o u s e h o l d s

**Did the CoC submit an Exhibit 1 application in Yes  
FY2010?**

**If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)**

1. The 2010 projection for 39 new PH beds was not achieved; however, seventeen new PH beds were successfully created since 2010. The initial projection anticipated earlier funding from HUD for the Journey Program (awarded in 2009 and received in January 2011). Those anticipated units are included in the new 1 year projection for 2012. Micah Ecumenical Ministries has created 31 PH beds in 3 years. This accomplishment is a grand achievement for the CoC. Three have already been created since February 2011 and will be reported on the next HIC. 2. In 2011, the two PSH beds created in January (after HUD funding was received) still provide housing to the initial two beneficiaries resulting in a 100% figure (none have exited). 3. Ten out of twelve households which exited from TH moved into PH. Two households moved to unknown locations. 4. The number of exiting adults with employment was 91%, far exceeding the projected 71%. The statistics were based on the one CoC funded TH project (Hope House) with exiting clients. 5. The number of homeless families with children decreased by one in 2011, but missed the goal of only 20. High unemployment and foreclosure rates have made it difficult for Fredericksburg area families and forced many to seek homeless services and shelter.

## 4B. Continuum of Care (CoC) Chronic Homeless Progress

**Instructions:**

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

**Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.**

Year	Number of CH Persons	Number of PH beds for the CH
2009	52	7
2010	83	14
2011	67	31

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.** 17

**Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2010 and January 31, 2011.**

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$650	\$0	\$16,746	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$11,750
<b>Total</b>	<b>\$650</b>	<b>\$0</b>	<b>\$16,746</b>	<b>\$0</b>	<b>\$11,750</b>

**If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):**

The number of chronic homeless adults has decreased by sixteen from 2010 to 2011. This reduction is likely related to efforts of local agencies to move long-standing street homeless into permanent housing. As of April 4, 2011, Micah Ecumenical Ministries has assisted 70 different (chronic and non-chronic) individuals through a permanent supportive housing Journey program. Only four individuals have returned to homelessness and three were institutionalized. Nine persons have graduated from needing the support services and three left the program to live with family or friends.

## 4C. Continuum of Care (CoC) Housing Performance

**Instructions:**

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as:  $c+d, divided by a+b, multiplied by 100.$  the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted?** Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	0
b. Number of participants who did not leave the project(s)	2
c. Number of participants who exited after staying 6 months or longer	0
d. Number of participants who did not exit after staying 6 months or longer	0
e. Number of participants who did not exit and were enrolled for less than 6 months	2
<b>TOTAL PH (%)</b>	<b>0</b>

**Instructions:**

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

**Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
<b>a. Number of participants who exited TH project(s), including unknown destination</b>	12
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	10
<b>TOTAL TH (%)</b>	83

## 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

**Instructions:**

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Total Number of Exiting Adults: 12**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	0	0	%
SSDI	0	0	%
Social Security	0	0	%
General Public Assistance	0	0	%
TANF	11	92	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	11	92	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	10	83	%
Food Stamps	12	100	%
Other (Please specify below)	0	0	%
No Financial Resources	0	0	%

**The percentage values will be calculated by the system when you click the "save" button.**

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** Yes

## 4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

### Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** No

## **4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs**

**It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.**

**Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?** Yes

**If 'Yes', describe the process and the frequency that it occurs.**

The CoC collects data annually.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** Yes

**If "Yes", indicate all meeting dates in the past 12 months.**

The Executive Committee meets the first Wednesday of each month and reviews programs and trainings that it can make available to the CoC and its member agencies. This effort resulted in the first area SOAR training held on May 12, 2009 to over 60 individuals. In addition, the regular CoC meetings, which are held the second Wednesday of each month, provides time to members for discussion on issues regarding access to mainstream programs. This effort and identification of needs resulted in the award of a PATH grant for a SOAR Coordinator to Micah Ecumenical Ministries/RACSB to service the entire region and promote access for the homeless to mainstream programs. This SOAR Coordinator is on the State's list to become a certified trainer. Once certified, the CoC will schedule another SOAR training (hopefully in 2012).

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** Yes

**Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?** Yes

**If yes, identify these staff members** Provider Staff

**Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.** Yes

**If "Yes", specify the frequency of the training.** biennially (every other year)

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** No

**If "Yes", indicate for which mainstream programs HMIS completes screening.**

Not applicable, At this point, there is not enough data to adequately use HMIS for screening; however agencies are independently ensuring that clients are being screened for mainstream programs. As more users are participating and more client data is stored, the CoC will use HMIS for this process. The utilization of HMIS for mainstream programs is an early 2012 HMIS priority.

**Has the CoC participated in SOAR training?** Yes

**If "Yes", indicate training date(s).**

The CoC coordinated a regional SOAR training in Spotsylvania on May 12, 2009. Rhonda Thissen, M.S.W., Coordinator, PATH and SOAR Programs, Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services provided a daylong seminar on the subject. Approximately 60 attendees from various private and public service disciplines participated. The director of the Rappahannock Legal Services, William Botts, also provided a session on the legal side of obtaining SSI/SSDI. Ms. Thissen is no longer available to provide training. The local SOAR Coordinator is on the State's list to become a certified trainer. Once certified, the CoC will schedule another SOAR training (hopefully in 2012).

## 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

**Indicate the percentage of homeless assistance providers that are implementing the following activities:**

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
<p>At intake Case Managers ensure that clients are accessing all available mainstream and other benefits and services. Subsequently, Case Managers meet weekly with clients and assist them with maintaining benefits or continuing efforts to initially access them. This includes working with clients in the office to fill out online applications and/or provide computers and technical assistance to clients to complete the applications themselves.</p>	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	75%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	75%
<p>Medicaid, TANF, FAMIS PLUS/FAMIS, Food Stamps, Refugee Cash and Medical Assistance, Auxiliary Grants/General Relief, State and Local Hospitalization, Emergency Assistance, Voter Registration</p>	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	75%
<b>4a. Describe the follow-up process:</b>	
<p>Clients are required to meet with their case managers on a weekly basis and to turn in income documentation. If the client does not have evidence that they have received mainstream or other assistance that they are eligible for, the case manager will contact the service provider directly and/or work with the client to follow up on the requested assistance. This process continues until the benefits are received and afterwards to ensure that the income sources are documented.</p>	

## Continuum of Care (CoC) Project Listing

**Instructions:**

IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps).

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

**EX1\_Project\_List\_Status\_field** List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
FY11 HMIS Renewal	2011-10-17 17:20:...	1 Year	George Washington...	59,305	Renewal Project	SHP	HMIS	F
Journey Supportiv..	2011-10-25 20:54:...	1 Year	Micah Ecumenica l ...	27,848	New Project	SHP	PH	P2
Hope House 2010 R...	2011-10-19 17:53:...	1 Year	Rappahan nock Refu...	57,918	Renewal Project	SHP	TH	F
FISH Program	2011-10-17 11:12:...	1 Year	Thurman Brisben H...	36,804	New Project	SHP	PH	F1
Hope House Transi...	2011-10-07 15:02:...	1 Year	Rappahan nock Refu...	5,250	Renewal Project	SHP	TH	X
Journey Supportiv..	2011-10-25 21:38:...	1 Year	Micah Ecumenica l ...	36,802	New Project	SHP	PH	X
Journey Supportiv..	2011-10-19 23:44:...	1 Year	Micah Ecumenica l ...	31,632	Renewal Project	SHP	PH	F

## Budget Summary

<b>FPRN</b>	\$185,659
<b>Permanent Housing Bonus</b>	\$27,848
<b>SPC Renewal</b>	\$0
<b>Rejected</b>	\$42,052

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	VA-514 Certificat...	10/25/2011

## Attachment Details

**Document Description:** VA-514 Certification of Consistency with the Consolidated Plan