



CSB POLICIES AND PROCEDURES FOR STANDARD PROGRAM OPERATION

**COLUMBUS & FRANKLIN COUNTY
CONTINUUM OF CARE**

HCRS POLICIES AND PROCEDURES MANUAL UPDATES
April 2015

January 2016
March 2016
April 2016
July 2016
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INTRODUCTION AND OVERVIEW

1. Introduction and Overview

The purpose of these Policies & Procedures is to establish a standardized, system-wide framework for coordination and delivery of housing-focused services for people experiencing homelessness or at imminent risk of experiencing homelessness (as defined by the U.S. Department of Housing and Urban Development (HUD) in the Columbus and Franklin County, Ohio Continuum of Care (CoC). Subrecipients, hereafter referred to as “Partner Agencies” serving people, are required to adhere to these standards.

The Columbus and Franklin County Continuum of Care (CoC), hereafter called the CoC, is a regional body designed by the U.S. Department of Housing and Urban Development (HUD) to coordinate funding and services to prevent and end homelessness. The CoC’s entire geographic area is Columbus and Franklin County, Ohio. It acts as a collaborative network, led by local, county, or regional governments and nonprofits, to promote a regional commitment to ending homelessness, provide funding for housing, services, and Homelessness Management Information Systems (HMIS) to encourage and document quick rehousing to minimize trauma.

The Community Shelter Board (CSB) is the administrative arm of the CoC that is designated as a Unified Funding Agency (UFA) and acts as the sole grant recipient for all CoC Program funds, receiving and distributing funds from HUD, overseeing the entire CoC project portfolio. Funding sources include, but are not limited to, Emergency Solutions Grants (ESG) and Community Development Block Grant (CDBG) funding, as well as City, State, County and philanthropy.

CSB brings together 16 agencies across the community to work together as a cohesive system for change, driving:

- **Strategy** – to prioritize and position innovative solutions in alignment with planning efforts by federal, state, and local agencies
- **Accountability** – through data and compliance monitoring for all public funding from federal, state, and local levels, as well as private sector funding
- **Collaboration** – within the homeless system, between other systems of care, and across the community
- **Resources** – from federal, state, and local levels in both the public and private sectors

These Policies & Procedures apply to **programs and subrecipients receiving CoC and/or ESG funding administered by the Community Shelter Board (CSB)** in its role as the Continuum of Care Unified Funding Agency (UFA). It also applies to partners receiving City, County, and State funding.

Programs that **do not receive CSB-administered funding**, but participate in HMIS, **are not subject to annual programmatic or fiscal PR&C monitoring**. These programs may be reviewed separately by the CSB HMIS Database Manager for **data quality and system participation purposes only**, consistent with HUD HMIS requirements.

Nothing in this monitoring framework is intended to expand CSB's oversight authority beyond CSB-funded programs, except where required by HUD or other applicable federal regulations.

2. Guiding Principles

All CSB-funded activities will be delivered in alignment with the following principles:

- Equal and fair access to all services and resources without regard to a person's actual or perceived membership in a federally protected class.
- Prohibition of denying admission or terminating assistance based on a participant being a survivor of domestic violence, dating violence, sexual assault, or stalking.
- Quick access to the most appropriate services and housing resources available.
- Limited assessment and interviewing that collect only what is most pertinent to document and solve a participant's immediate housing crisis.
- Standardized engagement, assessment, and referral coordination activities.
- Participant choice and self-determination
- Trauma-informed care
- Person-centered approach and outcomes
- Stewardship and effective use of public resources

These Policies & Procedures should be considered for **program design** and **day-to-day service delivery**.

3. Roles & Responsibilities

Core System Effectiveness Department Responsibilities, CSB must:

- Monitor partner agencies annually for fiscal and programmatic compliance.
- Ensure compliance with HUD regulations, OMB requirements, and CoC policies.
- Revise, review, and approve these coordinated entry policies annually. Any updates will be posted on CSB's website.
- Promote established processes for coordinated screening, assessment, and referrals for each program.
- Coordinate, prevention and rehousing services across programs and aligned with system.
- Promote the use of best practices in system-level service delivery, process monitoring, and improvement.
- Provide guidance and access to system-wide training as needed or requested by partner agencies.
- Facilitate conversations to evaluate system-level issues, including but not limited to trends, efficiency, emergent issues, and cross-system collaboration.

Partner Agency Responsibilities – Partner Agencies must:

- Comply with federal regulations and CSB policies.
- Maintain accurate financial and program records.

- Submit required reports, invoices, and applications on time.
- Cooperate with monitoring.
- Provide annual monitoring on all sub-subrecipients, including any contracted agencies providing monitored services.
- Implement corrective actions promptly.
- Exclusively use the CoC’s coordinated entry system to provide and accept referrals for system programs, in accordance with:
 - CSB Policies and Procedures for Standard Program Operation
 - CSB UFA Monitoring Handbook
 - HMIS Policies, Procedures, and Data Dictionary
 - USHS Vacancy Management and Lease Up Narrative Manual and Policies and Procedures.

4. Scope

These policies apply to all programs funded or coordinated through CSB:

- Coordinated Point of Access (CPOA)
- Emergency Shelter (ES)
- Homelessness Prevention (HP)
- Rapid Re-Housing (RRH)
- Street Outreach
- Transitional Housing (TH)

*Policies & Procedures related to Permanent Supportive Housing can be found in the USHS Vacancy Management and Lease Up Narrative Manual and Policies and Procedures.

5. Target Populations

CSB designates and reports on the following target or subpopulations:

- HUD Chronically Homeless
- Families with Minor Children
- Pregnant Persons
- Single Adults (including singles with pets, and adult-only households)
- Survivors of Domestic Violence
- Transitional Aged Youth (Aged 18-24)
- Unsheltered Homeless, also known as “Homeless Outreach”
- Veterans

6. Systems

The System Effectiveness Team manages the Emergency Homeless Response System by identifying the following as “Systems.”

- Prevention and Diversion
- Single Adult
- Family

- Outreach
- Transitional Age Youth
- Veterans (includes agencies not funded by CSB)
- Survivors of Domestic Violence (Managed by the Center for Family Healing and Safety Domestic Violence Coordinated Entry)

7. Definitions and Glossary

A

AFFORDABLE HOUSING: In general, housing for which the occupant(s) is/are paying no more than 30 percent of his or her income for gross housing costs, including utilities. Please note that some jurisdictions may define affordable housing based on other, locally determined criteria, and that this definition is intended solely as an approximate guideline or general rule of thumb.

AT RISK OF HOMELESSNESS

A person or family is considered at risk of homelessness if they meet one of the categories below.

1. Individuals or Families at Imminent Risk

An individual or family qualifies if all three of the following apply:

A. Income

Their yearly income is below 30 percent of the area's median family income, as set by the U.S. Department of Housing and Urban Development.

B. Lack of Support

They do not have enough financial resources or support (such as help from family, friends, faith communities, or other social networks) to prevent moving into:

- An emergency shelter, or
- Another place that meets the definition of homelessness.

C. Housing Instability

In addition, the individual or family must meet at least one of the conditions below:

- They moved two or more times in the past 60 days (about 2 months) due to financial hardship.
- They are staying in someone else's home because they cannot afford their own housing.
 - They received written notice that they must leave their current housing within 21 days (about 3 weeks).
 - They are staying in a hotel or motel that is not paid for by a charity or a federal, state, or local government program for people with low incomes.
 - They are living in overcrowded housing, including:
 - A single-room or efficiency unit with more than two people, or
 - A larger unit with more than 1.5 people per room, based on census standards.
 - They are leaving a publicly funded institution or system of care, such as:
 - A hospital or health care facility
 - A mental health facility
 - Foster care or another youth facility
 - A correctional facility or program

- They live in housing that shows obvious signs of instability and increased risk of homelessness, as identified in the local government’s approved housing and community planning document.
-

2. Children and Youth Covered Under Other Federal Laws

A child or youth qualifies if:

- They do not meet the definition of homelessness under this regulation, but
 - They are considered homeless under another federal law, including laws related to:
 - Runaway and homeless youth services
 - Early childhood education programs
 - Services for survivors of violence
 - Community health services
 - Food assistance programs
 - Child nutrition programs
-

3. Children and Youth Experiencing Housing Instability in Schools

A child or youth qualifies if:

- They are considered homeless under federal education law related to school stability, and
- Their parent(s) or guardian also qualifies if they are living with the child or youth.

C

PARTICIPANT CHOICE: A core principle, which asserts that individuals experiencing homelessness should have the right to self-determination in their housing and services. It treats participants as autonomous individuals and experts in their own lives, allowing them to make decisions about their housing, neighborhood, and treatment plans without those choices being tied to, or contingent upon, clinical participation.

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG): Created under the Housing and Community Development Act of 1974, this program provides grant funds to local and state governments to develop viable urban communities by providing decent housing with a suitable living environment and expanding economic opportunities to assist low- and moderate-income residents. CDBG replaced several categorical grant programs, such as the Model Cities program, the Urban Renewal program, and the Housing Rehabilitation Loan and Grant program.

CONTRACT: Legally binding agreements between the Community Shelter Board and another party.

CHRONICALLY HOMELESS INDIVIDUAL: A homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in

an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

D

DISPARITY: The unequal and disproportionate representation of specific demographic groups among the population experiencing homelessness. It signifies that certain groups experience homelessness at significantly higher rates than their share of the general population.

DISABILITY: A physical or mental impairment that substantially limits one or more of the major life activities of such for an individual.

DOMESTIC VIOLENCE: Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.

E

EMERGENCY SHELTER any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.

EMERGENCY SHELTER GRANT (ESG) PROGRAM: A federal CPD program grant designed to help improve the quality of existing emergency shelters for the homeless, to make additional shelters available, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness. ESG also provides short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs.

EQUITY: The practice of ensuring fair, just, and tailored access to housing resources and services by addressing the distinct needs and systemic barriers faced by marginalized, overrepresented, and underserved populations.

ESG: See EMERGENCY SHELTER GRANT PROGRAM.

EVICTION: The dispossession of the tenant from the leased unit as a result of the termination of tenancy, including a termination prior to the end of a lease term.

F

FAIR HOUSING ACT: 1968 act (amended in 1974 and 1988) providing the HUD Secretary with fair housing enforcement and investigation responsibilities. A law that prohibits discrimination in all facets of the homebuying process on the basis of race, color, national origin, religion, sex, familial status, or disability.

FAIR MARKET RENT (FMR): Primarily used to determine payment standard amounts for the Housing Choice Voucher program, to determine initial renewal rents for some expiring project-based Section 8 contracts, to determine initial rents for housing assistance payment contracts in the Moderate Rehabilitation Single Room Occupancy program, and to serve as a rent ceiling in the HOME rental assistance program.

FEDERAL REGISTER : Published by the Office of the Federal Register, National Archives and Records Administration (NARA), the Federal Register is the official daily publication for rules, proposed rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents.

FMR: See FAIR MARKET RENT.

FOSTER CHILDREN: Children that are in the legal guardianship or custody of a State, county, or private adoption or foster care agency, yet are cared for by foster parents in their own homes, under some kind of short-term or long-term foster care arrangement with the custodial agency. These children will generally remain in foster care until they are reunited with their parents, or until their parents voluntarily consent to their adoption by another family, or until the court involuntarily terminates or severs the parental right of their biological parents, so that they can become available to be adopted by another family. Therefore, the parental rights of the parents of these children may or may not have been terminated or severed, and the children may or may not be legally available for adoption.

H

HMFA: See HUD METRO FMR AREA.

HOME (HOME INVESTMENT PARTNERSHIPS PROGRAM) : Provides formula grants to states and localities that communities use — often in partnership with local nonprofit groups — to fund a wide range of activities that build, buy, and/or rehabilitate affordable housing for rent or homeownership, or to provide direct rental assistance to low-income people.

HOMELESS: A person or family is considered homeless if they meet any one of the categories below.

1. No Stable Place to Sleep

A person or family does not have a fixed, regular, and safe place to stay at night and is living in one of the following situations:

- A public or private place not meant for people to live in, such as:
 - A car
 - A park
 - An abandoned building

- A bus or train station
 - An airport
 - A campground
 - A temporary shelter, including:
 - Emergency shelters
 - Group shelters
 - Transitional housing
 - Hotels or motels paid for by charities or by federal, state, or local government programs for people with low incomes
 - An institution (such as a hospital or correctional facility) for 90 days or less, when the person was living in a shelter or a place not meant for people to live immediately before entering the institution
-

2. About to Lose Housing

A person or family qualifies if all the following apply:

- They will lose their current housing within 14 days
 - They do not have another place to live
 - They do not have enough resources or support (such as help from family, friends, or community networks) to secure permanent housing
-

3. Youth and Families with Children Experiencing Ongoing Instability

A youth under age 25, or a family with children or youth, qualifies if they meet all the following:

- They are considered homeless under other federal laws related to youth, education, health, nutrition, or safety
 - They have not had permanent housing (such as a lease, ownership, or formal agreement) at any time during the past 60 days
 - They have moved two or more times in the past 60 days
 - Their housing instability is expected to continue for a long time due to one or more of the following:
 - A long-term disability
 - A long-term physical or mental health condition
 - Substance addiction
 - A history of intimate partner violence or childhood abuse or neglect
 - A child or youth with a disability
 - Two or more barriers to employment, such as:
 - No high school diploma
 - Difficulty reading or writing
 - Limited English skills
 - A history of incarceration
 - A history of unstable employment
-

4. Fleeing Violence or Threats to Safety

- A person or family qualifies if all the following apply:
 - They are fleeing or trying to flee:
 - Intimate partner Dating violence
 - Sexual assault

- Stalking
- Other dangerous or life-threatening situations involving violence
- They do not have another safe place to live
- They do not have enough resources or support (such as help from family, friends, or community networks) to obtain permanent housing

HOMELESS PREVENTION: Activities or programs designed to prevent the incidence of homelessness, including, but not limited to: (1) short-term subsidies to defray rent and utility arrearages for families that have received eviction or utility termination notices; (2) security deposits or first month's rent to permit a homeless family to move into its own apartment; (3) mediation programs for landlord-tenant disputes; (4) legal services programs that enable representation of indigent tenants in eviction proceedings; (5) payments to prevent foreclosure on a home; and (6) other innovative programs and activities designed to prevent the incidence of homelessness.

HOUSEHOLD: All the people who occupy a housing unit. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household.

HOUSING FIRST: An evidence-based approach to ending homelessness that prioritizes providing permanent, stable housing immediately—without preconditions like sobriety, treatment, or income—followed by voluntary, individualized supportive services.

HUD: See U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

HUD METRO FMR AREA: Indicates that only a portion of the OMB-defined core-based statistical area (CBSA) is in the area to which the income limits or FMRs apply. HUD is required by OMB to alter the name of metropolitan geographic entities it derives from the CBSAs when the geography is not the same as that established by OMB.

L

LEASE: A written agreement between an owner and a family for the leasing of a decent, safe, and sanitary dwelling unit to the family.

LEASE TERM: The period of time for which a lease agreement is written.

LOW BARRIER ACCESS: Access designed to minimize obstacles for individuals experiencing homelessness.

LOW-INCOME HOUSING TAX CREDIT (LIHTC): A tax incentive intended to increase the availability of low-income housing. The program provides an income tax credit to owners of newly constructed or substantially rehabilitated low-income rental housing projects.

M

MEMORANDA OF UNDERSTANDING (MOU): a formal, usually non-binding, agreement between two or more parties that outlines a planned partnership, collaboration, or mutual understanding. It acts as a "gentlemen's agreement" to document, in writing, shared goals and intentions—such as responsibilities and project scope—before a legally binding contract is finalized.

MODERATE INCOME: Households whose incomes are between 81 percent and 95 percent of the median income for the area, as determined by HUD, with adjustments for smaller or larger families. HUD may establish income ceilings higher or lower than 95 percent of the median for the area on the basis of HUD's findings that such variations are necessary because of prevailing levels of construction costs, fair market rents, or unusually high or low family incomes.

O

OFFICE OF MANAGEMENT AND BUDGET (OMB): Assists the President in overseeing the preparation of the federal budget and supervises its administration in Executive Branch agencies. In helping to formulate the President's spending plans, OMB evaluates the effectiveness of agency programs, policies, and procedures, assesses competing funding demands among agencies, and sets funding priorities. OMB ensures that agency reports, rules, testimony, and proposed legislation are consistent with the President's Budget and with Administration policies. In addition, OMB oversees and coordinates the Administration's procurement, financial management, information, and regulatory policies. In each of these areas, OMB's role is to help improve administrative management, to develop better performance measures and coordinating mechanisms, and to reduce any unnecessary burdens on the public.

P

PERSON CENTERED CARE: A compassionate, trauma-informed approach that prioritizes the dignity, autonomy, and specific goals of individuals over systemic procedures. It involves building trust, recognizing the person as an expert in their own life, and tailoring support to their unique needs and strengths to foster housing stability.

PROHIBITED BASES: Civil rights statutes establish the demographic categories by which discrimination is prohibited. Under the Fair Housing Act, the prohibited bases are race, color, religion, sex, national origin, familial status, and disability.

PROTECTED CLASSES: Demographic categories of persons established by civil rights statutes against whom discrimination is prohibited. (See also Prohibited Bases.)

PUBLIC HOUSING AGENCY (PHA): Any state, county, municipality, or other governmental entity or public body, or agency or instrumentality of these entities that is authorized to engage or assist in the development or operation of low-income housing under the U.S. Housing Act of 1937.

PUBLIC RESOURCES: Government-funded programs, services, and infrastructure designed to prevent, manage, and end housing instability. These resources are typically funded and

regulated by federal, state, or local government units and aim to provide essential needs like housing, healthcare, and income support.

S

SECTION 8 EXISTING RENTAL ASSISTANCE: Provides rental assistance to low-income families who are unable to afford market rents. Assistance may be in the form of vouchers or certificates.

SECURITY DEPOSIT: A payment required by an owner to be held during the term of the lease (or the time period the tenant occupies the unit) to offset damages incurred due to the actions of the tenant. Such damages may include physical damage to the property, theft of property, and failure to pay back rent. Forfeiture of the deposit does not absolve the tenant of further financial liability.

SELF DETERMINATION: The empowerment of individuals to make their own choices, direct their own care, and set personal goals, fostering autonomy, competence, and a sense of belonging.

STEWARDSHIP: The careful, responsible, and ethical management of resources—time, talents, property, and funding—entrusted to organizations or individuals to support people experiencing housing instability. It moves beyond mere charity (providing immediate relief) toward creating long-term, sustainable solutions to transition individuals from crisis to stability.

SUPPORTIVE HOUSING PROGRAM: This program is authorized by title IV of the Stewart B. McKinney Homeless Assistance Act (the McKinney Act) (42 U.S.C. 11381–11389). The program is designed to promote the development of supportive housing and supportive services, including innovative approaches to assist homeless persons in the transition from homelessness, and to promote the provision of supportive housing to homeless persons to enable them to live as independently as possible.

T

TRANSITIONAL HOUSING: A project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.

TRAUMA INFORMED CARE: A strengths-based, organizational framework that recognizes the high prevalence of trauma among those experiencing housing instability. It focuses on creating physically and emotionally safe environments, avoiding re-traumatization, and empowering individuals to regain control.

U

UNSHELTERED: An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for

human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD): Established in 1965, HUD's mission is to increase homeownership, support community development, and increase access to affordable housing free from discrimination. To fulfill this mission, HUD will embrace high standards of ethics, management, accountability, and forge new partnerships — particularly with faith-based and community organizations — that leverage resources and improve HUD's ability to be effective on the community level.

V

VACANT UNIT: a dwelling unit that has been vacant for not less than nine consecutive months.

VERY LOW-INCOME: Households whose incomes do not exceed 50 percent of the median area income for the area, as determined by HUD, with adjustments for smaller and larger families and for areas with unusually high or low incomes or where needed because of facility, college, or other training facility; prevailing levels of construction costs; or fair market rents.

WOMAN-OWNED BUSINESS: A business in which more than 50 percent of the ownership or control is held by one or more women; and more than 50 percent of the net profit or loss of which accrues to one or more women; and a significant percentage of senior management positions of which are held by women.

8. System Governance Structure

Purpose: This policy establishes system-wide expectations for governance, staffing, ethics, training, and personnel practices to ensure the Homeless Crisis Response System operates with integrity, accountability, and compliance with federal, state, and local regulations.

Scope

This policy applies to all agencies, programs, staff, volunteers, trustees, contractors, and system partners participating in the Homeless Crisis Response System (HCRS) that are involved in Coordinated Entry assessment, prioritization, referral, enrollment, and housing placement activities.

This includes, but is not limited to:

- Street Outreach Programs
- Emergency Shelter Programs
- Rapid Re-Housing (RRH) Programs
- Permanent Supportive Housing (PSH) Programs
- Homelessness Prevention Programs
- Diversion Programs
- Coordinated Entry Staff
- Housing and Supportive Service Providers

All participating entities must follow established Coordinated Entry policies, prioritization standards, referral procedures, documentation requirements, and HMIS data standards to ensure equitable and timely access to housing and crisis response interventions.

Policy

The Homeless Crisis Response System will:

- Operate under ethical, transparent, and accountable governance.
- Maintain qualified staff and volunteers who are trained.
- Prohibit discrimination, harassment, conflicts of interest, and unethical conduct.
- Protect participant rights, dignity, and confidentiality.
- Maintain disaster preparedness and continuity of operations.

Responsibility/Authority

Continuum of Care and CSB Board of Directors

- The CoC and CSB Board of Directors provide oversight and strategic direction and:
 - Ensure compliance with all regulatory and funding requirements.
 - Maintain board composition that includes individuals with lived experience of homelessness or ensures regular education on homelessness issues.
 - Approving system policies and standards
 - Aligning local practices with HUD regulations
 - Supporting coordinated planning and funding decisions

Community Shelter Board (CSB)

CSB serves as the system administrator and:

- Establish and enforce system standards.
- Monitor compliance and performance.
- Convene system workgroups and cross-system case conferences.
- Manage funding and contracts.
- Monitor compliance with governance and personnel standards.
- Provide system-level training and technical assistance.
- Monitor agencies for compliance with all coordinated entry requirements, including adherence to civil rights and fair housing laws and regulations.

Partner Agencies (also known as Subrecipients)

- Adhere to all CSB partner agency policies and procedures.
- Participate in required workgroups, case conferencing, and coordinated entry processes.
- Maintain accurate and timely participant records.
- Implement personnel policies and ethical standards.
- Ensure staff receive the required training and supervision.
- Adherence to civil rights and fair housing laws and regulations, including
 - Fair Housing Act – prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
 - Section 504 of the Rehabilitation Act – prohibits discrimination based on disability under any program or activity receiving federal financial assistance.
 - Title VI of the Civil Rights Act – prohibits discrimination based on race, color, or national origin under any program or activity receiving federal financial assistance.
 - Title II of the Americans with Disabilities Act – prohibits public entities, which include state and local governments and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing and housing-related services such as housing search and referral assistance.
 - Title III of the Americans with Disabilities Act – prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating based on disability.

Partner Agency Staff and Volunteers

- Follow agency and system policies.
- Maintain professional conduct and ethical standards.
- Participate in required training and identification protocols.

Procedures

8.1 Governance and Board Practices

- Agencies will maintain a governing body with policies addressing ethics, conflicts of interest, and community accountability.
- Agencies must include at least one person with lived experience of homelessness in governing or policy-making bodies or provide annual education to leadership on homelessness issues.
- Boards review audits, IRS filings, and major compliance documents annually.

8.2 Ethics, Conflict of Interest, and Nepotism

- Agencies must have written conflict-of-interest and anti-nepotism policies.
- Conflicts must be disclosed, and individuals must recuse themselves from related decisions.
- Staff and board members must sign conflict-of-interest statements regularly.

8.3 Nondiscrimination and Equal Access

- Agencies will not discriminate based on protected classes.
- Services must be accessible according to a person's gender identity.
- Survivors of domestic violence, dating violence, sexual assault, or stalking will not be denied services.
- Equal access and fair housing notices must be posted.

8.4 Religious Neutrality

- Services cannot require or pressure religious participation.
- Participants must be referred to alternative providers if they object to religious affiliation.

8.5 Disaster Recovery and Crisis Communication

- Agencies must maintain a written disaster recovery and crisis communication plan.
- Plans are reviewed and updated annually and distributed to appropriate staff.

8.6 Organizational Structure and Personnel Policies

Agencies must maintain:

- Organizational charts
- Personnel policies
- Job descriptions
- Grievance procedures
- Hiring and termination procedures
- Performance review processes

8.8 Staff Training

Staff must receive initial and ongoing training, including:

- Code of Conduct
- Emergency preparedness and evacuation procedures
- CPR and First Aid
- Trauma-informed care
- Crisis intervention
- Ethics and participant rights
- Recognition and reporting of Child and elder abuse
- Housing Crisis Response System overview
- Agency operating procedures
- Customer service techniques
- Domestic Violence and Human Trafficking
- Housing Problem Solving (Prevention and Rapid Exit
- Best practices specific to any target population(s) served

8.9 Staff Identification

- Staff and volunteers must be easily identified to participants and visitors.
-

8.10 System Participation

- Agencies must participate in required system meetings, training, and collaborative activities.
- Partner agencies must complete requests for reports, feedback, and/or success stories by the established deadline.

8.11 Confidentiality and Records

- Agencies must maintain written procedures for confidentiality, data security, and protection of survivor locations and identifying information.

8.12 Workforce Development

- Partner agencies support the professional development of employees.
- Partner agencies work toward paying living wages to employees.

Communication Protocols

- Policies must be communicated to staff, volunteers, and participants.
- Critical incidents, ethical violations, and safety concerns must be escalated according to system protocols.
- Confidentiality must be maintained in all communications.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

9. Memoranda of Understanding (MOUs) /Contractual Obligations

Purpose: This policy is designed to create a structured, legally sound, and accountable framework for collaborations between service providers, governments, and community organizations. The primary purpose is to ensure that partnerships—such as those between housing developers, non-profits, and health services—are clearly defined, reducing risk, ensuring consistent service delivery, and maximizing resources to effectively end homelessness.

Scope

This policy applies to all agencies, programs, staff, volunteers, trustees, contractors, and system partners participating in the Homeless Crisis Response System under contract (organization or individual) and/or with a current MOU.

Policy: All partner agencies participating in the Homeless Crisis Response System (HCRS) will execute and comply with the current Memorandum of Understanding (MOU) and/or contract with the Community Shelter Board (CSB). Participation in the system is contingent upon adherence to all applicable HUD, Continuum of Care (CoC), and CSB requirements.

Key Purposes of a Policy on MOUs and Binding Contracts:

- Clarifying Roles and Responsibilities
- Enhancing Accountability and Compliance
- Ensuring Service Continuity
- Risk Management
- Data Sharing and Confidentiality
- Optimizing Resources

Failure to meet contractual or system participation requirements may result in corrective action, suspension of referrals, or termination of system participation.

Procedures

9.1 Execution of Agreements

CSB employees are authorized to sign MOUs with oversight by supervisor or executive leadership. CSB executive leadership is authorized to sign binding contracts for services.

- Agencies must execute an MOU and/or contract prior to receiving referrals, funding, or system access.
- Agreements will be reviewed regularly to ensure that they are still meeting the needs of people experiencing or at risk of experiencing literal homelessness.
- Agreements must be renewed according to CSB timelines.

9.2 Scope of Obligations

Participating agencies will comply with:

- All HCRS policies and procedures
- HUD and CoC regulations and written standards
- CSB contract terms, performance benchmarks, and reporting requirements
- Operational Participation Agencies must:
- Participate in Coordinated Access and prioritization processes

- Accept eligible referrals consistent with program design
- Attend required meetings, case conferences, and training
- Submit success stories, reports, and requests for feedback or clarification by the established deadline.

Monitoring and Evaluation

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

10. System Policies

Purpose: Policies for system policies and procedures in the Homeless Crisis Response System are essential to maintain a coordinated, efficient, and effective system that reduces the number of people experiencing homelessness. These guidelines ensure that all participating agencies work in a standardized manner to meet federal, state, and local requirements.

Key reasons for requiring these policies include:

- Improved Efficiency and Reduced Barriers
- Systemic Coordination
- Adherence to Best Practices
- Equity and Quality Assurance
- Data Integrity and Compliance
- Resource Optimization

Scope

This policy applies to all agencies, programs, staff, volunteers, trustees, contractors, and system partners participating in the Homeless Crisis Response System (HCRS) that are involved in Coordinated Entry assessment, prioritization, referral, enrollment, and housing placement activities.

This includes, but is not limited to:

- Street Outreach Programs
- Emergency Shelter Programs
- Rapid Re-Housing (RRH) Programs
- Permanent Supportive Housing (PSH) Programs
- Homelessness Prevention Programs
- Diversion Programs
- Coordinated Entry Staff
- Housing and Supportive Service Providers

All participating entities must follow established Coordinated Entry policies, prioritization standards, referral procedures, documentation requirements, and HMIS data standards to ensure equitable and timely access to housing and crisis response interventions.

Policy

Each program must maintain written, up-to-date policies consistent with federal, state, and system requirements. Programs must communicate policies to staff and participants.

Partners Agencies are required to have policies related to:

1. Conflicts of Interest
2. Equal participation of faith-based organizations in HUD programs and activities.
3. Title VI of the Civil Rights Act of 1964
4. Fair Housing Laws Fair Housing and Related Law
5. Drug-Free Workplace
6. Ohio Revised Code Section 2923.125
7. Emergency Response Plan Guidance

8. Sexual Harassment

Procedure

10.1 Program Policy & Procedure Creation and Maintenance

- Each program must maintain written, up-to-date policies consistent with federal, state, and system requirements.
- Programs must communicate policies to staff and participants.

Communication Protocols

- Policies must be communicated to staff, volunteers, and participants.
- Confidentiality must be maintained in all communications.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

11. Program Operations and Service Delivery

Purpose: This policy establishes system-wide standards for program operations to ensure that all Homeless Crisis Response System services for participants are accessible, equitable, trauma-informed, and aligned with housing stability principles and regulatory requirements.

Scope

This policy applies to all agencies, programs, staff, volunteers, trustees, contractors, and system partners participating in the Homeless Crisis Response System (HCRS) that are involved in Coordinated Entry assessment, prioritization, referral, enrollment, and housing placement activities.

This includes, but is not limited to:

- Street Outreach Programs
- Emergency Shelter Programs
- Rapid Re-Housing (RRH) Programs
- Permanent Supportive Housing (PSH) Programs
- Homelessness Prevention Programs
- Diversion Programs
- Coordinated Entry Staff
- Housing and Supportive Service Providers

All participating entities must follow established Coordinated Entry policies, prioritization standards, referral procedures, documentation requirements, and HMIS data standards to ensure equitable and timely access to housing and crisis response interventions.

Policy

The Homeless Crisis Response System will:

- Provide low-barrier, equitable access to services.
- Prioritize rapid resolution of housing crises.
- Have Housing Problem Solving conversations whenever appropriate.
- Ensure participant rights, dignity, and choice.
- Treat participants as customers and have respectful, participant-centered interactions.

Responsibility/Authority

CSB

- Establish system-wide operational standards.

Partner Agency Leadership

- Implement approved policies and procedures.
- Ensure staff are trained in program standards.
- Periodically, monitor staff's direct interactions with participants to ensure conversations are respectful and participant centered.

Partner Agency Direct Participant Staff

- Conduct intake, engagement, and assessment.
- Support rapid housing placement and stabilization.
- Have Housing Problem Solving Conversations whenever appropriate.
- Document services and outcomes accurately.
- Ensure conversations with participants with participants are respectful and participant centered.

Procedures

11.1 Program Policies and Procedures

- Each program must maintain written, up-to-date policies consistent with federal, state, and system requirements.
- Policies must address intake, eligibility, assessment, and participant rights.

11.2 Low-Barrier Access

- Outreach, shelter, housing, and prevention programs collaborate to identify housing options quickly.
- Supportive services can be requested by the provider agency when necessary to prevent program termination.
- Involuntary exits from shelter or housing must follow due process.

11.3 Participant Intake and Eligibility

- Homeless or at-risk status must be documented at enrollment in accordance with HUD and system standards.
- Lack of homelessness documentation must not prevent access to outreach, shelter, or crisis services.
- Documentation standards vary by program type but must follow system guidance.

11.4 Documentation of Homelessness and Chronic Homelessness

- Duration and episodes of homelessness must be documented according to HUD definitions.
- Chronic homelessness must be verified using allowable documentation methods.
- Stays in institutions under 90 days (about 3 months) do not break a homeless episode when properly documented.
- Further information can be located in the System Unified Supportive Housing System (USHS) policies and procedures.

11.5 Disability and Program Eligibility

- Programs requiring disability status must obtain appropriate certification.
- Disability documentation must be current and issued by qualified professionals.
- Further information can be located in the System Unified Supportive Housing System (USHS) policies and procedures.

11.6 Assessment and Data Collection

- Programs must use standardized assessment tools approved by the system.
- Participant data must be collected, stored, and shared in accordance with privacy and confidentiality requirements.
- Further information can be located in the system HMIS policies and procedures.

11.7 Diversion and Prevention

- All Programs must assess safe alternatives to shelter when appropriate.
- Prevention programs must prioritize households that are most likely to become homeless without assistance.

11.9 Supportive Services

- Supportive services can be requested by the provider agency when necessary to prevent program termination.
- Service participation requirements must be limited and justified.
- Services must be housing-focused.

11.10 Appeals and Due Process

- Participants must have the right to appeal an involuntary discharge, or service restrictions.
- Any participant requesting an appeal must have it heard within 3 calendar days, unless there is an imminent safety risk.
- Appeal outcomes must be entered into HMIS on the day the appeal is heard.

11.11 Unusual Incident Report (UIR)

All programs are required to complete Unusual Incident Reports (UIRs) when there is a significant unusual incident (reported, suspected or witnessed) that gives the reporter reason to think someone's health and well-being might be negatively affected, or are likely to be harmed.

Examples of incidents (occurring on the property where services are being delivered) that must be reported include:

- Death of a participant/guest/resident/staff member
- Physical, Mental, or Sexual Abuse of a participant/guest/resident/staff member
- Critical medical emergencies, including overdose (and document whether Narcan was used)
- Suicide or attempted suicide of a participant/guest/resident/staff member
- Significant Injury of a participant/guest/resident/staff member
- Inappropriate behavior of a staff member with a participant/guest/resident

There is an exhaustive list of possible incidents in the [Unusual Incident Reports \(UIRs\)](#) form located at www.csb.org under Shelter Materials.

11.11.1 Identification of Reportable Incidents

- Program staff must determine whether an event meets the criteria for a reportable incident as defined in the Major Unusual Incident Report form.

- Incidents that involve serious harm, threats to safety, criminal activity, or life-threatening medical situations must be reported.

11.11.2 Completion of the Major Unusual Incident Report

- The program responsible for the location of the incident must complete the Unusual Incident Report form.
- Reports must be completed as soon as possible following the incident to ensure accuracy and timely notification.

11.11.3 Submission of Reports

Completed Major Incident Reports forms must be submitted using the link on the CSB website.

11.11.4 Documentation and Recordkeeping

Completed Major Incident Reports forms must be submitted using the link on the CSB website.

1. Any related documentation, including incident notes, follow-up actions, emergency response documentation, etc., should be added to the participant's physical and digital record:
2. Programs must protect participant confidentiality when documenting incidents.

11.11.5 Follow-Up and System Response

Upon receipt of a Major Unusual Incident Report, CSB system managers may:

- Request additional information or clarification
- Provide guidance regarding follow-up actions
- Initiate technical assistance or monitoring if needed.

Programs must cooperate with any follow-up requests related to incident reporting.

11.12 Imminent Risk to Health & Safety

An imminent health & safety risk is a threat that is immediate, directly impending, and likely to cause death or serious physical harm at any moment, or before it can be corrected. A substantial risk that a person will cause physical harm to themselves or another person, or substantial loss or damage to another person's property.

Evidence that there is a likelihood of serious harm might include:

- Threats or attempts to commit suicide or harm themselves;
- Behavior that has physically harmed someone in the past, or makes a person reasonably fear they will be physically harmed;
- Behavior that has caused substantial damage in the past; or
- A threat to someone else's physical safety, if the person is making the threat, has a history of one or more violent acts.

Rule violations, disruption of operations, and behavioral issues directly related to documented disabilities are not considered imminent risks to health & safety if there is no likelihood of serious harm.

11.13 Service Restrictions and Shelter Bans

A service restriction is a temporary or permanent ban on participants, prohibiting them from accessing services or network of services.

A shelter ban in the homeless system is a temporary or permanent ban preventing a participant from accessing a specific shelter.

Restrictions and bans on services and shelters can seriously hinder a participant's ability to get help. They can push people into homelessness and make it harder to access important resources. Therefore, these restrictions and bans should only be put in place after carefully considering how serious the situation is and what factors are involved.

These restrictions are designed to maintain safety for other participants and staff.

Key Aspects of Service Restrictions:

- Common causes include aggression with a weapon or threats to bring a weapon, violence, illegal activity that poses an immediate health or safety risk.
- Bans can be temporary or permanent and are specific to one organization. Our community does not implement system-wide bans.
- These restrictions are meant to be a last resort after attempts at mediation.
- Programs must require participant acknowledgement of discussion of rules and the potential restrictions upon intake.
- Participants must have the right to appeal involuntary discharge or service restrictions unless there is an imminent safety risk.
- Appeals and outcomes must be documented.

Shelter staff must:

- Inform the resident of the reason for the restriction
- Provide conditions for lifting the restriction
- Explain the resident's right to appeal.
- Document service restriction start and end dates in HMIS.

Site-specific restrictions apply only to the shelter where the incident occurred.

11.13.1 Recommendations on the Duration of Shelter-Specific Bans.

These recommendations were developed by the Adult System Operations Work (ASOW) Group.

Up to a 30-day shelter ban

- Non-compliance with lawful requested searches when there is the possibility of a weapon

- Disruption of operations that poses an immediate health or safety threat.

Up to a 60-day shelter ban

- Property damage below \$5,000
- Selling drugs/alcohol within the shelter or on shelter property
- Harassment/threats that involve an immediate safety issue.

Up to a 90-day shelter ban

- Property damage more than \$5,000
- Assault
- Theft of significant property
- Weapons (non-firearm) on property

Greater than 90-day shelter ban (must specify duration and rationale and include a formal criminal report and/or no-trespass notice unless there is a compelling reason this cannot be provided)

- Property damage more than \$10,000
- Assault involving a weapon or severe bodily injury
- Firearm on shelter property

11.14 Involuntary Discharge

An involuntary discharge is a program-initiated, forced removal of a resident. It occurs when a program mandates a participant's departure from the program, typically due to rule violations, behavioral issues, or the program's inability to meet a participant's specialized needs. Also, if the participant is no longer eligible for the program but does not agree to or participate in a program exit plan.

- Participants have the right to written notice and an opportunity to appeal the program's termination.
- Staff must maintain open communication with participants to resolve conflicts before they escalate.

Documentation Standards

- Maintain current written policies and procedures
- Eligibility Documentation
- Homelessness and Chronic Homelessness Verification
- Complete reports as soon as possible.
- Submit reports through the CSB reporting process.
- Maintain supporting documentation in the participant file and in participant HMIS record.
 - Supportive services intended to prevent program termination.
 - Services provided.
 - Housing decisions.
 - Appeals submitted
 - Efforts to identify safe alternatives to shelter when appropriate.
 - Risk factors and need for assistance

- Approved assessment tools
 - Current disability documentation completed by a qualified professional (when required).
- Cooperate with follow-up requests from CSB.

Communication Protocols

- Programs must communicate policies to staff and participants.
- Participant coordination requires timely information sharing among partners.
- Major Unusual Incidents must be escalated and reported to CSB using the online submission form found on www.csb.org.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

12. Participant Rights and Due Process

Purpose

This policy establishes system-wide standards for ensuring all participants are treated with dignity, equity, and respect and are informed of their rights, responsibilities, and due process within the Homeless Crisis Response System.

Scope

This policy applies to all agencies, programs, staff, volunteers, trustees, contractors, and system partners participating in the Homeless Crisis Response System (HCRS) that are involved in Coordinated Entry assessment, prioritization, referral, enrollment, and housing placement activities.

This includes, but is not limited to:

- Street Outreach Programs
- Emergency Shelter Programs
- Rapid Re-Housing (RRH) Programs
- Permanent Supportive Housing (PSH) Programs
- Homelessness Prevention Programs
- Diversion Programs
- Coordinated Entry Staff
- Housing and Supportive Service Providers

All participating entities must follow established Coordinated Entry policies, prioritization standards, referral procedures, documentation requirements, and HMIS data standards to ensure equitable and timely access to housing and crisis response interventions.

Responsibility/Authority

CSB

- Ensure policies exist and are monitored.

Partner Agency Leadership

- Post, distribute, and train staff on participant rights including Grievance and Appeal Process.
- Make sure there is an established Grievance Process for all clients.
- Establish a Client Rights Officer to refer client to if they are not satisfied with the Grievance Procedure response.

Partner Agency Staff, Volunteers, and Contractors who serve participants

- Explain participant rights, support participant grievances, and protect participant confidentiality.
- Provide access to Grievance Procedure, Client Rights Officer information and document issue and follow-up.

Policy

The Homeless Crisis Response System will:

- Uphold participant dignity, privacy, cultural sensitivity, and self-determination.
- Provide clear information about services, confidentiality, and disclosures.
- Ensure access to grievances and appeals without retaliation.
- Prohibit denial of services based on inability to pay.

Procedures

Written participant rights are posted, distributed at intake, and explained with language and literacy accommodations. Participants are informed of:

- Dignity and privacy
- Self-determination
- Confidentiality and record access
- Advocacy and appeals
- Agencies maintain formal grievance and appeal processes reviewed at least annually.
- Programs do not charge participation fees.

Documentation Standards

Written Participant Rights must be:

- Posted in visible locations throughout the program.
- Provided to participants during intake.
- Explained in a manner that accommodates language, literacy, and accessibility needs.
- Staff must document that Participant Rights were reviewed with the participant during intake.
- Programs must document that no fees are charged for participation in services.

Participant Rights information must include:

- The right to be treated with dignity and respect.
- The right to privacy.
- The right to make personal choices and participate in service planning.
- The right to confidentiality and access to their records.
- The right to advocacy and support.
- The right to file grievances and appeals without retaliation.
- Programs must maintain written grievance and appeal procedures.

Documentation of grievances and appeals must include:

- Date received.
- Nature of the complaint or appeal.
- Actions taken.
- Outcome and resolution date.
- Notification provided to the participant.
- Grievance and appeal procedures must be reviewed and updated at least annually.

Communication Protocols

- Programs must communicate policies to staff and participants.
- Participant coordination requires timely information sharing among partners.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

13. Services Planning and Engagement

Purpose: To ensure consistent planning, engagement, and documentation supporting rapid housing stabilization.

Scope

This policy applies to all agencies, programs, staff, volunteers, trustees, contractors, and system partners participating in the Homeless Crisis Response System (HCRS) that are involved in Coordinated Entry assessment, prioritization, referral, enrollment, and housing placement activities.

This includes, but is not limited to:

- Street Outreach Programs
- Emergency Shelter Programs
- Rapid Re-Housing (RRH) Programs
- Permanent Supportive Housing (PSH) Programs
- Homelessness Prevention Programs
- Diversion Programs
- Coordinated Entry Staff
- Housing and Supportive Service Providers

All participating entities must follow established Coordinated Entry policies, prioritization standards, referral procedures, documentation requirements, and HMIS data standards to ensure equitable and timely access to housing and crisis response interventions.

Policy

The Homeless Crisis Response System will:

- Use standardized assessment and prioritization tools.
- Provide individualized housing stabilization planning.
- Maintain consistent engagement and documentation.

Procedures

These areas include, but are not limited to:

- Participants receive screening and prioritization within required timelines using approved tools (e.g., RPT, SSNA).
- Individualized Housing Stabilization Plans (IHSPs) are developed, signed, and updated regularly.
- Engagement frequency is defined by program type (shelter, outreach, RRH, PSH, prevention).
- Case notes reflect housing progress and engagement attempts.

Documentation Standards

Screening and prioritization assessments must:

- Be completed within required program timelines.
- Use approved assessment tools (e.g., RPT, SSNA, HAST).
- Be documented in HMIS and the participant file.
- Individualized Housing Stabilization Plans (IHSPs) must:
 - Be completed within required program timelines.
 - Include participant-specific housing goals, action steps, and responsibilities.
 - Be signed by the participant and staff whenever possible.
 - Be reviewed and updated regularly to reflect progress, barriers, and changing needs.

Participant engagement must be documented according to program requirements, including:

- Emergency Shelter
- Street Outreach
- Rapid Re-Housing (RRH)
- Permanent Supportive Housing (PSH)
- Prevention Programs

Case notes must:

- Be entered promptly following participant contact.
- Describe housing-focused activities and services provided.
- Document participant progress toward housing goals.
- Record barriers to housing and actions taken to address them.
- Include outreach and engagement attempts, including unsuccessful contact efforts when applicable.

Documentation should clearly demonstrate:

- Ongoing participant engagement.
- Active housing search and stabilization efforts.
- Progress toward permanent housing outcomes.
- Staff follow-up on identified needs and action items.

Communication Protocols

- Programs must communicate policies to staff and participants.
- Participant coordination requires timely information sharing among partners.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

COORDINATED ENTRY

14. Access Model, Coverage, and Designated Access Points

Purpose

The purpose of this policy is to establish a coordinated, equitable, and system-wide approach to accessing the homeless crisis response system. This policy defines the access model, geographic and population coverage expectations, and the designation of access points to ensure that all participants experiencing homelessness or at imminent risk of homelessness can readily obtain assistance through a clear, consistent, and standardized process.

Scope

This policy applies to all agencies, programs, staff, volunteers, trustees, contractors, and system partners participating in the Homeless Crisis Response System (HCRS) that are involved in Coordinated Entry assessment, prioritization, referral, enrollment, and housing placement activities.

This includes, but is not limited to:

- Street Outreach Programs
- Emergency Shelter Programs
- Rapid Re-Housing (RRH) Programs
- Permanent Supportive Housing (PSH) Programs
- Homelessness Prevention Programs
- Diversion Programs
- Coordinated Entry Staff
- Housing and Supportive Service Providers

All participating entities must follow established Coordinated Entry policies, prioritization standards, referral procedures, documentation requirements, and HMIS data standards to ensure equitable and timely access to housing and crisis response interventions.

Policy

Coordinated Entry System (CES) will:

- Ensure fair and equal access to services regardless of location, household type, or presenting needs.
- Promote a no-wrong-door approach, where participants can enter the system through multiple, well-defined access points and be connected to appropriate resources.
- Establish consistent expectations for coverage across the the entire geographic area to minimize service gaps and barriers.
- Define roles and responsibilities for designated access points in conducting initial engagement, screening, assessment, and referral.
- Support system efficiency, data quality, and prioritization through alignment with coordinated entry and system management practices.
- Enhance transparency, accountability, and compliance with applicable federal, state, and local requirements.

Procedures

The Coordinated Entry System will:

1. Operate 24-hours per day, 7 days per week, 365 days (about 12 months) per year Homeless Hotline that serves as the primary access point for participants experiencing homelessness.
2. Utilize standardized screening and assessment tools to ensure uniform eligibility determination, prioritization, and referral processes across the CoC.
3. Maintain designated access points for specialized populations, including:
 - Publicly inebriated participants that are unable to care for themselves.
 - Survivors of domestic violence, dating violence, sexual assault, or stalking.
 - Youth and young adults experiencing homelessness (Transition-Age Youth, TAY).
4. Ensure that street outreach and youth-focused access teams function as coordinated entry access points and apply CoC-approved assessment methodologies.
5. Integrate homelessness prevention screening within community-based service agencies to identify and divert households at risk of homelessness prior to system entry.

All access points will operate in alignment with CoC governance standards, HUD Coordinated Entry requirements, and applicable confidentiality protections, including Violence Against Women Act (VAWA) requirements.

Documentation Standards

The following documentation should be maintained in the participant file and/or HMIS:

- Date and method of initial contact.
- Participant's demographic information.
- Reason for seeking assistance.
- Diversion or problem-solving conversation and outcomes.
- Housing crisis screening results.
- Eligibility determination for services.
- Assessment tools completed (if applicable).
- Documentation of homelessness or housing status.
- Referrals made to shelter, housing, prevention, outreach, or other community resources.
- Participant acceptance or refusal of referrals offered.
- Safety concerns or urgent needs identified.
- Follow-up actions taken.
- HMIS entries documenting services provided and referrals made.

Communication Protocols

- Programs must communicate policies to staff and participants.
- Participant coordination requires timely information sharing among partners.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

15. Access Points

Purpose

The purpose of this policy is to establish a clear, consistent, and system-wide framework for identifying, approving, and maintaining designated access points within the homeless crisis response system. This policy ensures that access points are strategically selected and distributed to maximize accessibility, reduce barriers to entry, and provide equitable coverage for all those experiencing homelessness or at imminent risk of homelessness.

Scope

This policy applies to all agencies, programs, staff, volunteers, trustees, contractors, and system partners participating in the Homeless Crisis Response System, including outreach, shelter, housing, prevention, and supportive services programs.

Procedures

15.1 Homeless Hotline Operations

15.1.1 Coverage and Availability

- The Homeless Hotline will operate 24/7/365.
- The Hotline will serve the full geographic area of the CoC.
- The Hotline number will be widely advertised through community partners, public systems, and outreach efforts.

15.1.2 Screening and Assessment

- All callers will be screened using the CoC-approved standardized assessment tool and methodology.
- Assessments will be conducted consistently to ensure equitable prioritization and referral decisions.
- Referrals will be documented in HMIS, as applicable.

15.1.3 Referral Pathways

- Callers will be referred to appropriate emergency shelter, diversion, prevention, rapid re-housing (RRH), permanent supportive housing (PSH), or other community-based resources based on assessed need and eligibility.

15.1.4 Crisis Response for Domestic Violence, Sexual Violence, Human Trafficking, and Stalking

The Coordinated Point of Access (CPOA) / Homeless Hotline (HH) will ensure that callers seeking assistance due to domestic violence, dating violence, sexual assault, human trafficking, or stalking are promptly connected to appropriate crisis intervention services that prioritize safety, confidentiality, and survivor-centered support.

Call specialists must assess the caller's immediate safety and facilitate connection to specialized intervention resources without delay. The Homeless Hotline will coordinate

with community-based victim service providers to ensure that survivors receive appropriate crisis response, shelter access, advocacy, and support services.

When a caller discloses or is suspected to be experiencing domestic violence, dating violence, sexual assault, human trafficking, or stalking, call specialists will prioritize the safety of the caller and any accompanying participants and immediately connect the caller to an appropriate intervention hotline or emergency services as warranted.

Appropriate intervention resources in Franklin County include, but are not limited to:

- CHOICES for Victims of Domestic Violence
- Ohio Hispanic Coalition
- Buckeye Region Anti-Violence Organization
- Franklin County Prosecutor's Office Victim Witness Assistance Program
- The Salvation Army Help Trafficking Survivors Program
- Sexual Assault Response Network of Central Ohio
- The Ohio Sexual Violence Helpline
- The Center for Family Safety and Healing
- Columbus City Attorney's Office Domestic Violence/Stalking Unit

Call specialists will remain connected with the caller whenever possible until the participant has been successfully connected to an appropriate intervention service. If emergency circumstances arise or the caller indicates imminent danger, call specialists must coordinate with emergency services by contacting 9-1-1 while maintaining the caller's safety as the primary consideration.

Transportation assistance may be arranged when necessary to ensure survivors can safely access emergency shelter or other crisis services.

If a caller is in immediate danger but declines assistance or disconnects before a referral can be completed, the call specialist must notify emergency services and/or an appropriate domestic violence intervention hotline to ensure an immediate safety response.

All actions taken during these calls must be documented in accordance with program documentation standards while maintaining confidentiality and survivor privacy protections.

15.2. Domestic Violence Coordinated Entry (DV-CE)

15.2.1 Program Administration and Coordination

The DV-CE program operates as a Supportive Services Only – Coordinated Entry (SSO-CE) project funded by HUD. Program oversight responsibilities include:

- Grant administration and compliance monitoring by The Research Institute at Nationwide Children's Hospital.
- Program implementation and survivor support services delivered by The Center for Family Safety and Healing.

- Close coordination closely with the CoC coordinated entry system, including the Homeless Hotline and participating housing providers.

15.2.2 Training and Policy Development Support

The DV-CE program will support the coordinated entry system through the development and delivery of trauma-informed training and policy guidance.

Responsibilities include:

- Providing trauma-informed training for:
 - Homeless Hotline call specialists
 - Shelter and housing providers
 - Street outreach staff
 - Other homeless services providers participating in coordinated entry
- Training topics may include:
 - Trauma-informed engagement with survivors
 - Safety planning and survivor autonomy
 - Economic and technological abuse
 - Confidentiality and privacy protections
 - Survivor-centered referral practices
 - Coordinated entry processes for survivors

DV-CE staff may assist the CoC with policy development and updates related to survivor access within coordinated entry.

15.2.3 Supportive Services for Survivors

DV-CE staff will provide supportive services to survivors referred through the Homeless Hotline or other coordinated entry access points.

Supportive services may include:

- Safety planning and crisis support
- Advocacy and case management
- Referrals to domestic violence shelters and victim service agencies
- Assistance accessing housing resources within the CoC
- Connection to legal, healthcare, and economic supports

All services will follow survivor-centered and trauma-informed practices.

Participation in services is voluntary.

15.2.4 Coordination with Victim Service Providers

The DV-CE program will collaborate with victim service providers across Franklin County to improve outreach and service delivery for survivors experiencing homelessness.

Collaboration activities may include:

- Coordinated outreach to identify survivors experiencing homelessness
- Cross-system referral pathways between homeless services and victim service providers
- Coordination of supportive services for survivors
- Identification and resolution of system barriers impacting survivors

Partner agencies may include, but are not limited to:

- CHOICES for Victims of Domestic Violence

- Buckeye Region Antiviolence Organization
- Ohio Hispanic Coalition

15.2.5 Coordination with the Homeless Hotline

DV-CE staff will assist the Homeless Hotline in responding to calls involving domestic violence, dating violence, sexual assault, stalking, or human trafficking.

This support may include:

- Safety Assessment
 - Assisting with the assessment of immediate safety risks for survivors and accompanying household members.
- Emergency Shelter Access
 - Facilitating access to domestic violence emergency shelters when appropriate.
- Housing Prioritization
 - Supporting the addition of survivors to appropriate coordinated entry prioritization lists for housing interventions such as Rapid Re-Housing or Permanent Supportive Housing.
- Consultation
 - Providing consultation to Homeless Hotline staff regarding survivor-specific resources and service options.

15.2.6. Confidentiality and Survivor Safety

All DV-CE activities must prioritize survivor's confidentiality and safety.

Programs must comply with all applicable confidentiality requirements, including:

- Violence Against Women Act (VAWA) protections
- Survivor privacy protections
- Comparable database requirements for victim service providers

Personally identifiable information must not be entered into HMIS for survivors served by victim service providers unless permitted by law and participant consent.

15.2.7 Documentation and Reporting

DV-CE staff will maintain program documentation consistent with HUD grant requirements and CoC policies.

Documentation requirements include:

- Referrals received from coordinated entry
- Services provided to survivors
- Training activities delivered to system partners
- Collaboration activities with victim service providers

Reporting must comply with HUD SSO-CE program requirements and applicable privacy protections.

15.3 Exceptions and Specialized Access Points

15.3.1 Engagement Center at Maryhaven

- Serves publicly inebriated participants experiencing homelessness who are unable to care for themselves.

- Functions outside the standard Hotline intake process due to clinical and safety considerations.
- Coordinates with the broader Coordinated Entry System when participants are stabilized and appropriate for housing referral.

15.3.2 CHOICES for Victims of Domestic Violence Shelter

- Operate an independent call center to ensure survivor safety and confidentiality.
- Does not participate in HMIS; maintains a comparable database in compliance with VAWA and confidentiality requirements.
- Coordinates with CoC housing resources while preserving survivor autonomy and safety.

15.3.3 Families with Children

- Families with minor children contacting the Homeless Hotline will be referred to Gladden Community House for diversion and homelessness prevention screening.
- Diversion staff will assess safe alternative housing options prior to emergency shelter placement.
- If no safe alternative is available, the family will be referred to the appropriate emergency shelter through Coordinated Entry.

15.3.4 Street Outreach

- Street Outreach teams are designated Coordinated Entry access points.
- Outreach staff will:
 - Use the CoC's standardized assessment tool.
 - Assist participants experiencing unsheltered homelessness in contacting the Homeless Hotline, or
 - Facilitate direct housing referrals based on participant preference.
- Outreach programs will refer eligible participants to:
 - Permanent Supportive Housing (PSH)
 - Rapid Re-Housing (RRH) for pregnant women and general RRH programs if or when there is capacity available.
 - Specialized RRH programs for survivors of domestic violence, dating violence, sexual assault, or stalking.

15.3.5 Rapid Resolution (CARR) Team – TAY

The CARR Team serves Transition-Age Youth (TAY) who:

- Are literally homeless, including unsheltered youth or youth staying in emergency shelter; or
- Are imminently at risk of homelessness; and
- Require individualized assistance to navigate housing and service resources.

The team prioritizes youth with higher vulnerability and service needs who may not be able to successfully access services independently.

15.3.5.1 Service Delivery Model

- Mobile Engagement

- The CARR Team operates as a mobile service unit, engaging youth in locations where they naturally access services or congregate.
- Engagement locations may include:
 - Community-based access points such as libraries and recreation centers
 - Drop-in centers such as Star House
 - Unsheltered locations
 - Emergency shelters
 - Community partner locations
- Remote communication channels including:
 - Phone
 - Text messaging
 - Email
 - Social media platforms

15.3.5.2 Identification of Youth Locations

The CARR Team will:

- Identify locations where TAY experiencing homelessness are frequently present;
- Report emerging locations to system administrators;
- Conduct regular outreach and in-reach activities at known youth congregation points.

15.3.5.3 Screening and Rapid Resolution Assistance

- Coordinated Entry Participation
 - Engage youth referred through the Homeless Hotline or other system partners.
 - Screen youth for homelessness or imminent risk.
 - Provide individualized support to resolve housing crises.
 - Determine eligibility for youth-specific housing interventions.
 - Prioritize youth for available housing resources.
 - Maintain tracking of all youth engaged who are:
 - Literally homeless
 - Assessed for housing assistance
 - Prioritized for transitional or permanent housing interventions
 - Awaiting placement in housing programs.
 - Have received facilitated access to housing and community resources
- Crisis Needs Assessment
 - Immediate housing needs
 - Safety concerns
 - Service needs
 - Appropriate intervention pathways
 - Basic Needs
 - Food
 - Clothing
 - Hygiene kits
 - Blankets

- Transportation support
- Housing Assessments
 - Homelessness prevention resources
 - Emergency shelter
 - Rapid Re-Housing
 - Transitional housing
 - Rapid Rehousing Screening Tool (RPT)
 - Other community supports.
- Rapid Resolution and Diversion
 - Strength-based problem-solving to quickly resolve housing crises whenever possible.
 - Mediation with family or support networks
 - Family reunification when safe and appropriate
 - Identification of safe alternative housing arrangements
 - Problem-solving to maintain existing housing.
 - Prevent shelter entry whenever safe and feasible.

15.3.5.4 Facilitated Access to Housing and Community Resources

The CARR Team provides individualized navigation and referral support to assist youth in accessing appropriate services and housing resources.

Referral pathways may include:

- Community-based prevention services
- Targeted homelessness prevention assistance
- Emergency shelter programs
- Rapid Re-Housing programs
- Transitional housing programs
- Family reunification services when safe and appropriate
- Host home programs
- Permanent Supportive Housing
- Mainstream benefits and income support
- Cash assistance programs
- Other supportive services identified through assessment.

The team will provide navigation assistance to help youth complete application and enrollment processes when needed.

15.3.6.5 Homelessness Prevention Network

- The Homelessness Prevention Network will screen households receiving services at local social service agencies for housing instability using a standardized screening tool.
- Households identified as unstably housed will:
 - Receive prioritization for agency-based assistance; and
 - Be referred to the Homeless Hotline or homelessness prevention programs when appropriate.

Documentation Standard

The following documentation should be maintained in the participant file and/or HMIS:

- Date and method of initial contact.
- Participant demographic information.
- Reason for seeking assistance.
- Diversion or problem-solving conversation and outcomes.
- Housing crisis screening results.
- Eligibility determination for services.
- Assessment tools completed (if applicable).
- Documentation of homelessness or housing status.
- Referrals made to shelter, housing, prevention, outreach, or other community resources.
- Participant acceptance or refusal of referrals offered.
- Safety concerns or urgent needs identified.
- Follow-up actions taken.
- HMIS entries documenting services provided and referrals made.

Communication Protocols

- Programs must communicate policies to staff and participants.
- Participant coordination requires timely information sharing among partners.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

16. Accessibility of Coordinated Entry Services

Purpose

The purpose of this policy is to ensure that Coordinated Entry services are accessible to all experiencing homelessness or at imminent risk of homelessness, without barriers related to disability, language, location, culture, or other factors that may limit equitable participation. This policy establishes system-wide expectations to promote inclusive, fair, and meaningful access to Coordinated Entry at all points of engagement.

Policy

All participating programs will ensure that Coordinated Entry services are accessible to all persons, including those with mobility barriers, disabilities, and limited English proficiency (LEP).

Coordinated Entry access, assessment, referral, and related communications will be delivered in a manner that complies with applicable federal, state, and local civil rights laws, including the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, Fair Housing Act requirements, and Title VI language access obligations.

Scope

This policy applies to all agencies, programs, staff, volunteers, trustees, contractors, and system partners participating in the Homeless Crisis Response System (HCRS) that are involved in Coordinated Entry assessment, prioritization, referral, enrollment, and housing placement activities.

This includes, but is not limited to:

- Street Outreach Programs
- Emergency Shelter Programs
- Rapid Re-Housing (RRH) Programs
- Permanent Supportive Housing (PSH) Programs
- Homelessness Prevention Programs
- Diversion Programs
- Coordinated Entry Staff
- Housing and Supportive Service Providers

All participating entities must follow established Coordinated Entry policies, prioritization standards, referral procedures, documentation requirements, and HMIS data standards to ensure equitable and timely access to housing and crisis response interventions.

Procedures

16.1 Physical Accessibility

All designated Coordinated Entry access points will operate in facilities that are physically accessible to participants with mobility impairments, including:

- Wheelchair-accessible entrances and pathways;
- Accessible restrooms where services are delivered onsite;
- Accessible meeting or intake spaces.

When physical accessibility cannot be provided at a specific location, programs must offer reasonable accommodations, including:

- Alternative accessible service locations;
- Remote or telephonic access;
- In-person outreach at accessible community locations.

16.2 Language Access for Persons with Limited English Proficiency (LEP)

Programs will ensure meaningful access for participants with limited ability to read, write, speak, or understand English. Programs must:

- Provide interpretation services at no cost to the participant;
- Utilize qualified interpreters (in-person, telephonic, or virtual);
- Avoid relying on minor children or other interpreters except in emergencies.
- Make available vital documents, including rights information, consent forms, grievance procedures, and assessment-related materials, that are translated into languages commonly spoken within the CoC geographic area, as appropriate.

16.3 Communication Access for Persons with Disabilities

Programs will provide effective communication accommodations for participants with disabilities, including but not limited to:

- American Sign Language (ASL) interpreters;
- Video Remote Interpreting (VRI);

- TTY/TDD or relay services;
- Written communication assistance;
- Assistive listening devices where applicable.

Programs will provide materials in alternative formats upon request, including:

- Large print;
- Braille (where feasible);
- Electronic formats compatible with screen readers;
- Audio recordings of key materials when needed.

16.4 Accessible Coordinated Entry Materials

Coordinated Entry materials, including public-facing outreach materials, assessment explanations, and participant rights information, will be:

- Written in plain language;
- Available in multiple languages, as appropriate;
- Provided in visually and audibly accessible formats when requested.

Staff will verbally review key rights, duties, and consent information to ensure comprehension when literacy barriers are identified.

16.5 Staff Responsibilities and Training

All Coordinated Entry staff will receive training on:

- Reasonable accommodation requirements;
- Language access protocols;
- Effective communication strategies for persons with disabilities;
- Civil rights and nondiscrimination obligations.

Documentation Standard

The following documentation should be maintained in the participant file and/or HMIS, when applicable:

- Date, location, and method of participant access (phone, in-person, outreach, virtual, etc.).
- Documentation of reasonable accommodations requested or provided.
- Language interpretation or translation services provided.
- Accessibility needs identified during screening or assessment.
- Referrals to specialized services or accommodations when needed.
- Documentation of alternative assessment methods used to ensure access.
- Outreach efforts made to engage individuals with barriers to accessing services.
- Participant requests for assistance related to disability, communication, transportation, or technology barriers.
- Resolution of identified access barriers.
- Complaints or grievances related to access and the actions taken to address them.

Communication Protocols

- Programs must communicate policies to staff and participants.
- Participant coordination requires timely information sharing among partners.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

17. Coordinated Entry Assessment

Purpose

The purpose of this policy and procedure is to establish a standardized, fair, and consistent approach to conducting assessments within the Coordinated Entry system. This policy ensures that all those experiencing homelessness or at imminent risk of homelessness are assessed in a timely, equitable, and person-centered manner to accurately determine service needs, vulnerability, and appropriate housing interventions.

Scope

This policy applies to all agencies, programs, staff, volunteers, trustees, contractors, and system partners participating in the Homeless Crisis Response System (HCRS) that are involved in Coordinated Entry assessment, prioritization, referral, enrollment, and housing placement activities.

This includes, but is not limited to:

- Street Outreach Programs
- Emergency Shelter Programs
- Rapid Re-Housing (RRH) Programs
- Permanent Supportive Housing (PSH) Programs
- Homelessness Prevention Programs
- Diversion Programs
- Coordinated Entry Staff
- Housing and Supportive Service Providers

All participating entities must follow established Coordinated Entry policies, prioritization standards, referral procedures, documentation requirements, and HMIS data standards to ensure equitable and timely access to housing and crisis response interventions.

Policy

CSB will operate a standardized, phased assessment process within the Coordinated Entry System (CES) to ensure uniform decision-making, equitable prioritization, and effective coordination of care for people experiencing a housing crisis.

All participants will be assessed using CoC-approved standardized tools appropriate to the access point and intervention type. Assessment information will be used solely to determine eligibility, service strategy, prioritization, and referral and will not be used to discriminate or limit access on any protected basis.

The assessment process will:

- Minimize barriers to access;
- Collect only the information necessary at each phase;
- Protect participant autonomy and privacy;
- Comply with HUD HMIS Data and Technical Standards and all applicable civil rights laws.

Procedures

17.1 Standardized Assessment Tools

The following standardized tools will be used across the CoC to ensure consistency:

17.1.1 Homeless Hotline

- **HMIS Data Collection Form** (Posted on csb.org).
- Document participant conditions, attributes, need level, and vulnerability.
- Determine service strategy and prioritization.
- Refer families with children to Gladden Community House for diversion screening.

17.1.2 Diversion and Prevention

- **Housing Loss Screener (Appendix B)** to assess risk of imminent homelessness and eligibility for prevention services.
- **Homelessness Prevention Prioritization Tool (Appendix C)** to prioritize for prevention services.
- Assess safe alternative housing options prior to shelter entry.

17.1.3 Housing Intervention Screening

- **Emergency Shelter Intake and Case Management Package (Appendix A)**-used for basic needs assessment .
- **Rapid Rehousing Prioritization Tool (RPT) for RRH (Appendix D)** — used for Rapid Re-Housing referrals.
- **Severity of Service Needs Screening Tool for PSH** (See USHS Narrative Manual and Policies & Procedures— used for Permanent Supportive Housing referrals.

17.2 Phases of Assessment

Assessment occurs progressively and collects only information necessary for the relevant phase.

Phase 1: Triage

- Conducted immediately upon engagement.
- Identifies the immediate housing crisis.
- Determines whether the homeless crisis response system is appropriate to address the need.

Phase 2: Diversion and Prevention Screening

- Conducted concurrently with triage for single adults.
- Conducted the same day for families.
- Evaluates existing household and community resources to avoid shelter entry.

Phase 3: Crisis Services Intake

- Initiated if diversion is unsuccessful.
- Collects information necessary for emergency shelter enrollment.

Phase 4: Housing Needs and Vulnerability Assessment

- Completed within five (5) business days of shelter entry.
- Identifies housing and service needs to resolve the crisis.
- Assesses vulnerability and prioritization for RRH or PSH.
- Refers households to the most appropriate intervention.

Phase 5: Ongoing Housing Stabilization

- After housing placement, case managers continue to update information and provide referrals to support long-term stability.

17.3 Assessor Training and Quality Assurance

Community Shelter Board (CSB), on behalf of the CoC, will:

- Provide at least annual training for all staff conducting Coordinated Entry assessments.
- Ensure training includes:
 - Coordinated Entry policies and procedures
 - Use of assessment tools
 - Prioritization methodology
 - Uniform referral standards
 - Civil rights and nondiscrimination requirements
- Conduct routine quality assurance activities to assess compliance and identify technical assistance needs.

17.4 Nondiscrimination and Fair Access

Assessment data may document membership in protected classes but will never be used to prioritize, restrict, or steer households based on protected characteristics, including:

- Race
- Color
- Religion
- National origin
- Sex
- Age
- Familial status
- Disability
- Sexual orientation (actual or perceived)
- Gender identity
- Marital status

17.5 Family Definitions

- **Family Shelter:** A Household that includes one or more children under the age of 18, in the legal custody of an adult in the household. Exception: Adult family that includes a dependent unable to care for themselves due to a severe, chronic mental or physical impairment—such as autism, cerebral palsy, intellectual disability, or epilepsy—that begins before age 22, lasts indefinitely, and causes substantial limitations in key life areas like self-care, learning, mobility, and independent living, where an adult in the household is the primary care-giver.
- **RRH:** Any group presenting together, with or without children, regardless of relationship, marital status, sexual orientation, gender identity, age, or disability status.
- **PSH:** Same as RRH. Additionally, at least one household member must have a

17.6 Participant Autonomy

- Participants may refuse to answer assessment questions.

- Participants may refuse referrals without penalty.
- Refusal will not negatively impact prioritization.
- Participants will not be pressured to disclose disability or medical diagnosis information.

Failure to provide required documentation for specific programs may limit eligibility for those programs but will not affect overall system access.

17.7 Updating Assessments

- Participant information must be reviewed and updated at least annually and whenever current information becomes available.
- HMIS data may be updated after initial collection to reflect:
 - Newly disclosed information
 - Corrections
 - Previously unanswered questions

Programs will implement engagement strategies to maximize completion of required HMIS data elements.

Documentation Standards

The following documentation should be maintained in the participant file and/or HMIS:

- Completed Coordinated Entry Assessment (e.g., RPT, SSVF, or other approved assessment tool)
- Date of assessment and staff member completing the assessment
- Documentation of homelessness status and eligibility
- Participant consent and release of information forms, when applicable
- Assessment score, prioritization level, and housing recommendation
- Supporting documentation used to verify assessment responses, when available
- Referrals made to housing programs or supportive services
- Documentation of participant choice and housing preferences
- Case notes related to assessment findings and next steps
- Documentation of updates, reassessments, or changes in housing needs
- Record of communication with the participant regarding assessment results and referrals
- HMIS documentation showing assessment completion, prioritization status, and referral activity

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

18. Prioritization for Housing and Crisis Response Interventions

Purpose

The purpose of this policy is to establish a standardized, transparent, and system-wide approach to prioritizing participants for housing and crisis response interventions within the homeless crisis response system. This policy ensures that limited resources are allocated in a fair and consistent manner.

Scope

This policy applies to all agencies, programs, staff, volunteers, trustees, contractors, and system partners participating in the Homeless Crisis Response System, including outreach, shelter, housing, prevention, and supportive services programs.

Policy

Partner Agencies will use data collected through the Coordinated Entry System (CES) to prioritize those homeless for assistance and program enrollment across the CoC geographic area.

Prioritization decisions will be based on:

- Standardized assessments
- Documented service needs
- Vulnerability
- Eligibility criteria.

Prioritization will be applied consistently, equitably, and in compliance with all applicable nondiscrimination requirements.

Emergency shelter access will not be prioritized except for families, pregnant women and veterans who have the appropriate verified service eligibility; shelter will be reserved for individuals and families who have no safe alternative and will stay in a place not meant for human habitation that night.

Procedures

18.1 Determination of Need

- For single adults: Need is determined by the Homeless Hotline during the diversion portion of the standardized screening.
- For families: Need is determined during diversion screening conducted by Gladden Community House.

18.2 Overflow and Capacity

- During freezing weather, all participants who need shelter will receive it.
- During non-overflow months:
 - All families who need shelter will receive it.
 - Single adults may be placed on a waitlist depending on bed availability.

18.3 Domestic Violence Crisis Response

Those fleeing domestic violence, dating violence, sexual assault, or stalking who contact the Homeless Hotline will:

- Be immediately connected to the local domestic violence shelter, appropriate intervention hotline, or 911, as applicable.
- Remain connected with the Homeless Hotline clinician until successful linkage is confirmed.
- Be provided with transportation assistance when necessary to ensure safe access.

18.4 Transitional Housing Prioritization

18.4.1 Youth Transitional Housing

Transitional housing programs serving youth ages 16–24 will:

- Serve youth experiencing homelessness who can safely remain in the community with support.
- Prioritize participants using the RPT.

18.4.2 Domestic Violence Transitional Housing

Transitional housing programs may serve Survivors of Domestic Violence who:

- Require additional time to identify permanent housing; or
- Elect to receive services prior to transitioning into permanent housing.

18.5 Rapid Re-Housing (RRH) Prioritization

18.5.1 Screening and Pool Placement

- Screen using the RPT within 5 to 7 business days of entry into emergency shelter.
- Complete an updated assessment every 6 months for clients not already enrolled in a RRH program or referred to a PSH program.

18.5.2 Separate Dynamic Prioritization Pools

The system will maintain separate pools and RRH program capacity for:

- Single adults
- Families

18.5.3 Vacancy Management

Any program that has more need than they have capacity for, must use a Dynamic Prioritization Pool. They must select that person at the top of the list based on program thresholds when:

- A vacancy exists; or
- The program anticipates upcoming capacity (e.g., exit notice received).

18.5.4 Separate Dynamic Prioritization Pools

Separate dynamic prioritization pools are maintained for:

- Single Adult Rapid Rehousing
- Family Rapid Rehousing
- Family Prevention
- Survivors of domestic violence, dating violence, sexual assault, or stalking (maintained by DV CE).
- Permanent Supportive Housing (see USHS P&Ps)

Pregnant women, Transitional-Age Youth and survivors of domestic violence are identified as characteristics in each pool listed above for RRH programs that serve special populations. Past sexual offense conviction is identified as a characteristic in the Single Adult RRH pool for system case conference review of referrals.

18.5.5 Enrollment

When an RRH opening occurs:

- The household in the applicable Dynamic Prioritization Pool with the highest prioritization score, within acceptable range, will be referred.
 - If two households have the same prioritization score, the household referred earliest will receive priority.

18.5.6 RRH Target Populations

All participants in emergency shelter are screened for RRH assistance. The following are targeted populations:

- Households with pregnant women not engaged with another re-housing provider;
- Veterans not eligible for Supportive Services for Veteran Families (SSVF);
- Survivors of domestic violence (including specialized RRH programs);
- Transition-Age Youth not engaged with another re-housing provider (including specialized RRH for TAY).

18.7 Permanent Supportive Housing (PSH) Prioritization

Please see the **USHS Narrative Manual and Policies & Procedures** for information on how people in this system are prioritized.

Documentation Standards

The following documentation should be maintained in the participant file and/or HMIS:

- Completed prioritization assessment (e.g., RPT, SSNA, VI-SPDAT, or other approved tool)
- Date of assessment and staff completing the assessment
- Assessment score and prioritization outcome
- Documentation supporting eligibility for housing or crisis response services
- Verification of homelessness status and chronic homelessness status, when applicable
- Documentation of disability status, when required for program eligibility
- Record of participant preferences and housing needs
- Referral records to housing programs, shelter, outreach, prevention, RRH, or PSH
- Case notes explaining prioritization decisions and recommendations
- Documentation of case conferencing decisions, if applicable
- Updates or reassessments when participant circumstances change
- HMIS records showing prioritization status, referrals, and program matching activities

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

19. Referral and Enrollment through Coordinated Entry

Purpose

The purpose of the Coordinated Entry Referral and Enrollment Policy is to ensure that individuals and families experiencing homelessness are referred to and enrolled in housing and crisis response interventions through a fair, consistent, transparent, and housing-focused process.

This policy establishes standardized procedures for:

- Matching participants to appropriate housing and service interventions based on assessed need, vulnerability, eligibility, and participant choice.
- Ensuring referrals and enrollments are conducted in accordance with Continuum of Care (CoC), HUD, and local Coordinated Entry requirements.
- Promoting equitable access to housing resources and reducing barriers to assistance.
- Prioritizing individuals and families for available housing opportunities using approved assessment and prioritization processes.
- Ensuring timely communication, documentation, and follow-up throughout the referral and enrollment process.
- Supporting accurate HMIS documentation and data quality.
- Increasing successful housing placements and reducing the length of time individuals and families experience homelessness.
- Providing accountability and consistency across all providers participating in the Coordinated Entry System.

Scope

This policy applies to all agencies, programs, staff, volunteers, trustees, contractors, and system partners participating in the Homeless Crisis Response System (HCRS) that are involved in Coordinated Entry assessment, prioritization, referral, enrollment, and housing placement activities.

This includes, but is not limited to:

- Street Outreach Programs
- Emergency Shelter Programs
- Rapid Re-Housing (RRH) Programs
- Permanent Supportive Housing (PSH) Programs
- Homelessness Prevention Programs
- Diversion Programs
- Coordinated Entry Staff
- Housing and Supportive Service Providers

All participating entities must follow established Coordinated Entry policies, prioritization standards, referral procedures, documentation requirements, and HMIS data standards to ensure equitable and timely access to housing and crisis response interventions.

Policy

All Partners Agencies will enroll new participants exclusively through the Continuum of Care (CoC) Coordinated Entry referral process. Direct admissions outside of the established prioritization and referral process are prohibited unless explicitly authorized under CoC policy.

- Referral decisions will be based on standardized assessment results, eligibility criteria, and prioritization protocols.
- Participant choice will be respected throughout the referral and enrollment process.
- Programs are expected to accept appropriate referrals and may only deny referrals under limited and documented circumstances.

Procedures

19.1 Exclusive Referral Requirement

All participating programs, including Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), Transitional Housing (TH), and other CoC-funded housing interventions, will:

- Accept new enrollments solely through the CoC's designated referral process;
- Maintain alignment with applicable Dynamic Prioritization Pools or other established referral lists;
- Refrain from maintaining separate internal waitlists outside the Coordinated Entry System.
- Programs will ensure staff are trained in referral protocols and prohibited enrollment practices.

19.2 Participant-Declined Referrals (Participant Choice)

Participant autonomy will be respected at all stages of the referral process.

Participants will:

- Receive clear information regarding available housing options;
- Be informed of program expectations and services;
- Be afforded choice among available and appropriate programs whenever feasible.
- If a participant declines a referral:
 - The refusal will not negatively impact prioritization status;
 - The household will remain in the applicable Dynamic Prioritization Pool;
 - The household will be considered for the next appropriate opportunity.

Staff will document:

- The referral offered;

- Information provided to the participant;
- The participant’s decision;
- Any stated reason for declining (if voluntarily provided).

19.3 Provider-Declined Referrals

19.3.1 Expectation of Acceptance

Programs are expected to accept referrals from the applicable prioritization pool when vacancies exist. Pool managers are responsible for referring only households that meet basic eligibility and program criteria.

19.3.2 Permissible Denials

A provider may deny a referral only under rare and documented circumstances, including but not limited to:

- The household does not meet established program eligibility requirements;
- A member of the household presents a documented and substantiated danger to self or others that cannot be mitigated through reasonable accommodation;
- The program’s services are demonstrably insufficient to address the intensity or scope of the household’s needs.

Denials will not be based on protected characteristics or subjective program preferences.

19.3.3. Denial Process

When a provider declines a referral:

- The provider must notify the Pool Manager within two (2) business days;
- The notification must include the specific reason for denial;
- The denial must be documented in the appropriate system of record (e.g., HMIS or comparable database).

19.4 System-Level Review and Resolution

Unique or complex situations related to vacancies, referrals, or repeated denials will be reviewed within the appropriate system operations body, including:

- Adult System Operations Workgroup
- Youth System Operations Workgroup
- System Level Case Conferences

These bodies may:

- Review referral patterns;
- Identify system barriers;
- Recommend process improvements;
- Escalate policy concerns to CoC leadership as appropriate.

Documentation Standard

The following documentation should be maintained in the participant file and/or HMIS:

- Completed Coordinated Entry assessment and prioritization tool

- Assessment date and staff completing the assessment
- Eligibility verification for the recommended housing intervention
- Documentation of homelessness and chronic homelessness status, when applicable
- Disability verification, when required for program eligibility
- Case conferencing recommendations and referral decisions, when applicable
- Referral date and program referred to
- Documentation of participant notification regarding referral
- Participant acceptance or decline of referral
- Program enrollment documentation, including enrollment date
- Documentation of unsuccessful referral attempts or inability to locate the participant
- Case notes supporting referral, enrollment, or declination decisions
- HMIS records documenting referral, referral outcome, and enrollment status

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

HOMELESSNESS PREVENTION

20. Homelessness Prevention Programs

Purpose

The purpose of the Homelessness Prevention Program is to prevent individuals and families from entering literal homelessness by providing targeted housing stabilization services, case management, problem-solving assistance, and limited financial assistance to eligible households experiencing a housing crisis.

The program is designed to rapidly resolve housing instability, preserve existing housing whenever possible, minimize entry into emergency shelter, and promote long-term housing stability through connection to community resources and mainstream benefits. Homelessness Prevention programs support the homeless crisis response system by intervening upstream of shelter entry and prioritizing households with the greatest risk of imminent homelessness.

Scope

This policy applies to all homelessness prevention programs operating within the homeless crisis response system and funded through local, state, federal, or targeted prevention funding streams, including but not limited to:

- Temporary Assistance for Needy Families (TANF)
- Community Shelter Board prevention funding
- Local prevention initiatives
- Emergency assistance resources
- Flexible financial assistance programs

This policy governs:

- Program eligibility
- Prioritization standards
- Referral and intake procedures
- Case management expectations
- Financial assistance administration
- Documentation requirements
- Housing stabilization practices
- Service limitations
- Program exits and closures
- This policy applies to all staff, supervisors, contracted providers, partner agencies, and prevention program participants.

Policy

Homelessness Prevention programs shall provide diversion and stabilization-focused interventions to eligible households who are at imminent risk of literal homelessness and who lack safe alternative housing options or sufficient resources to maintain housing independently. Programs shall:

- Prioritize rapid resolution of housing crises;

- Utilize progressive engagement and problem-solving strategies;
- Minimize entry into emergency shelter;
- Promote safe and sustainable housing outcomes;
- Ensure equitable and consistent access to services;
- Maintain compliance with all applicable funding requirements and system standards.
- Homelessness Prevention assistance shall be temporary, housing-focused, and designed to support immediate stabilization while maximizing household self-sufficiency and community support connections.
- Participation in housing stabilization case management is required for households receiving ongoing prevention assistance.
- Use the standard for calculating annual income under 24 CFR 5.609.

Procedures

20.1 Program Purpose and Goals

Homelessness Prevention programs will ensure that:

- Families and individuals avoid entering literal homelessness;
- Households stabilize safe and sustainable housing;
- Children maintain school stability whenever possible;
- Families and individuals increase awareness of and connection to community resources;
- Households receive support designed to rapidly resolve housing crises;
- Financial assistance is used strategically and only when necessary to prevent homelessness.

20.2 Participant Needs

Prevention programs must coordinate and integrate with mainstream housing, health, social services, employment, education, and youth programs for which participants at risk of homelessness might be eligible. Homelessness Prevention programs must assist each program participant, as needed, to obtain:

- Appropriate supportive services, including assistance in obtaining:
 - Permanent housing
 - Medical health treatment
 - Mental health treatment
 - Counseling
 - Supervision
 - Other services essential for achieving independent living;
- Other Federal, State, local, and private assistance available to assist the program participant in obtaining housing stability, including:
 - Medicaid
 - Supplemental Nutrition Assistance Program
 - Women, Infants and Children (WIC)
 - Federal-State Unemployment Insurance Program
 - Social Security Disability Insurance (SSDI)

- Supplemental Security Income (SSI)
- Child and Adult Care Food Program
- Other assistance available under the programs listed in § 576.400(c).

20.3 Program Eligibility and Target Populations

20.3.1 Family Homelessness Prevention

The homelessness prevention program administered by Gladden Community House serves families with children who are at imminent risk of losing housing and entering emergency shelter.

To qualify, families must meet all the following criteria:

1. Household Composition

The household must include:

- At least one child under age 18; or
- An 18-year-old who is actively enrolled in high school;
- The child must be in the legal custody of one or more adults residing in the household.

2. Imminent Risk of Literal Homelessness

The family must be at imminent risk of literal homelessness, meaning:

- Housing loss will occur within thirty (30) days; and
- The family has no safe or appropriate alternative housing options; and
- The family lacks sufficient financial resources or support networks to maintain or secure housing independently.

3. Required Documentation

Families must provide documentation demonstrating imminent housing loss. Acceptable documentation may include:

- Court-ordered eviction notice;
- Landlord notice to vacate or eviction notice;
- Letter from host family or friend requiring the household to leave;
- Utility shut-off notice directly impacting habitability;
- Hotel/motel exit notice;
- Any other documentation verifying housing loss within thirty (30) days.

4. Income Eligibility

- Gross household income must be below thirty-five percent (35%) of Area Median Income (AMI);

- Income documentation must be verified at intake and maintained in the participant file.

5. Participation Requirement

The household must:

- Agree to participate in case management and housing stabilization services;
- Engage in housing-focused goal planning;
- Cooperate with documentation and verification requirements.

20.3.1.1 Prioritization Standards

When program demand exceeds available resources, priority shall be given to households with the highest level of housing instability and vulnerability. Priority populations include:

- Families facing housing loss within fourteen (14) days;
- Families with school-aged children;
- Families residing in overcrowded or doubled-up situations with other households;
- Families with no income or extremely low income;
- Families with documented disabling conditions;
- Households fleeing unsafe living conditions not otherwise eligible for domestic violence shelter services;
- Families with repeated episodes of homelessness or shelter utilization.

Programs may also consider:

- Severity of housing crisis;
- Risk of child welfare involvement;
- Medical or behavioral health vulnerabilities;
- Availability of alternative housing resources.

20.3.1.2 Referral and Intake Procedures

20.3.1.2.1 Referral Sources

Referrals may originate from:

- Homeless Hotline;
- Community-based organizations;
- Schools and educational liaisons;
- Child welfare agencies;
- Courts;
- Hospitals and healthcare systems;
- Self-referrals;
- Other homeless crisis response system partners.

20.3.1.2.2 Intake Assessment

Program staff shall complete a housing-focused assessment that includes:

- Current housing status;
- Imminence of housing loss;
- Household composition;
- Income and financial resources;
- Barriers to housing stability;
- Natural supports and diversion opportunities;
- Safety concerns;
- Housing history;
- Prior prevention assistance.

20.3.1.3 Diversion and Problem-Solving

Prior to financial assistance approval, staff shall explore:

- Mediation with landlords or hosts;
- Temporary alternative housing arrangements;
- Family or social support resources;
- Budgeting and income adjustments;
- Community-based assistance options;
- Mainstream benefit access.
- Financial assistance shall only be provided when necessary to prevent literal homelessness.

20.3.1.4 Case Management and Housing Stabilization

Participants receiving prevention assistance shall engage in housing stabilization services, which may include:

- Housing-focused case management;
- Budgeting and financial planning;
- Employment and income support;
- Landlord mediation;
- Benefits connection;
- Childcare and school stability coordination;
- Legal referrals;
- Connection to healthcare and behavioral health services.
- Case management contacts shall occur at a frequency determined by household acuity and funding requirements.
- Staff shall develop individualized housing stabilization plans with clear goals, action steps, and timelines.

20.3.1.5 Financial Assistance

20.3.1.5.1 Eligible Assistance

Financial assistance may include:

- Rental arrears;
- Utility arrears;
- Security deposits;
- Short-term rental assistance;

- Application fees;
- Moving costs;
- Other approved housing stabilization expenses.

20.3.1.5.2 Financial Assistance Standards

- All financial assistance:
- Must directly support homelessness prevention;
- Must be documented and verified;
- Must be reasonable and cost-effective;
- Must comply with funding source requirements;
- Shall be approved according to agency authorization procedures.
- Programs shall utilize the minimum level of financial assistance necessary to stabilize housing whenever possible.

20.3.1.5.3 Payment Procedures

- Payments shall generally be made directly to:
 - Landlords;
 - Utility providers;
 - Property managers;
 - Approved vendors.
- Cash payments to participants are prohibited unless specifically authorized by funding guidelines.

20.3.1.6 Documentation Requirements

Participant files must include:

- Intake and assessment documentation;
- Proof of identity and household composition;
- Income verification;
- Documentation of imminent housing loss;
- Case management notes;
- Housing stabilization plans;
- Copies of financial assistance approvals and payments;
- Release of information forms;
- Program exit documentation.
- All records shall be maintained in accordance with confidentiality requirements and applicable record retention standards.

20.3.1.7 Program Exit and Closure

A household may exit the program when:

- Housing has stabilized;
- Prevention assistance is no longer necessary;
- The household becomes ineligible;
- The household disengages from services;

- The household voluntarily withdraws.
- Staff shall attempt to complete a final housing stabilization review and provide referrals to ongoing community resources prior to closure whenever possible.

20.3.2 FCCS Homelessness Prevention

The Franklin County Children Services (FCCS) / Gladden Community House Homelessness Prevention Program serves families with minor children engaged with an FCCS intake unit.

Eligibility requirements include:

- The household must have one or more minor children.
- The family must face housing loss within 30 days (about 4 and a half weeks).
- No safe housing alternatives must exist.

There are no income requirements for this program.

20.3.3 Homelessness Prevention for Expectant Mothers (HPEM)

The Homelessness Prevention for Expectant Mothers (HPEM) program administered by Homes for Families serves pregnant women who are at imminent risk of homelessness.

Eligibility requirements include:

- Income below 35% of Area Median Income (AMI).
- Imminent housing loss within 30 days (about 4 and a half weeks).
- No alternative housing options or financial resources.

Priority may be given to pregnant women living in Columbus neighborhoods with high infant mortality rates. Community partners such as:

- CelebrateOne
- Moms2B
- Center for Healthy Families

Conduct diversion screening using a universal risk screening tool. Participants identified as being at imminent risk of homelessness may be referred to the HPEM program.

20.3.4 Veteran Homelessness Prevention

The Veterans and Families First (VFF) program administered by:

- Volunteers of America Ohio & Indiana
- Lutheran Social Services of Central Ohio is funded through the Supportive Services for Veteran Families (SSVF) program and serves very low-income Veterans and their households.

20.3.4.1 Program Eligibility

Eligibility requirements include:

- Veteran status for at least one household member
- Risk of literal homelessness within 30 days (about 4 and a half weeks)

Services may be provided to the entire household if the intervention supports housing stability.

20.3.4.2 Program Entry and Referral Process

Families eligible for prevention services are referred through:

- Family Diversion services operated by Gladden Community House
- The Homelessness Prevention Network

Following referral:

1. A prevention case manager contacts the family to conduct eligibility screening.
2. If the household meets eligibility requirements and program capacity is available, the case manager completes:
 - A family assessment; and
 - A program enrollment form.
3. Services begin upon enrollment.

20.3.4.3 Eligible Activities and Services

Participants receive case management and stabilization services, typically:

- Bi-weekly case management for approximately four months in the Gladden prevention program.
- Up to 12 months of services in the HFF prevention program.

Services may include:

1. Case Management and Housing Support
 - Housing search and placement assistance
 - Mediation between tenants and landlords
 - Individualized Housing Stabilization Planning
 - Life skills training
2. Education and Family Services
 - School stability support
 - Referrals to McKinney-Vento education staff
 - Parenting classes
3. Employment and Benefits Support
 - Employment referrals and workforce services
 - Assistance accessing public benefits
4. Health and Behavioral Health
 - Mental health referrals
 - Substance use treatment referrals
 - Pregnancy-related services and maternal health supports
5. Legal and Safety Services
 - Legal services referrals

- Referrals for domestic violence, sexual assault, and stalking support

6. Financial Assistance

Participants may receive financial assistance through DCA funds for housing costs such as:

- Security deposits
- Rental assistance
- Utility arrears or deposits
- Current utility payments
- Rental application fees

20.3.4.4 Program Exit

Participants should exit prevention services when:

- They have stabilized housing.
- Their housing is sustainable.
- They are connected to necessary community resources.

20.3.4.4.1 Successful Exit

Participants are considered successfully exited when:

- Their housing destination at exit is stable permanent housing; and
- Documentation indicates housing stability and access to ongoing support.

Successful exits must be documented in HMIS and in digital or physical case notes.

20.3.4.4.2 Unsuccessful Exit

Participants are considered unsuccessfully exited when:

- Housing is unstable or unsustainable; or
- The household loses housing during program participation.

Case managers must consult with supervisors and document all efforts made to prevent an unsuccessful exit.

20.3.4.5 Termination of Assistance

Programs may terminate assistance if a participant violates program requirements.

Terminations must:

- Follow a formal process established by the provider;
- Consider extenuating circumstances;
- Be used only after all alternatives have been exhausted.

All terminations require:

- Written documentation; and
- A Letter of Termination.

20.3.4.6 Case Closure

Case closure planning must begin at program intake and be clearly communicated to participants. Programs should provide only the assistance necessary to stabilize housing.

Case closure decisions must consider:

- Household financial stability
- Lease compliance

- Completion of housing stabilization goals
- Linkage to community resources

Documentation Standard

Programs must maintain documentation verifying program eligibility and service delivery.

Required documentation includes:

- Proof of imminent housing loss
- Housing inspections for new units, including lead-based paint compliance
- Lease documentation when applicable
- Income eligibility documentation
- TANF forms when required
- Intake records and service documentation
- Individualized Housing Stabilization Plans (IHSP)
- Referral documentation when services cannot be provided
- Termination letters and exit documentation
- Documentation verifying HMIS data entries

Photographs of documents may be used when copies cannot be obtained.

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

EMERGENCY SHELTER

21. Minimum Standards for Emergency Shelter

Purpose

Emergency shelters participating in the homeless crisis response system must meet minimum standards for safety, sanitation, accessibility, and privacy to ensure the health and well-being of program participants.

The following procedures establish operational requirements for maintaining these standards.

Scope

This policy applies to all Emergency Shelter programs operating within the Homeless Crisis Response System (HCRS), including family, single adult, veteran, domestic violence, overflow, and seasonal shelter programs.

It applies to:

- Shelter staff, supervisors, managers, and administrators
- Volunteers, contractors, and partner agencies providing shelter services
- Individuals and families seeking or receiving emergency shelter services
- Coordinated Entry, Homeless Hotline, and referral partners
- Shelter operations, service delivery, participant engagement, and housing stabilization activities

This policy governs emergency shelter eligibility, admission, participation, service delivery, housing-focused case management, participant rights and responsibilities, documentation requirements, transfers, exits, and coordination with housing and community resources. All emergency shelter programs are expected to operate in accordance with HUD, Continuum of Care (CoC), local Homeless Crisis Response System standards, fair housing requirements, and applicable federal, state, and local regulations.

Policy

Emergency shelter operators will maintain facilities that comply with federal accessibility laws and provide a safe, sanitary, and habitable environment for all residents.

Procedures

21.1 Building Specific

21.1.1 Structural Integrity and Building Safety

Emergency shelter facilities must be structurally sound and capable of protecting residents from environmental hazards such as weather, temperature extremes, and structural failure. Operators must ensure that:

- Buildings are maintained for good repair.
- Structural components such as roofs, walls, foundations, windows, and doors are intact and function properly.

- Conditions that could pose risks to resident health or safety are promptly addressed.
- Routine inspections are conducted to identify structural deficiencies and ensure timely repairs.

21.1.2 Accessibility Requirements

Emergency shelters must be accessible in compliance with applicable federal civil rights and accessibility regulations, including:

- Section 504 of the Rehabilitation Act
- The Fair Housing Act
- Title II of the Americans with Disabilities Act (ADA)

Shelters must ensure that participants with disabilities have:

- Equal access to shelter services and facilities.
- Reasonable accommodations when necessary to ensure access to shelter services.
- Prompt response to requests for accessibility accommodations.

21.1.3 Sleeping Space and Resident Security

Emergency shelters must provide each resident with an acceptable place to sleep. Shelters must:

- Have sleeping areas that include:
 - Adequate personal space for each participant;
 - Safe sleeping surfaces such as beds or mats appropriate for shelter use;
 - Secure space for residents to store personal belongings where feasible.
- Maintain policies and procedures that promote resident safety and personal security within sleeping areas.

21.1.4 Interior Air Quality and Ventilation

- Each room or occupied space must have a natural or mechanical ventilation system.
- Ventilation must ensure that indoor air quality does not contain pollutants at levels that could threaten or harm resident health.
- Shelter staff must address air quality concerns promptly, including:
 - Mold or mildew issues
 - Smoke or fumes
 - Inadequate ventilation.

21.1.5 Safe Water Supply

Emergency shelters must:

- Maintain a water supply that is free from contamination.
- Make water available for drinking, food preparation, bathing, and sanitation.
- Ensure plumbing systems function properly and comply with applicable health standards.

21.1.6 Sanitary Facilities

Emergency shelters must provide sufficient sanitary facilities for all residents; this includes restrooms, showers, sleeping space, common areas, and handwashing stations. Sanitary facilities must:

- Be in proper operating condition;
- Provide privacy for users;
- Allow for adequate personal hygiene and disposal of human waste.
- Be cleaned regularly and as needed to maintain safe operating conditions. Shelters must regularly:
 - Clean sleeping areas.
 - Remove trash and waste.
 - Clean areas that are visibly soiled.
 - Use pest control measures to prevent infestation.

21.1.7 Thermal Environment

Emergency shelter facilities must maintain a thermal environment that protects residents from extreme temperatures; they include heating and cooling systems. Heating and cooling systems must:

- Be operational during applicable seasonal conditions;
- Maintain indoor temperatures that support resident health and safety.
- Be in working order with equipment failures being addressed immediately.

21.1.8 Lighting and Electrical Safety

Emergency shelter facilities must have adequate natural or artificial lighting to support normal indoor activities and ensure resident safety. Electrical systems include outlets, wiring, and fixtures.

- Electrical systems must provide enough outlets and power sources for safe use of electrical equipment.
- Electrical systems must be maintained in safe working conditions.
- Shelter staff must report and address electrical hazards immediately.

21.1.9 Food Preparation Areas

Emergency shelters providing meals or food preparation services must maintain designated areas for food storage, preparation, and service. Food preparation areas must:

- Contain sufficient space and appropriate equipment
- Maintain sanitary conditions
- Comply with applicable food safety standards

- Have refrigeration, cooking equipment, and food storage in proper working order.

21.1.10 Fire Safety

21.1.10.1 Emergency Exits

Shelters must maintain at least two means of exiting the building in case of fire or emergency. Emergency exits must:

- Be clearly marked;
- Remain unobstructed;
- Be accessible to residents and staff.

21.1.10.2 Smoke Detectors in Resident Units

Each unit or sleeping area must:

- Contain at least one battery-operated or hard-wired smoke detector in proper working conditions.
- Have smoke detectors in hallways adjacent to sleeping areas.
- Include alarm systems designed for hearing-impaired participants (for bedrooms used by a participant who is hearing-impaired).

21.1.10.3 Smoke Detectors in Common Areas

All public areas must contain enough smoke detectors, with at least one detector in each area. Public areas include, but are not limited to:

- Laundry rooms
- Community rooms
- Childcare spaces
- Hallways
- Stairwells
- Other shared areas.

Emergency shelters must:

- Routinely test smoke detectors to ensure they remain operational.

21.2 Essential Participant Services

Emergency shelters should provide essential services to help participants stabilize housing and move toward permanent housing.

21.2.1 Case Management

Emergency shelter case managers shall:

- Complete eligibility and housing assessments.
- Coordinate services and referrals.
- Help participants access benefits and community resources.
- Monitor progress toward housing goals.

- Provide counseling and support.
- Conduct safety planning for survivors of domestic violence, dating violence, sexual assault, or stalking.
- Develop individualized housing and service plans.

Emergency shelter leadership must provide at least monthly case supervision. Weekly supervision is recommended.

21.2.1.1 Case Conferencing

Case conferencing may involve multiple providers, other system service providers, and system administrators working collaboratively to resolve housing barriers.

Emergency shelter providers should have regular weekly case conferencing in conjunction with rapid rehousing providers. Shelter providers should prioritize participants with a length of stay over 90 days and/or a lack of progress towards obtaining housing.

- Address barriers to housing placement
- Identify additional service options
- Coordinate system resources.

21.2.2 Child Care

Emergency shelters may help participants pay for childcare services when needed for housing stability.

- Children must be:
 - Under age 13; or
 - Under age 18 if disabled.
- Childcare providers must be properly licensed.
- Services may include:
 - Supervision
 - Meals and snacks
 - Age-appropriate developmental activities

21.2.3 Education Services

Emergency shelters may help participants improve educational and life skills needed to obtain and maintain housing. Services may include:

- GED preparation
- Literacy education
- English as a Second Language (ESL)
- Consumer education
- Health education
- Substance abuse prevention education
- Support may include:
 - Assessment and testing
 - Individual or group instruction

- Tutoring
- Books and educational materials
- Counseling and referrals

21.2.4 Employment Assistance and Job Training.

Emergency shelters may help participants obtain and maintain employment. Reasonable participant stipends may be provided when allowable. Services may include:

- Job readiness training
- Job search assistance
- Resume and interview preparation
- Vocational training
- Certification or licensing support
- On-the-job training
- Computer-based instruction
- Job coaching and counseling
- Referrals to employment resources

21.2.5 Outpatient Health Services

Emergency shelters may provide or coordinate access to medical care when other community resources are unavailable. Services must be provided by licensed medical professionals. Services may include:

- Health assessments
- Treatment planning
- Medical care and follow-up
- Preventive care
- Medication support
- Emergency medical services
- Preventive dental care

21.2.6 Legal Services

Emergency shelters may provide or coordinate access to legal assistance related to housing stability. Services should be provided by trained professionals. Services may include:

- Legal advice
- Representation at hearings
- Case preparation
- Legal counseling
- Filing fees and court costs when eligible

Eligible legal issues include:

- Child support
- Guardianship
- Paternity
- Emancipation

- Legal separation
- Protection orders
- Domestic violence-related legal matters
- Public benefits appeals
- Veterans benefits appeals
- Resolution of outstanding criminal warrants
- Legal services related to immigration, citizenship, mortgages, contingency fees, or retainer agreements are not eligible.

21.2.7 Life Skills Training

Emergency shelters may help participants develop skills necessary for independent living and housing stability. Topics may include:

- Budgeting and money management
- Household management
- Communication skills
- Conflict resolution
- Time management
- Tenant responsibilities
- Problem-solving and decision-making
- Accessing community resources

21.2.8 Mental Health Services

Emergency shelters may provide outpatient mental health treatment by licensed professionals when appropriate community resources are unavailable or inaccessible.

Services may include:

- Crisis intervention
- Participant counseling
- Family counseling
- Group therapy
- Medication management and education
- Other therapeutic services that improve participant functioning

21.2.9 Substance Abuse Treatment Services

Emergency shelters may provide outpatient substance use treatment by licensed or certified professionals when appropriate community resources are unavailable or inaccessible. Services may include:

- Assessment and intake
- Participant counseling
- Group counseling
- Drug testing
- Outpatient treatment (up to 30 days)
- Services are intended to prevent, reduce, or address substance use and relapse.
- Inpatient detoxification and residential treatment are not eligible services.

21.2.10 Transportation

Emergency shelters may assist participants with transportation needed to access housing stabilization services. Transportation may include:

- Public transportation fares
- Travel to medical appointments
- Travel to employment or job training
- Travel to child care
- Travel to other eligible services

Programs may also:

- Reimburse staff mileage for participant-related travel
- Operate vehicles used to transport participants
- Cover staff travel costs when assisting participants with transportation

21.3 Services for Special Populations

Emergency shelter may provide specialized services for:

- Youth experiencing homelessness
- Survivors of domestic violence
- Survivors of dating violence
- Survivors of sexual assault
- Survivors of stalking
- Participants living with HIV/AIDS

Services may include:

- Safety planning
- Advocacy
- Crisis intervention
- Referrals and supportive services
- Connections to specialized community providers

Services must support housing stability and be otherwise eligible under program requirements.

21.4 Sex Offender Policy

The following participants are not eligible for placement emergency shelter:

- Tier III sex offenders
- Participants subject to community notification requirements

Emergency shelters must have written policies for sex offender admission. Admission is determined based on the following:

- Emergency shelter discretion
- Established neighborhood agreements
- Property's proximity to minors and schools.

21.5 Medication Handling and Controlled Substances

Emergency shelters must have written policies for prescription medication handling and controlled substances.

21.6 Participant Self-Care Capacity

Adult participants must be able to complete certain basic activities independently with no assistance from shelter staff or other participants. The use of adaptive devices, hygienic and medical supplies, or individual health/support resources (e.g., home health aide or equivalent) are permitted for these purposes.

- **Bathing and Personal Hygiene:** Use soap, water, towels and other supplies to wash and dry body.
- **Dressing:** Put on/remove clothes in correct order, using fasteners (zippers, buttons, etc) as needed. Put on/remove medical or adaptive devices (prosthetics, splints, etc).
- **Eating:** Chew and swallow food. Use utensils to transport food to mouth. Retrieve food from appropriate source.
- **Transferring and Mobility:** Get into/out of bed. Navigate facility in safe manner. Control transportation aids and assistive devices (wheelchairs, walkers, canes, etc) if needed to move through space.
- **Toileting and Continence:** Get on/off and use toilet in proper fashion. Use supplies like toilet paper and menstrual products. Manage/change devices and supplies (catheters, colostomy bags, adult diapers, etc) if needed to control bowel and bladder functions.
- **Health and Medication Management:** Know which medications to take, when to take them, and how to open packaging. Maintain dressings and other medical supplies as needed. Utilize oxygen tanks and manage supply.
- **Cognition:** Have basic recall of when to come and go from shelter, where shelter is located. Have fair level of impulse control and safety awareness.

Exception: Adult family that includes a dependent unable to care for themselves due to a severe, chronic mental or physical impairment—such as autism, cerebral palsy, intellectual disability, or epilepsy—that begins before age 22, lasts indefinitely, and causes substantial limitations in key life areas like self-care, learning, mobility, and independent living, where an adult in the household is the primary care-giver. That adult caretaker is responsible for providing care in all of the areas above and cannot rely on physical assistance from emergency shelter staff.

21.7 Shelter Eligibility: Unsheltered Status

Households must be:

- Be unsheltered that night if emergency shelter is not provided.

This includes households staying or planning to stay in locations such as:

- Vehicles
- Parks
- Abandoned buildings
- Bus or train stations

- Airports
- Campsites or encampments
- Other places not designed for human habitation.

The household must also:

- Have no safe housing alternatives, and
- Have no financial or personal resources available to secure housing that night.

21.8 Appropriate System Placement

Every member of the household's shelter and service needs must be best addressed through the emergency shelter system rather than another specialized service system such as:

- Domestic violence shelters
- Inpatient psychiatric facilities
- Specialized residential treatment programs.

If members of a household are more appropriate for another specialized service system, they will be referred/transferred/rerouted there as quickly as possible.

21.9 Housing Focused Case Management

Emergency shelters must provide participants with:

- Housing-focused case management.
- Individualized housing stability plans.
- Connection to permanent housing opportunities and community resources.
- Support for rapid resolution of homelessness.

21.10 Participant Length of Stay

Emergency shelter stays should be temporary. Shelter eligibility should be reevaluated monthly. Providers should:

- Reduce length of stay whenever possible.
- Ensure check-ins with participants are housing focused.
- Support participants in moving quickly to permanent housing.
- Focus weekly internal case conferencing on participants who exhibit a lack of progress.

21.11 Participant Shelter Participation

Participants must agree to:

- Follow basic shelter rules and expectations
- Actively work toward obtaining housing as quickly as possible with a plan that includes income and housing pathways.

21.12 Participant Behavioral Expectations

Participants must show behavior that does not create safety or health risks for themselves or others.

21.13 Shelter Transfers

Following admission, shelter staff may identify cases where another shelter placement would better meet an participant's needs. Transfer procedures include:

- Review during shelter case conference meetings.
- Consultation with other shelter providers.
- Presentation at system case conferences when necessary.

All transfers must:

- Be coordinated with the CPOA/HH to reserve a suitable shelter bed.
- Be documented in HMIS.

21.14 Alternative Care Needs

Shelter staff may determine that a participant requires a higher level of clinical care or residential support than the shelter can provide.

In such cases, staff should:

- Assist the participant in accessing the appropriate service system; and
- Facilitate connection to treatment or residential care when available.

If alternative services cannot address overnight shelter needs, the case should be presented for system-level case conferencing to determine an appropriate response.

21.15 Financial Assistance

Shelters may assist families in accessing Direct Participant Assistance (DCA) for:

- Security deposits
- Rental assistance
- Utility arrears
- Utility deposits
- Rental application fees.

21.16 Shelter Operations

Shelter funding may support operational costs such as:

- Rent
- Utilities
- Shelter supplies
- Facility operations

21.17 Individualized Housing Support Plans (IHSP)

All shelter residents must have an Individualized Housing Support Plan (IHSP) developed within five business days of shelter entry.

The IHSP should:

- Identify housing goals and steps toward housing resolution
- Outline actions for both the participant and staff
- Focus on achieving permanent housing as quickly as possible.

Shelter staff must actively engage residents who are not making progress on their housing plan and provide support to adjust strategies and remove barriers.

21.18 Ongoing Eligibility

Participants must keep meeting eligibility criteria throughout their shelter stay.

Shelter staff must initiate a shelter exit or shelter transfer if a participant no longer meets eligibility requirements. Situations that may affect continued eligibility include:

- Safe alternative housing becoming available
- Access to financial resources that allow the participant to secure housing
- Disengagement from housing planning efforts
- Need for a higher level of clinical or residential care
- Distribution or sale of illegal drugs within the shelter
- Repeated violation of shelter rules
- Threatening or assaultive behavior.

21.19 Eligible Activities

Eligible emergency shelter activities include:

21.19.1 Essential Services

- Case management including the usage of the CPOA/HH and assistance with an IHSP.
- Childcare referral and support
- Education services
- Employment assistance and job training referral and support
- Outpatient health services referral and support
- Legal services referral and support
- Life skills training
- Mental health services referral and support
- Substance abuse services referral and support
- Transportation assistance
- Referral to permanent housing options and assistance, including RRH and PSH (via invitation to submit USHS application)
- Access to DCA for housing costs, including security deposits, rental assistance, utility assistance (arrears, utility deposits), and rental application fees.

21.19.2 Shelter Operations

- Costs to operate a shelter (i.e., rent, utilities, supplies, etc.).

21.20 Emergency Shelter Exit Process

21.20.1 Determination of Shelter Ineligibility

- Shelter staff must regularly review resident eligibility to ensure participants continue to meet emergency shelter requirements. If a resident no longer meets eligibility criteria, staff must:
 - Assess the circumstances leading to potential ineligibility.
 - Consider all extenuating circumstances.
 - Consult with supervisory staff when necessary.
- Shelter exits should only occur when:
 - The participant has a safe and appropriate housing option available;

- The participant requires a higher level of care that is available through another residential program;
- The participant presents a safety or health risk within the shelter environment.

21.20.2 Immediate Shelter Exit Criteria

Shelter staff may initiate an immediate shelter exit only under the following conditions:

- The participant has obtained or can access safe alternative housing, including:
 - Permanent housing
 - Temporary housing with friends or family
 - Short-term lodging, such as a motel.
- The participant’s needs cannot be safely met in the shelter, and an appropriate alternative residential placement is available.
- The participant’s behavior creates a safety risk to shelter residents or staff.

21.20.3 Re-Entry Following Exit

Residents who are exited for reasons other than immediate safety threats may seek shelter again when capacity is available. Re-entry may require:

- Agreement to comply with shelter expectations
- Engagement in an Individualized Housing Support Plan (IHSP).

21.20.4 Exit Due to Refusal to Engage in Housing Planning

Residents who repeatedly refuse to engage in housing stabilization activities, including work on an Individualized Housing Support Plan (IHSP), may be subject to a planned exit.

Prior to initiating exit, shelter and housing providers must:

- Attempt repeated engagement
- Document engagement efforts
- Explore alternative strategies for housing resolution.

Exit for non-engagement should be used only as a last resort.

21.20.4.1 Mental Health Exception to Refusal to Engage

If lack of engagement may be related to mental health barriers, shelter providers may request consultation with the system manager. The system manager may coordinate case conferencing with:

- Clinical leadership from the local behavioral health system
- Other appropriate service providers.

These consultations aim to identify appropriate service strategies and housing stabilization solutions.

21.20.5 Progressive Engagement Prior to Exit

If a resident becomes ineligible for reasons other than the immediate exit conditions above, shelter staff must make reasonable efforts to resolve the issues before initiating exit.

Staff must:

- Attempt to engage the resident in addressing the issue affecting eligibility. Engagement strategies may include:
 - Establishing clear behavioral expectations
 - Clarifying shelter rules and requirements
 - Creating specific conditions for continued shelter stay.
- Initiate a planned exit to safe housing which includes:
 - Permanent housing
 - Housing with friends or relatives
 - Temporary housing arranged by the participant
 - Residential programs or institutions capable of meeting the participant's needs.
- Not exit participants to unsheltered locations unless:
 - The participant presents an immediate safety or health threat; or
 - Emergency services intervention is required; and
 - All reasonable corrective efforts have been exhausted.

21.20.6 Due Process and Appeals

All shelter exits must follow due process standards consistent with CSB Program Review and Certification (PR&C) requirements.

21.20.6.1 Appeal Hearing

Residents must have access to an appeal process that includes:

- A hearing before an impartial decision-maker who was not involved in the original decision
- The opportunity to present written or verbal objections.

21.20.6.2 Evidence Review

Residents must be allowed to:

- Review evidence used to support the decision
- Obtain copies of relevant documents in their file prior to the hearing.

21.20.6.3 Representation

Residents may bring a representative of their choice to the hearing.

21.20.6.4 Final Decision

A written decision must be issued promptly after the appeal.

21.20.6.5 Grievance Information

Shelter providers must:

- Provide residents with grievance forms upon entry to shelter
- Ensure residents understand grievance policies regardless of language barriers.

21.20.6.6 Appeals During Service Restriction

1. Residents subject to a service restriction may appeal the restriction through the shelter that imposed it.
2. During the appeal, the resident must demonstrate:
 - That they no longer pose a safety risk

- Willingness to comply with shelter rules and expectations.
- 3. If the appeal is approved, the resident may return to shelter under conditions established by the shelter provider and contingent on bed availability.

20.21 Coordinated System Participation

Emergency shelters must:

- Follow established coordinated access, referral, transfer, and placement processes.
- Participate fully in the homeless crisis response system.
- Operate separate intake or referral processes inside of system requirements.

Documentation Standards

The following documentation must be maintained in the participant file and/or HMIS:

- Participant identification information.
- Household composition and demographic information.
- Documentation of homelessness status and shelter eligibility.
- Intake and admission documentation.
- Participant rights and responsibilities acknowledgment.
- Initial assessment or housing screening.
- Individualized Housing Stabilization Plan (IHSP) or housing-focused service plan.
- Case notes documenting participant engagement and housing progress.
- Referrals made to housing, benefits, employment, healthcare, behavioral health, or other community resources.
- Documentation of supportive services provided.
- Shelter transfers, restrictions, incidents, grievances, or appeals, when applicable.
- Unusual Incident Reports (UIRs), when applicable.
- Exit or discharge documentation, including housing destination.
- HMIS records supporting enrollment, services, and exit information.

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

SINGLE ADULT SHELTER SYSTEM

22. Single Adult Emergency Shelter System

Purpose

Single Adult Emergency Shelters provide temporary shelter and crisis housing for adults experiencing homelessness who have no safe place to stay.

The purpose of shelter is to:

- Provide immediate safety and basic needs.
- Stabilize participants experiencing a housing crisis.
- Connect participants to housing and community resources.
- Support rapid movement from homelessness to permanent housing.

Scope

This policy applies to all Single Adult Emergency Shelter programs operating within the Homeless Crisis Response System (HCRS).

It applies to:

- Shelter staff, supervisors, managers, and administrators
- Volunteers, contractors, and partner agencies providing shelter services
- Individuals and families seeking or receiving emergency shelter services
- Coordinated Entry, Homeless Hotline, and referral partners
- Shelter operations, service delivery, participant engagement, and housing stabilization activities

This policy governs emergency shelter eligibility, admission, participation, service delivery, housing-focused case management, participant rights and responsibilities, documentation requirements, transfers, exits, and coordination with housing and community resources.

All Single Adult Emergency Shelter programs are expected to operate in accordance with HUD, Continuum of Care (CoC), local Homeless Crisis Response System standards, fair housing requirements, and applicable federal, state, and local regulations.

Policy

Single Adult Emergency Shelters shall operate as short-term, housing-focused interventions that provide safety and stabilization while helping participants quickly exit homelessness.

Procedures

22.1 Single Adult Shelter Eligibility

Single Adult Emergency Shelters must serve single adults and are:

- Experiencing homelessness
- Have no safe or appropriate alternative housing.

Shelter must also verify eligibility at entry and throughout shelter stay.

22.1.1 Age Requirement

Participants must be:

- 18 years old or older.

22.1.2 Household Composition

Participants must:

- Not have physical custody of minor children at program entry.

22.1.3 Institutional Status

Participants must not currently reside in an institution such as:

- Hospitals
- Jails or correctional facilities
- Residential treatment programs

An exception may apply if the participant resided in an emergency shelter or place not meant for human habitation immediately before entering the institution.

22.1.4 Pregnancy

Single adult women who are pregnant and meet eligibility criteria receive year-round prioritized access to shelter at the Van Buren Center.

22.2 Single Adult Shelter Services Standard Operations

Single Adult Emergency Shelters must:

- Provide safe, low-barrier, temporary shelter.
- Meet immediate basic needs and support stabilization.
- Maintain a safe and respectful environment.

22.3 Shelter Entry Process

22.3.1 Referral Source

All shelter admissions must occur through the Coordinated Point of Access / Homeless Hotline (CPOA/HH).

Admissions are based on:

- Eligibility determination
- Shelter bed availability.
- Bed Availability

During non-overflow periods:

- Shelter placement is dependent on available beds.

22.3.2 Shelter Assignment

Participants may be referred or transferred to the shelter best equipped to meet their service needs. The Homeless Hotline screening process includes questions that help determine the most appropriate shelter placement based on a participant's needs.

22.3.3 Shelter Transfers

Following admission, shelter staff may identify cases where another shelter placement would better meet a participant's needs. Transfer procedures include:

- Review during shelter case conference meetings.
- Consultation with other shelter providers.
- Presentation at system case conferences when necessary.

All transfers must:

- Be coordinated with the CPOA/HH to reserve a suitable shelter bed.
- Be documented in HMIS.

Documentation Requirements

Programs must document the following in HMIS and the resident's case file:

- Eligibility determinations
- Engagement efforts and corrective actions
- Planned exit decisions
- Appeal outcomes
- Service restriction details
- Re-entry conditions.
- Eligibility determination
- Shelter entry and exit dates
- IHSP development and updates
- RPT screening results
- Referrals to housing programs
- Shelter transfers and system case conference outcomes.

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

SINGLE ADULT EMERGENCY SHELTER OVERFLOW

23. Single Adult Emergency Shelter System Overflow

Purpose

The purpose the Single Adult Emergency Shelter System Overflow policy is to:

- Ensure safe shelter access for single adults experiencing unsheltered homelessness during periods of severe weather.
- Expand shelter capacity when standard shelter beds are unavailable.
- Protect the health and safety of participants experiencing homelessness.
- Maintain coordinated access and consistent operations across the shelter system.
- Support housing stabilization while providing emergency shelter services.

Scope

This policy applies to the following operators:

- All single adult emergency shelter providers
- Winter overflow shelter operations
- Severe weather shelter operations
- Warming centers

It applies to:

- Shelter staff, supervisors, managers, and administrators
- Volunteers, contractors, and partner agencies providing shelter services
- Individuals and families seeking or receiving emergency shelter services
- Coordinated Entry, Homeless Hotline, and referral partners
- Shelter operations, service delivery, participant engagement, and housing stabilization activities

This policy governs emergency shelter eligibility, admission, participation, service delivery, housing-focused case management, participant rights and responsibilities, documentation requirements, transfers, exits, and coordination with housing and community resources.

All emergency shelter programs are expected to operate in accordance with HUD, Continuum of Care (CoC), local Homeless Crisis Response System standards, fair housing requirements, and applicable federal, state, and local regulations.

This policy applies during periods when overflow shelter operations are activated.

Policy

Shelter Capacity Expansion

- The shelter system will expand capacity when demand exceeds available shelter beds.
- Overflow shelter operations will be activated during the winter season, with the possibility of opening during other periods of severe weather.
- Eligible participants experiencing homelessness will be offered shelter whenever capacity is available.
- During overflow operations, flexibility may be allowed regarding participation in an Individualized Housing Support Plan (IHSP).
- Staff should continue encouraging engagement in housing stabilization activities and community resources whenever possible.

Housing Stabilization

Overflow shelter is intended as a temporary emergency response.

- Shelter staff will continue to promote housing-focused services and resource connections.
- Participants will not be denied winter overflow shelter solely for refusing to participate in an IHSP.

Coordinated System Response

Overflow operations will be coordinated through the Community Shelter Board.

Shelter providers must follow:

- Established overflow plans
- Safety protocols
- Documentation requirements

All overflow placements must follow coordinated access procedures whenever feasible.

Procedures

23.1 Activating Overflow Shelter

Overflow shelter may be activated when:

- Shelter demand exceeds available beds.
- Severe weather creates health and safety risks.
- Winter weather conditions require additional shelter capacity.

Overflow at the YMCA Van Buren Center will open when:

- Temperatures are 32°F or below for two or more consecutive days.

Once activated:

- Overflow generally remains open throughout the winter season.
- Operations typically continue from November or December through April 15, as capacity allows.

23.2 Managing Overflow Shelter Operations

During overflow operations:

- Accept all eligible single adults when space is available.
- Provide emergency shelter regardless of IHSP participation status.
- Encourage engagement with housing services and community resources.
- Maintain safe shelter operations and appropriate supervision.
- Document all shelter activity according to HMIS requirements.

23.3 Transitioning from Overflow Beds

When a participant moves from an overflow bed to a standard shelter bed:

- Verify the participant meets all standard shelter eligibility requirements.
- Complete all required HMIS documentation.
- Document the bed transfer in the participant record.
- Inform the participant that future access to overflow shelter may not be available after placement into a standard shelter bed, within the same 24-hour period. Participants are expected to utilize standard shelter bed when transitioned.

23.4 Extreme Weather Operations

During extreme weather emergencies:

- Coordinate with CSB regarding shelter operations.
- Provide 24-hour shelter access when feasible.
- Prioritize participant safety and welfare.
- Increase communication between shelter providers and outreach teams.

23.5 Accessing Winter Overflow Shelter

23.5.1 Participant Access Process

Individuals seeking shelter may:

- Contact the Homeless Hotline at 614-274-7000.
- Walk in to designated walk-in sites, if available.
- Utilize additional processes as established for individual programs.

23.5.2 Homeless Hotline Responsibilities

- Conduct diversion screening.
- Explore safe alternatives to shelter.
- Verify homelessness status.
- Determine shelter eligibility.
- Assign eligible participants to available overflow shelter beds.

23.5.3 Shelter Placement

- Eligible participants who are literally homeless will be referred to available overflow shelter beds, including the Van Buren overflow site or additional community overflow sites when applicable.

23.6 Shelter Access for Participants on the Sex Offender Registry

Eligible participants on the sex offender registry may:

- Be referred by the Homeless Hotline to designated overflow shelter locations.
- Access shelter only after registry status is verified.

23.6.1 Sex Offender Overflow (SO Overflow)

SO Overflow:

- Operates as an overnight-only shelter.
- Opens only when temperatures reach 32°F or below.
- May not remain open for the full winter season.
- May operate 24 hours during severe weather emergencies.

23.7 Winter Warming Centers

Warming Centers are established to:

- Provide shelter during freezing weather.
- Expand emergency shelter capacity.
- Serve participants who may not use traditional shelter programs.

23.7.1 Winter Warming Center Priorities

Priority is given to:

- Participants experiencing unsheltered homelessness.
- Participants who are unable or unwilling to access traditional shelters.

23.7.2 Winter Warming Center Capacity

When capacity allows:

- Any participant seeking emergency shelter may be served.

23.7.3 Winter Warming Centers Operations

Warming Centers may offer:

- Co-ed sleeping arrangements
- Accommodations for couples
- Accommodations for pets

23.7.4 Winter Warming Center Placement

Warming Centers follow the same coordinated access process used for winter overflow shelter.

23.7.4 Winter Warming Center Eligibility During Winter Overflow

Participants remain eligible for winter overflow shelter even if they:

- Decline participation in an IHSP.
- Refuse housing-focused services.

Shelter providers shall:

- Continue offering housing assistance and resource connections.
- Avoid permanently restricting future shelter access when capacity is available.
- Use engagement strategies that encourage voluntary participation in housing planning.

23.7.5 Winter Warming Center Supervisor Responsibilities

Supervisors will:

- Ensure staff understand overflow procedures.
- Monitor shelter capacity and utilization.
- Ensure HMIS documentation is completed accurately.
- Coordinate with CSB during overflow activation and deactivation.
- Ensure compliance with safety protocols.
- Monitor participant engagement and service delivery.
- Address operational issues that arise during overflow periods.

23.7.6 Documentation Requirements

Staff must document:

- Shelter eligibility determinations
- Overflow shelter placements
- Bed transfers
- Diversion efforts
- HMIS entries and exits
- Referrals and service connections
- Severe weather shelter actions
- Warming Center placements

Documentation must be completed according to agency and HMIS standards.

Monitoring

The Community Shelter Board will:

- Monitor system-wide shelter capacity.
- Coordinate overflow activation and deactivation.
- Support communication among shelter providers.
- Review compliance with overflow policies.

- Monitor performance and documentation requirements.

Shelter providers are expected to comply with all overflow operational guidance issued by CSB.

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Compliance.

EXTREME WEATHER RESPONSE

24. Extreme Weather Response

Purpose

- Protect the health and safety of participants experiencing unsheltered homelessness during extreme weather conditions.
- Provide additional emergency shelter options when severe weather creates life-threatening risks.
- Coordinate a community-wide response through shelters, outreach teams, and system partners.
- Ensure rapid access to shelter and safety during extreme weather events.
- Supplement existing emergency shelter, overflow shelter, and Winter Warming Center operations.

Scope

This policy applies to:

- Emergency shelter providers
- Street outreach providers
- Winter Warming Centers
- Homeless Hotline staff
- Community Shelter Board (CSB)
- Contracted shelter partners
- Homeless Crisis Response System (HCRS) partners

This policy applies during officially activated Extreme Weather Response periods.

Policy

- The Homeless Crisis Response System (HCRS) will activate additional shelter resources during life-threatening weather events.
- Shelter options may include both congregate and non-congregate shelter settings.
- Activation occurs only when:
 - Severe weather conditions are declared by the National Weather Service.
 - Funding is available to support the response.
- The system will prioritize immediate shelter access, participant safety, and coordinated placement.

Coordinated Access

- All shelter placements will be coordinated through the Homeless Hotline whenever possible.
- Shelter providers and outreach teams must follow system activation guidance.
- All partners must cooperate with communication and placement procedures during activations.

Procedures

24.1 Activating the Extreme Weather Response

The Extreme Weather Response may be activated when funding is available and the National Weather Service issues:

- Blizzard Warning
- Extreme Cold Warning
- Wind Chill Warning
- Winter Storm Warning

Examples include:

- Sustained winds or gusts of 35 mph or greater
- Dangerous wind chill temperatures
- Significant snow, ice, sleet, or blowing snow
- Weather conditions creating serious health and safety risks

Once activation criteria are met, the Extreme Weather Response will begin.

24.2 Extreme Weather Shelter Options

Non-Congregate Shelter

May include:

- Hotels
- Motels
- Other private shelter settings

Congregate Shelter

May include:

- Recreation centers
- Churches
- Community buildings
- Temporary emergency shelter sites

Whenever possible:

- Participants from the same encampment should be housed together.
- Barriers to shelter access should be minimized.

24.3 Priority Populations

Extreme Weather shelter resources should prioritize:

- Participants experiencing unsheltered homelessness.
- Participants who have previously declined traditional shelter.
- Participants unable to access Winter Warming Centers.
- Participants seeking shelter when emergency shelters are at capacity.

24.4 System Activation and Communication

The following leadership positions will approve activation:

- Chief System Effectiveness Officer (CSEO)
- Chief Compliance and Operating Officer (CCOO)

Once activated:

- Providers and community partners will receive notification.
- Public information may be shared through:
 - Social media

- Agency website
- Press releases
- Communications with elected officials and stakeholders

24.5 Shelter Placement Process

Homeless Hotline Responsibilities

- Coordinate all shelter reservations.
- Determine available shelter resources.
- Connect eligible participants to available placements.

Contracted Partner Responsibilities

- Manage shelter operations.
- Coordinate placement logistics.
- Report occupancy and availability to system leadership.

24.6 Daytime Shelter Access

When extreme weather warnings remain active, participants may remain inside shelter facilities during daytime hours.

At non-congregate shelters:

- Participants may remain in their room during the day.
- Meals should be provided whenever possible.

At congregate shelters:

- Participants may remain onsite until weather conditions improve.

24.7 Nightly Shelter Access

When severe weather warnings end during daytime hours the following applies for non-congregate shelters:

- Participants must leave each morning.
- Participants may return nightly while warnings remain active.
- Participants exiting shelter will receive a daily bus pass.

When severe weather warnings end during daytime hours the following applies for congregate shelters:

- Participants may remain onsite until the weather warning officially ends.

24.8 Participant Rights and Responsibilities

All participants placed in Extreme Weather shelter must receive information explaining:

- Shelter placement is temporary.
- Shelter is available only during officially declared extreme weather events.
- Shelter operations are governed by the Extreme Weather Response Policy.
- Participants are expected to follow shelter safety and conduct expectations.

24.9 Housing and Service Engagement

During an Extreme Weather Response:

- Participant safety takes priority.
- Staff should provide housing and service referrals whenever possible.
- Staff should connect participants to:
 - Emergency shelter
 - Housing programs
 - Healthcare services
 - Community resources

Participation in housing services should be encouraged but not delay shelter access.

24.10 Accommodations for Couples and Pets

Couples

- Shelter sites will operate as co-ed facilities.
- Couples may stay together when space permits.

Pets

- Efforts should be made to accommodate pets.
- If pets cannot remain onsite:
 - Dog owners may be referred to the Franklin County Dog Shelter & Adoption Center.
 - Alternative temporary arrangements should be explored for cats and other pets.

The goal is to reduce barriers that prevent participants from accepting shelter.

24.11 Deactivating the Extreme Weather Response

The Extreme Weather Response ends when:

- National Weather Service warnings expire.
- Conditions no longer present a significant threat.

Prior to closing shelter operations:

- Participants should be referred to the Homeless Hotline for ongoing shelter needs.
- Providers should assist participants in identifying continued shelter options.
- A phased transition process may be used when appropriate.

24.12 Additional Extreme Weather Procedures

24.12.1 Excessive Heat Response

During:

- Excessive Heat Warnings
- Heat Advisories
- Temperatures of 90°F or higher

Emergency shelters must:

- Allow residents to remain indoors during daytime hours.

Outreach providers should:

- Encourage unsheltered participants to seek shelter.
- Refer participants to cooling centers.

System partners may utilize free COTA transportation services when available.

24.12.2 Flood Watch and Flood Warning Response

Outreach providers must:

- Identify participants located in flood-prone areas.
- Encourage relocation to shelter.

When necessary and funding is available:

- Additional congregate shelter sites may open.
- Additional non-congregate shelter options may be activated.

Coordination should occur with local government partners.

24.12.3 Tornado Watches

When conditions are safe:

- Outreach teams should encourage unsheltered participants to seek shelter immediately.

If shelter demand exceeds capacity:

- Additional shelter resources may be activated.
- Coordination may occur with city and county emergency partners.

24.12.4 Unsafe Outreach Conditions

When weather conditions make outreach unsafe:

- Outreach activities should cease.
- Emergency first responders become the primary response resource.

System coordination may occur with:

- Local Health Departments
- Emergency Management Agencies
- American Red Cross

When necessary, outreach providers should coordinate transportation of unsheltered participants to designated emergency shelters.

Compliance

All HCRS partners must:

- Follow Extreme Weather Response procedures.
- Coordinate with the Homeless Hotline.
- Follow activation and deactivation instructions.
- Maintain required documentation.
- Participate in system communication efforts.

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring

Please refer to the CSB UFA Monitoring Handbook for Standards of Compliance.

FAMILY EMERGENCY SHELTER SYSTEM

25. Family Emergency Shelter System

Purpose

- Provide temporary shelter and supportive services to families experiencing homelessness.
- Ensure families have immediate access to a safe place to stay.
- Help families quickly resolve their housing crisis.
- Support families in securing and maintaining permanent housing.
- Promote rapid housing stabilization through coordinated shelter and housing services.

Scope

This policy applies to all Family Emergency Shelter programs operating within the Homeless Crisis Response System (HCRS), including diversion, domestic violence and overflow shelter programs.

It applies to:

- Shelter staff, supervisors, managers, and administrators
- Volunteers, contractors, and partner agencies providing shelter services
- Individuals and families seeking or receiving emergency shelter services
- Coordinated Entry, Homeless Hotline, and referral partners
- Shelter operations, service delivery, participant engagement, and housing stabilization activities

This policy governs emergency shelter eligibility, admission, participation, service delivery, housing-focused case management, participant rights and responsibilities, documentation requirements, transfers, exits, and coordination with housing and community resources.

All emergency shelter programs are expected to operate in accordance with HUD, Continuum of Care (CoC), local Homeless Crisis Response System standards, fair housing requirements, and applicable federal, state, and local regulations.

Policy

Family Emergency Shelter

- Family emergency shelters are intended to be temporary.
- The primary goal of shelter is to quickly connect families to permanent housing.
- Families are expected to actively participate in housing stabilization efforts.
- All families admitted to shelter must work on an Individualized Housing Stabilization Plan (IHSP).
- Shelter services should focus on safety, stabilization, and rapid exit to permanent housing.

Responsibilities

Families receiving shelter services are expected to:

- Participate in the Individualized Housing Stabilization Plan (IHSP).
- Attend scheduled appointments.
- Actively search for housing.
- Cooperate with shelter staff.
- Follow shelter rules and expectations.
- Notify staff of changes in income, employment, household composition, or housing opportunities.

Partner Agencies will:

- Monitor shelter eligibility decisions.
- Review requests for extended stays.
- Ensure consistent application of placement procedures.
- Monitor shelter and overflow capacity.
- Support staff in addressing behavioral or safety concerns.
- Ensure accurate HMIS and case file documentation.
- Monitor progress toward housing outcomes and length-of-stay goals.

Procedures

25.1 Coordinated Access and Diversion Process

Initial Contact

Families seeking shelter must:

- Contact the Homeless Hotline.

Diversion Services

Families who cannot immediately resolve their housing crisis will be referred to:

- Family Diversion Services operated by Gladden Community House.

Family Diversion Responsibilities

Family Diversion staff will:

- Conduct an initial telephone assessment.
- Explore diversion and alternative housing options.
- Assist families in resolving their housing crisis without shelter whenever possible.

25.1.1 Face-to-Face Diversion Appointments

If diversion cannot be resolved by phone:

- A face-to-face appointment will be scheduled.
- Additional housing alternatives and resources will be explored.

- Families are expected to participate in scheduled appointments.

25.1.2 Participation Refusal by Participant

If families repeatedly:

- Request overnight placements, and
- Fail to attend diversion appointments, or
- Refuse to utilize available resources,

Shelter eligibility decisions may be delayed until diversion participation occurs.

25.1.3 Overnight Diversion Placement

Temporary overnight shelter may be provided when:

- Additional time is needed to complete diversion efforts.
- A family has no safe place to stay overnight.

Families receiving overnight placements must:

- Attend their next scheduled diversion appointment.
- Continue participating in housing resolution efforts.

25.2 Shelter Referral and Placement

25.2.1 Shelter Referral

When diversion efforts are unsuccessful:

- Family Diversion staff determine shelter eligibility.
- Eligible families are referred to family emergency shelter.

Families may be referred to:

- YMCA Van Buren Center
- YWCA Columbus Family Center

Eligible families will be admitted regardless of current bed availability through established shelter placement procedures.

25.2.2 Shelter Placement

Placement priority is:

1. Available fixed shelter units.
2. Placement according to system capacity protocols.

When both shelters have available units:

- Placements alternate between shelters.

When only one shelter has available units:

- Available units at that shelter are filled first.

25.2.3 Overflow Shelter Placement

When no fixed shelter units are available:

First Overflow Option

- Overflow units at the YMCA Van Buren Center.

Second Overflow Option

- Overflow units at the YWCA Family Center.

25.2.4 Full Capacity

If all shelter units and overflow units are occupied:

- Families may temporarily stay in chairs or cots.
- Families may be referred to alternate overflow locations until a shelter unit becomes available.

Staff should continue monitoring unit availability and move families into standard shelter units as quickly as possible.

25.3 Family Shelter Eligibility

25.3.1 Determination

Families must meet all eligibility requirements before admission.

25.3.2 Household Composition

The household must:

- Include at least one child under age 18; or
- Include a dependent age 18 or older who is still attending high school or meets other approved circumstances such as developmental delay or other medical need or condition.

The child must be in the legal custody of an adult household member.

25.3.3 Acceptable Custody Verification

Families should be given a reasonable amount of time to provide documentation, including:

- School records
- TANF documentation
- Medical records
- Court documents
- Franklin County Children Services documentation
- Other official custody records

25.3.4 Functional Eligibility

Adult household members must be able to meet the criteria set forth in section [21.7 Participant Self-Care Capacity](#). Additionally, families with minor dependent children must:

- Care for themselves.
- Care for their children.

If a family member requires a higher level of care than shelter can provide, alternative placement options should be explored.

25.3.5 Criminal Background Restrictions

Families are not eligible for shelter if any household member:

- Is a convicted sex offender subject to community notification.
- Has an active warrant for a violent offense.

- Has a court-issued restraining order involving someone residing in the shelter.
- Has a court-issued no-trespass order for the shelter property.

Eligibility concerns should be reviewed by shelter leadership before admission decisions are finalized.

25.3.6 Ongoing Eligibility

Families must continue meeting shelter requirements throughout their stay. Shelter Staff Must Review Eligibility When:

- Safe housing becomes available.
- Household income or resources increase enough to obtain housing.
- A family member requires a higher level of care.
- The family stops participating in housing stabilization efforts.
- Significant behavioral concerns arise.

25.3.7 Cause for Shelter Transfer or Exit

Shelter staff may initiate a transfer or exit when:

- Permanent housing becomes available.
- The family has sufficient resources to obtain housing.
- The family refuses to participate in agreed-upon housing activities.
- A household member requires services beyond shelter capabilities.
- A household member sells or distributes illegal drugs on shelter property.
- A household member repeatedly violates shelter rules.
- A household member threatens or assaults another participant.

All transfers and exits must be documented in the participant's record.

25.4 Lack of Progress

When progress is not evident within defined timeframes, the system will respond with increased support, resource adjustment, and coordinated intervention.

Families will not be exited from shelter solely for lack of progress without documented program-level escalation and intervention.

Measurable Progress Includes:

- Completed housing stabilization plan within 72 hours
- Active housing search (documented unit applications, landlord contacts)
- Income/benefit steps initiated
- Participation in scheduled housing-focused meetings

A case is flagged as Lack of Progress (LoP) when ANY of the following occur:

Early Warning (Day 7–10)

- No completed housing plan
- No documented housing search activity

- Missed or disengaged from case management

Formal FTP Trigger (Day 14–21)

- No viable housing options identified
- No applications submitted or pending
- No income or benefit progress
- Repeated missed appointments impacting housing search

Chronic Stall (Day 30+)

- No progress toward lease-up
- Repeated barriers unresolved
- Prior **interventions have not resulted in movement**

25.5 High Acuity Household Response

To ensure families with complex, multi-system needs (e.g., child welfare involvement, serious mental health needs, substance use, or chronic instability) are rapidly connected to coordinated, cross-system supports that accelerate housing placement and stabilization a High Acuity Household response is being implemented in the family system.

A household is designated High Acuity when:

1. Household has been in shelter more than 90 days, meets lack of progress stage 2 or 3 or has a crisis event during shelter and
2. Meets one of the following criteria:
 - Multiple system involvement
 - Involvement with multiple systems (child welfare, courts, healthcare)
 - Repeated homelessness episodes
 - Repeated shelter episodes or long-term homelessness
 - Significant housing barriers
 - Significant barriers to tenancy (legal, behavioral, or clinical)
 - Employment/Income challenges
 - Child Welfare involvement
 - Active involvement with Child Protective Services (open case, investigation, or risk of removal)
 - Family reunification in progress or at risk of disruption
 - Behavioral health concerns
 - Serious mental illness impacting housing stability
 - Active substance use disorder affecting functioning
 - Recent psychiatric hospitalization or crisis event

Timeline Requirement

- High Acuity status must be assigned when identified.
- Referral to integrated support should occur within 24-48 hours of Cross System hours of Cross-System Case Conferencing via:

- Phone call
- Email
- Fax
- Submission of digital referral

Passive referrals (e.g., “here’s a phone number”) are non-compliant.

Within 24-48 hours, staff must initiate direct connection to the following services in previously linked:

- Child welfare liaison (FCCS)
- Behavioral health provider (SEMH, Children’s Hospital Social Work)
- Care coordination entity (MCO)

25.5.1 Cross System Case Conferencing

High Acuity households must be reviewed in cross-system case conferencing.

Required Participants:

- Shelter leadership (facilitator)
- Shelter case manager
- Housing navigator
- Behavioral health provider
- Child welfare representative (if involved)
- Care Coordinator (if involved)
- System manager (host)

Outputs:

- Unified Housing Stabilization Plan
- Clearly assigned roles across systems
- Time-bound action steps (weekly benchmarks)

25.5.2 Progressive Engagement for High Acuity

High Acuity households must bypass “light-touch” interventions when inappropriate.

Required adjustments may include:

- Higher or longer rental subsidy
- Dedicated housing navigator with reduced caseload
- Flexible funding for barriers (arrear, fees, transportation)
- Prioritized access to units (landlord incentives, master leasing)

Housing remains the primary intervention.

Behavioral health, child welfare, and care coordination exist to support housing stability—not delay it.

25.5.3 Performance Metrics

Track separately for High Acuity households:

- Length of Stay (LOS)
- Time from identification → service connection
- Time from shelter entry → housing placement
- % exiting to permanent housing
- Returns to homelessness
- Child welfare outcomes (if applicable)

This will not be monitored and evaluated by CSB for FY27.

Documentation Standards

Staff must document:

- Eligibility determinations
 - Custody verification
 - Income and asset verification
- Intake records and service documentation
 - Assessments completed
- Diversion efforts
- Shelter referrals
- IHSP participation and progress
- Shelter extensions
- Transfers and exits
- Behavioral incidents
- Housing outcomes
- Date of Lack to Progress (FTP) trigger
 - Stage of intervention
 - Case conferencing outcomes
 - Resource adjustments made
 - Weekly housing search activity
 - Supervisor review notes
- High Acuity Households
 - High Acuity designation (yes/no + reason)
 - Assigned Care Coordinator
 - Date of warm handoffs
 - Case conferencing participation and outcomes
 - Unified plan with cross-system roles
 - Weekly progress updates across all domains
- Mandatory reports made to Franklin County Children's Services

All documentation must be entered into HMIS and maintained in the participant file according to agency requirements.

25.6 Mandatory Reporting and Law Enforcement Escalation

25.6.1 Child Abuse & Neglect

To make a report of child abuse or neglect in Franklin County, Ohio to Franklin County Children Services (FCCS):

- Call the 24-Hour Child Abuse Hotline at [\(614\) 229-7000](tel:6142297000) or,
- Visit the offices of Intake, Assessment, and Investigations at:
4071 E. Main Street
Whitehall, OH 43213

25.6.2 Mandatory Reporting

Mandated reporters include, but are not limited to, teachers, daycare staff, social workers, school personnel, physicians, dentists, nurses, psychologists, speech pathologists, children services staff, coroners, attorneys and persons rendering spiritual treatment in accordance with tenets of well-organized religions acting in official or professional capacity.

The Ohio abuse reporting law (ORC: 2151.421), states that mandated reporters must immediately make the abuse or neglect report. For more information, follow the link <http://codes.ohio.gov/orc/2151.421>

25.6.2 Exit to unsafe or unsheltered location

If a family with minor children exits to an unsafe or unsheltered location where children may face harm, shelter providers must report the situation to FCCS. Shelter staff must report the situation and document the report in the case file and HMIS.

25.6.3 FCCS Communication

Family shelter case management should provide updates to FCCS case managers if the participant has a Release Of Information (ROI) on file. Case management and shelter staff should inform family emergency shelter director of any emergent concerns that warrant FCCS case manager supervisor escalation.

25.6.4 Law Enforcement Escalation

If the immediate health and safety of a minor child is at risk, law enforcement should be notified immediately. The following are examples of what would be considered an immediate health & safety risk:

- Abuse of minor children that has been witnessed.
- Active drug and alcohol use and/or overdose of caregiver in the presence of a minor child that has been witnessed.
- Inappropriate sexual conduct/misconduct involving a minor child that has been witnessed.

Documentation Requirements

Programs must document the following in HMIS and the resident's case file:

- Eligibility determinations
- Engagement efforts and corrective actions
- Planned exit decisions
- Appeal outcomes

- Service restriction details
- Re-entry conditions.
- Shelter entry and exit dates
- IHSP development and updates
- RPT screening results
- Referrals to housing programs
- Third Party Release of Information (ROIs)
- Shelter transfers and system case conference outcomes.

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

VETERAN EMERGENCY SHELTER

26. Veteran Emergency Shelter

Purpose

- Provide temporary shelter and supportive services to veterans experiencing homelessness.
- Ensure veterans have immediate access to safe shelter when no other safe housing options are available.
- Support rapid housing stabilization and permanent housing placement.
- Connect veterans to Veterans Affairs (VA) resources, benefits, and housing programs.
- Reduce the length of time veterans experience homelessness through coordinated, housing-focused services.

Scope

This policy applies to:

- Veteran Emergency Shelter programs
- Shelter staff and supervisors
- Veterans seeking emergency shelter services
- Coordinated Access partners
- Veterans Affairs (VA) service providers
- Homeless Crisis Response System (HCRS) partners involved in veteran homelessness services

Policy

- Veteran Emergency Shelters will provide temporary housing and supportive services to eligible veterans experiencing homelessness.
- Shelter services will focus on safety, stabilization, and rapid transition to permanent housing.
- Veteran shelters will operate within the Homeless Crisis Response System and coordinate with community partners to ensure seamless access to services.
- Veteran shelters will work closely with the coordinated access system and the VA Coordinated Entry process to connect veterans to available housing resources and benefits.
- Eligible veterans will receive an Individualized Housing Stabilization Plan (IHSP) designed to address their housing needs and support rapid rehousing.
- Veterans are expected to actively participate in housing stabilization activities and work toward securing permanent housing.
- Shelter admission for eligible veterans will not be denied solely due to a lack of available shelter beds.
- Shelter staff will assist veterans in accessing VA programs, mainstream benefits, income resources, healthcare services, and permanent housing opportunities.
- All services will be delivered using a housing-focused, trauma-informed, and veteran-centered approach.

Procedure

26.1 Eligibility Criteria

26.1.1 Veteran Status

Veteran emergency shelters serve single adult veterans who meet all the following requirements:

1. The participant must be 18 years of age or older.
2. The participant must meet eligibility requirements established by the U.S. Department of Veterans Affairs (VA).
3. The participant must not have physical custody of minor children at the time of entry.
4. If a family that qualifies for VA services enters a family shelter, that family should be connected to SSVF by the service provider.

26.1.2 Residency

The veteran must be in Franklin County, Ohio. Exceptions may be approved on a case-by-case basis by the VA Coordinated Entry system.

26.1.3 Institutional Status

The veteran must not currently reside in an institution (such as jail, hospital, or residential treatment) unless the veteran was residing in an emergency shelter or an unsheltered location immediately prior to entering the institution.

26.1.4 Housing Status

The veteran must currently be unsheltered or at immediate risk of unsheltered homelessness, meaning:

- They will be staying in a place not meant for human habitation (e.g., vehicles, parks, abandoned buildings, bus stations, airports, encampments); and
- They have no safe housing alternatives or resources available for that night.

26.1.5 Appropriateness of Shelter Placement

Emergency shelter must be the most appropriate resource for addressing the veteran's immediate housing crisis and must not be more appropriately served by another system such as:

- Domestic violence shelters
- Inpatient psychiatric facilities
- Other specialized residential care programs.

26.1.6 Functional Eligibility

The veteran must:

- Be able to care for themselves independently
- Manage activities of daily living
- Administer medications independently.

26.1.7 Behavioral Expectations

The veteran must:

- Agree to follow shelter rules and expectations
- Participate in an Individualized Housing Stabilization Plan (IHSP)

- Maintain behavior that does not threaten the safety or health of other residents or staff.

26.1.8 Prior Shelter Stays

Veterans who previously stayed in shelter and exited involuntarily must agree to behavior or other conditions necessary to remain eligible for shelter services.

26.1.9 Criminal Restrictions

Veterans are not eligible if they are a convicted sex offender subject to community notification.

26.1.10 Ongoing Eligibility

Veterans must continue meeting eligibility requirements while residing in shelter. Shelter staff must initiate a transfer or exit if eligibility changes, including when:

- Safe alternative housing becomes available
- The veteran gains sufficient financial resources to secure housing
- The veteran requires a higher level of clinical care
- The veteran distributes illegal drugs on-site
- The veteran persistently violates shelter rules
- The veteran threatens or assaults another individual.

26.1.11 Entry Process

Veterans seeking shelter must contact the Homeless Hotline's coordinated access system. Referrals are coordinated through the Coordinated Point of Access.

Eligible veterans are referred to participating Veteran Emergency Shelter programs including:

- Volunteers of America Ohio & Indiana Veteran Emergency Housing (VAEH)
- Lutheran Social Services of Central Ohio / Faith Mission Veteran Emergency Housing (VAEH).

Admission is not dependent on bed availability.

26.1.12 Coordinated Entry and Veteran Housing Navigation

Veterans who cannot be diverted from shelter are supported through a VA-led Coordinated Entry Team.

The Coordinated Entry Team will:

1. Work with the Homeless Hotline to connect the veteran to emergency shelter.
2. Identify a Responsible Provider to support the veteran.
3. Develop an Individualized Housing Stabilization Plan (IHSP).
4. Assist the veteran with housing search and placement.
5. Connect the veteran to Direct Participant Assistance (DCA) for move-in costs.

26.1.13 Shelter Placement and Transfers

The Homeless Hotline screens veterans to identify appropriate shelter placement based on immediate housing and service needs.

After admission, shelter staff may determine that another shelter program is better suited to meet the veteran's needs.

If a transfer is necessary:

1. Shelter staff must review the case with other veteran providers.
2. The case may be discussed in program-level or system case conferences.
3. All transfers must be documented in HMIS.
4. Transfers must be coordinated with the Homeless Hotline to reserve the appropriate bed.

26.1.14 Veterans Requiring Higher Levels of Care

If shelter staff determine that a veteran requires a higher level of clinical or residential care:

1. Shelter staff may assist the veteran in accessing appropriate services.
2. When immediate alternatives are unavailable, the case must be reviewed in a system case conference to determine the most appropriate response.

26.1.15 Eligible Shelter Services

Veteran emergency shelters may provide the following services:

Case Management

- Housing stabilization planning through an IHSP
- Coordination with the Homeless Hotline
- Ongoing housing-focused case management.

26.1.16 Supportive Services

- Employment assistance and job training referrals
- Education services
- Mental health services referrals
- Substance use treatment referrals
- Legal services referrals
- Life skills training
- Transportation assistance
- Health care referrals.

26.1.17 Housing Assistance

Shelter providers must assist veterans in accessing permanent housing options including:

- Rapid Re-Housing
- Permanent Supportive Housing through the Unified Supportive Housing System (USHS).

Veterans may also access Direct Participant Assistance (DCA) for:

- Security deposits
- Rental assistance
- Utility deposits
- Utility arrears
- Rental application fees.

26.1.18 Shelter Exit Procedures

If a veteran no longer meets eligibility requirements, the shelter provider may initiate a shelter exit following established procedures that protect the veteran's rights.

Immediate exits may occur only when:

- Safe alternative housing becomes available
- The veteran requires a higher level of care

- The safety of shelter residents or staff is threatened
- The health of shelter residents or staff is threatened.

26.1.19 Progressive Engagement Prior to Exit

If eligibility concerns arise for reasons other than immediate safety or health risks:

1. Shelter staff must attempt to engage the veteran in resolving the issue.
2. Staff must establish clear conditions for continued shelter eligibility.
3. Conditional compliance periods may be established (e.g., short-term behavioral expectations).

Cases involving persistent barriers must be reviewed with supervisors and may be brought to system case conferences.

26.1.20 Due Process and Appeals

Veterans must receive due process protections before being discharged from shelter.

These protections include:

- Written notice explaining the reason for exit
- Access to documents used to make the decision
- The opportunity to present objections during an appeal hearing
- The right to bring a representative to the hearing
- A written decision following the appeal.

Veterans must receive grievance forms upon entry to shelter and must be able to understand grievance policies regardless of language barriers.

Appeals must occur before discharge unless the veteran poses an immediate safety or health threat.

26.1.21 Planned Exit

When a veteran no longer meets eligibility criteria, shelter staff must develop a planned exit to safe housing whenever possible.

Acceptable exit destinations include:

- Permanent housing
- Housing with friends or relatives
- Temporary housing arrangements
- Residential programs capable of providing appropriate care.

Veterans must not be exited from the program to reside in unsheltered locations except in extreme situations involving immediate safety or health risks. No exits to unsheltered conditions should occur in overnight hours, particularly in winter, unless it involves police, EMS or other emergency services.

26.1.22 Service Restrictions

Veterans who are immediately exited due to safety or health threats may be subject to a system-wide service restriction.

Shelter providers must:

- Enter service restriction start and end dates into HMIS
- Inform the veteran of the reason for the restriction
- Explain the appeal process.

Veterans may appeal service restrictions by demonstrating they no longer pose a safety risk and agreeing to comply with shelter expectations.

26.1.23 Re-Entry to Shelter

Veterans who are involuntarily exited for reasons other than safety threats may appeal and request re-admission the following day.

Re-admission may occur if:

- The veteran remains eligible
- Shelter capacity is available
- The veteran agrees to comply with shelter expectations.

When possible, veterans should be placed in the same shelter facility or the facility best able to support their needs.

26.1.24 Eligibility Reassessment After Exit

If a veteran appeals re-entry and the appeal is denied, the veteran will not be reassessed for shelter eligibility for seven (7) days after exiting.

Any veteran requesting shelter must be screened through the coordinated access process according to standard Homeless Hotline procedures.

Documentation Requirements

Programs must document the following in HMIS and the resident's case file:

- Eligibility determinations
- Engagement efforts and corrective actions
- Planned exit decisions
- Appeal outcomes
- Service restriction details
- Re-entry conditions.
- Shelter entry and exit dates
- IHSP development and updates
- RPT screening results
- Referrals to housing programs
- Shelter transfers and system case conference outcomes.

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

STREET OUTREACH

27. Street Outreach Business Rules

Purpose

- Identify, engage, and assist participants and families experiencing unsheltered homelessness.
- Connect participants living in places not meant for human habitation to shelter, housing, and supportive services.

- Reduce the length of time participants are unsheltered.
- Promote rapid access to permanent housing and housing-focused services.
- Ensure consistent outreach practices, documentation, and service delivery across the Continuum of Care (CoC).

Scope

This policy applies to:

- Street Outreach programs operating within the Homeless Crisis Response System (HCRS)
- Outreach staff and supervisors
- Participant's experiencing unsheltered homelessness
- Community Development Block Grant (CDBG)-funded outreach programs
- Continuum of Care (CoC) funded outreach providers
- Homeless Management Information System (HMIS) users

Policy

- Street Outreach programs will proactively identify and engage those experiencing unsheltered homelessness.
- Outreach services will focus on connecting participants to emergency shelter, permanent housing, healthcare, income support, and other community resources.
- Outreach staff will prioritize housing-focused engagement and rapid connection to permanent housing opportunities.
- All outreach services will be delivered using a person-centered, trauma-informed, and housing-focused approach.
- Outreach providers will conduct services in locations not intended for human habitation, including encampments, vehicles, abandoned buildings, and other unsheltered locations.
- Programs will provide individualized case management and support participants in accessing coordinated entry and other housing resources.
- Providers must verify and document unsheltered homelessness in accordance with HUD and CoC requirements.
- All participant contacts, services, and housing-related activities must be documented accurately and timely.
- Street Outreach programs will follow standardized procedures for enrollment, engagement, participation, and program exit to ensure consistency across the CoC.
- Outreach enrollment and exit decisions must align with HUD definitions of homelessness and applicable documentation standards.
- All outreach data must be entered into the Homeless Management Information System (HMIS/CSP) and supported by documentation maintained in the participant file.
- Providers must comply with HMIS data quality standards, recordkeeping requirements, and Continuum of Care policies.
- Outreach staff will coordinate with shelters, housing programs, healthcare providers, behavioral health providers, and other community partners to support successful housing outcomes.

- Supervisors are responsible for monitoring documentation quality, HMIS compliance, and adherence to outreach policies and standards.

Procedures

27.1 Eligibility

27.1.1 Applicable Program

These procedures apply to outreach services administered by Mount Carmel Health System Outreach and other participating outreach providers.

27.1.2 Eligible Participants

Outreach programs serve participants who:

- Lack a fixed, regular, and adequate nighttime residence; and
- Are living in places not meant for human habitation. Examples include participants staying:
 - On streets or sidewalks
 - In encampments or camps
 - In vehicles
 - In parks
 - In abandoned buildings
 - In other locations not intended for human habitation.

Outreach programs must prioritize participants who are chronically homeless.

27.1.3 Initial Contact and Eligibility Verification

A person experiencing unsheltered homelessness will be enrolled in a Street Outreach program beginning on the date of first direct contact with an outreach worker.

Eligibility must be verified through one of the following methods:

- Direct observation by outreach staff
- Third-party verification
- Participant self-certification

27.2 Program Entry

Outreach programs will enroll participants who are currently living in unsheltered locations.

27.3 Outreach Engagement Locations

Outreach staff will conduct engagement activities in locations where unsheltered participants are known to gather, including:

- Known encampments or camps
- Soup kitchens
- Libraries
- Community service centers
- Other locations where participants from unsheltered locations access services.

27.4 Outreach Enrollment

Once eligibility is confirmed, outreach staff will:

1. Conduct an intake interview.
2. Document homeless status.

3. Enroll the participant in the outreach program in HMIS.

27.4.1 Enrollment Timeline

Street Outreach enrollment must occur within 90 days (about 3 months) of the first direct contact.

Outreach programs may backdate enrollment to the first contact date if the contact occurred within the prior 90 days (about 3 months).

Contacts occurring more than 90 days (about 3 months) prior to enrollment require approval from Community Shelter Board.

27.4.2 Exceptions for Enrollment Beyond 90 Days

If outreach staff intend to:

- Enroll a participant more than 90 days (about 3 months) after first direct contact, and
- Back-date the enrollment to the first contact date and document unsheltered time prior to 90 days (about 3 months),

Staff must request approval from the CSB System Manager.

The request must:

- Be submitted via email to the CSB System Manager;
- Include justification for the delayed enrollment and documentation of unsheltered status.

Written approval must be retained in the participant file and included in the USHS application when applicable.

27.5 HMIS Universal Data Collection

Outreach staff will attempt to collect all HMIS/CSP Universal Data Elements during initial engagement.

- Participants will only be formally enrolled in CSP once all required Universal Data Elements have been collected.
- The Project Start Date recorded in CSP must reflect the first direct contact date, even if the data collection occurs later.

27.6 Referral Between Outreach Providers

If a participant first engages with one authorized outreach provider and is referred to another outreach program:

- The receiving outreach provider may back-date the Project Start Date to the date of first direct contact with the initial outreach provider.
- Documentation of the first contact must be included in the participant file.

27.7 Monthly Outreach Contacts

27.7.1 Documentation of Contacts

Street Outreach programs must document every contact made with each participant.

Contacts must follow established outreach documentation standards and include details of the interaction and participant status.

27.7.2 Minimum Contact Requirement

Outreach programs must attempt to locate and confirm that each enrolled participant remains unsheltered at least once every 30 days (about 4 and a half weeks) through direct contact.

27.7.3 Phone Contact Procedures

When contact occurs via phone:

Outreach staff must:

- Ask where the participant stayed the previous night;
- Confirm whether the participant remains unsheltered;
- Document the conversation and participant status in the case record.

27.7.4 Verification When Direct Contact is Not Possible

If direct contact cannot be established, outreach staff may verify continued unsheltered homelessness through:

- Third-party verification (e.g., law enforcement confirmation); or
- Self-certification from the person experiencing homelessness.

These alternatives may only be used when attempts to locate the participant are documented in the case file.

27.7.5 Documentation Format

Multiple contacts during a month may be recorded on:

- A single contact record (such as a PATH contact form), Or
- Case notes. Case notes may be digital or maintained in the participant's physical file (if applicable).

27.8 Eligible Activities

Street Outreach programs may provide the following services to program participants.

27.8.1 Engagement and Basic Assistance

Outreach staff will:

- Conduct regular engagement with unsheltered participants.
- Provide basic assistance to address immediate needs.

27.8.2 Case Management

Case management services may include:

- Development of an Individualized Housing Stabilization Plan (IHSP)
- Housing problem-solving
- Service coordination and referrals.

27.8.2 Health and Behavioral Health Referrals

Outreach programs will provide referrals and support for:

- Physical health services
- Behavioral health services

- Recovery and treatment services.

27.8.3 Transportation Assistance

Outreach staff may assist participants with transportation to:

- Emergency shelter
- Medical appointments
- Housing-related appointments.

27.8.4 Shelter Access

Outreach programs will connect participants to emergency shelter through the Coordinated Point of Access / Homeless Hotline.

27.8.4 Housing Referrals

Outreach staff will facilitate referrals to housing interventions, including:

- Permanent Supportive Housing through the Unified Supportive Housing System (USHS)
- Rapid Re-Housing programs
- Specialized Rapid Re-Housing programs for survivors of domestic violence, dating violence, sexual assault, or stalking.

27.8.5 Financial Assistance

Outreach programs may connect participants to Direct Client Assistance (DCA) for housing-related expenses such as:

- Security deposits
- Rental assistance
- Utility arrears or deposits
- Rental application fees.

27.9 Street Outreach Program Exit

27.9.1 Successful Exit

Participants are considered successfully exited when their housing destination at exit is:

- Emergency shelter
- Transitional housing
- Permanent housing.

Successful exits must be documented in HMIS through the exit destination and supported by case notes indicating the participant has access to appropriate community support. Participants who are exited due to program rule violations may still be considered successfully exited if they are residing in shelter or permanent housing at the time of exit.

27.9.2 Unsuccessful Exit

Participants are considered unsuccessfully exited when their housing status at exit is:

- Unstable; or
- Unsustainable.

This must be documented in HMIS and supported by case notes describing the circumstances.

Case managers may not unilaterally close cases as unsuccessful exits. Staff must:

- Consult with supervisors;
- Document all attempts to stabilize the participant's housing situation;

- Ensure that all reasonable alternatives have been exhausted.

27.9.3 Termination of Assistance

Programs may terminate assistance if a participant violates program requirements.

Termination decisions must:

- Follow a formal process established by the provider;
- Consider extenuating circumstances;
- Be used only when all reasonable alternatives have been exhausted.

27.9.4 Exit Due to Lack of Contact

Outreach staff must exit participants based on the following thresholds:

- 30 days (about 4 and a half weeks) without direct contact or third-party confirmation: exit unless there is reason to believe the person remains unsheltered.
- 60 days (about 2 months) without contact or verification: exit unless credible information indicates the participant remains unsheltered.
- 90 days (about 3 months) without contact or verification: the participant must be exited from the program.

27.9.5 Change in Housing Status

Participants must be exited if they are not literally homeless for seven (7) or more days, including situations where they are staying with friends or family.

For PATH participants:

- The client should be enrolled in a Services Only program after outreach exit.

This aligns with HUD definitions of a homelessness episode and prevents overstatement of unsheltered time in HMIS.

27.10 Exit Procedures for Specific Destinations

27.10.1 Entry into Emergency Shelter

- The exit date will be the date the participant entered the shelter.
- Destination must be recorded as Emergency Shelter.
- The exit destination may be updated within 60 days (about 2 months) if the participant transitions to permanent housing from shelter.

27.10.2 Staying with Friends or Family

- The exit date will be the confirmed move-in date.
- If unknown, the last contact date will be used.

27.10.3 Entry into Institutional Settings

For participants entering institutions such as:

- Jail
- Hospital
- Treatment facility

Outreach programs may choose to maintain enrollment if:

- The expected institutional stay is less than 90 days (about 3 months), and
- The participant is likely to return to an unsheltered situation.

27.10.3 Entry into Permanent Housing

- The exit date will be the confirmed move-in date.
- If the date cannot be confirmed, the last date of contact will be used.

27.10.3 Exit Date Determination

If a program participant violates program requirements, the partner agency may terminate the assistance in accordance with a formal process established by the partner agency that recognizes the rights of participants. The partner agency must examine all extenuating circumstances to determine when a rule violation warrants termination from the program. Providers should only terminate assistance in the most severe cases and when all alternatives are exhausted.

The Project Exit Date must reflect:

- The last outreach service provided, or
- The last direct contact with the participant.

CSP data entry must mirror documentation maintained in the participant file.

27.11 Services Only Programs (SE/PATH)

If a participant exits Street Outreach because they are sheltered for seven or more days:

- The participant should be enrolled in a Services Only program within CSP if assistance continues.

If the participant later becomes unsheltered again for more than seven days:

- The participant must be exited from the Services Only program and
- Re-enrolled in the Street Outreach project.

All transitions must be documented in the participant file.

27.12 Monthly Program-Level Quality Assurance

Street Outreach programs must conduct monthly internal case reviews.

Quality assurance reviews must verify:

- Each open outreach case has documentation confirming unsheltered status within the past 30 days (about 4 and a half weeks).
- Contact attempts and verification methods are documented in accordance with program standards.
- CSP data entries are consistent with participant case file documentation.

Programs must correct any documentation deficiencies identified during the review.

27.13 Recordkeeping Requirements

Outreach programs must maintain documentation for each program participant including:

- Verification of homelessness eligibility
- Written intake records and service documentation
- Records of referrals made to other programs
- Individualized Housing Stabilization Plans and progress notes
- USHS Severe Service Needs Assessment (for heads of household eligible for PSH)
- Documentation verifying data entered into HMIS, including income and assets at program entry and exit

- Documentation of service restrictions, if applicable.

Photographs of documents may be used when copies cannot be obtained.

27.14 Monitoring and Evaluation

Community Shelter Board evaluates outreach program performance through:

- Monthly monitoring reports
- Quarterly indicator reports
- Annual program evaluations.

System performance and program effectiveness are also reviewed through:

- Adult System Operations Workgroup meetings
- Case conferencing among service providers.

27.15 Participant Satisfaction and Program Improvement

Providers must conduct participant satisfaction surveys at program exit.

Surveys will assess participant experiences including:

- Access to housing resources
- Access to employment assistance
- Staff treatment and professionalism
- Access to personal development opportunities
- Barriers encountered while seeking housing.

Providers must analyze survey results at least quarterly to identify service improvements and system barriers.

Documentation Requirements

Programs must document the following in HMIS and the resident's case file:

- Eligibility determinations
- Engagement efforts and corrective actions
- Planned exit decisions
- Appeal outcomes
- Service restriction details
- Program entry and exit dates
- IHSP development and updates
- RPT screening results
- Referrals to housing programs
- Shelter transfers and system case conference outcomes.

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

RAPID REHOUSING

28. Rapid Re-Housing (RRH) for Single Adults and Families

Purpose

- Provide short-term housing assistance and supportive services to those experiencing homelessness.
- Help participants quickly exit homelessness and move into permanent housing.
- Reduce the amount of time participants spend in emergency shelter.
- Support long-term housing stability through individualized case management and housing-focused services.
- Promote rapid access to safe, affordable, and permanent housing.

Scope

This policy applies to:

- Rapid Re-Housing (RRH) programs operating within the Homeless Crisis Response System (HCRS)
- RRH staff and supervisors
- Participants experiencing homelessness who may be eligible for RRH services
- Emergency shelter providers conducting housing assessments
- Coordinated Access and Coordinated Entry partners
- Housing assistance and supportive service providers participating in RRH programs

Policy

- Rapid Re-Housing programs will provide time-limited rental assistance, housing navigation, and supportive services to eligible participants experiencing homelessness.
- RRH services will prioritize rapid placement into permanent housing and support participants in maintaining housing stability.
- Participation in RRH will be determined through coordinated system screening, assessment, and prioritization processes.
- All entering emergency shelters must be screened using the RPT to identify housing needs and determine eligibility for housing interventions.
- RRH programs will operate in accordance with Coordinated Access and Coordinated Entry policies established by the Homeless Crisis Response System and Continuum of Care (CoC).
- RRH services will be provided using a housing-focused, person-centered, and trauma-informed approach.
- Participants will receive individualized housing stabilization services based on their unique needs, strengths, and barriers to housing.
- RRH programs will support participants in locating, securing, and maintaining permanent housing as quickly as possible.
- Program eligibility and service delivery decisions will be based on established screening and prioritization criteria.
- RRH programs will not deny participation to otherwise eligible participants based on their status as survivors of domestic violence, dating violence, sexual assault, or stalking.

- RRH staff will coordinate with shelter providers, landlords, mainstream benefit programs, and community partners to maximize housing opportunities and support successful housing outcomes.
- Supervisors are responsible for ensuring compliance with Coordinated Access requirements, eligibility standards, fair housing requirements, and program performance expectations.

Procedures

28.1 Program Applicability

The following programs participate in Rapid Re-Housing services for single adults:

- YMCA of Central Ohio Rapid Re-Housing
- YMCA of Central Ohio Domestic Violence Rapid Re-Housing
- Homes for Families / YMCA Transition-Age Youth RRH
- Homes for Families RRH for Pregnant Women
- Homes for Families Transition-Age Youth Joint Transitional Housing/ RRH.
- CHOICES for Victims of Domestic Violence Joint Transitional Housing / RRH.
- VOA SSVF
- LSS SSVF

28.2 Nondiscrimination

RRH providers must not deny admission, assistance, or participation in the program based solely on a participant's status as a victim of:

- Domestic violence
- Dating violence
- Sexual assault
- Stalking.

Participants who meet program eligibility requirements must be allowed to participate regardless of victimization history.

28.3 Target Population Criteria

RRH assistance is targeted primarily to participants entering emergency shelters or who require focused housing support.

Eligible participants typically meet low to moderate housing barrier criteria as determined by the RPT.

RRH specific to Veterans targets veterans who have a discharge other than dishonorable and can apply to the Veteran or a member of a family in which the head of household or his/her spouse is a Veteran.

28.4 Participants with Disabilities

Some RRH participants may have disabling conditions but may still be appropriate for RRH if their housing barriers are considered low to moderate.

Disabling conditions may include:

- Physical disabilities

- Mental health conditions
- Substance use disorders
- Post-traumatic stress disorder
- Brain injury
- Developmental disabilities
- HIV/AIDS or related conditions.

However, participants whose needs indicate permanent supportive housing as the most appropriate intervention should not be enrolled in RRH.

28.5 Referral and Enrollment

1. Participants determined eligible for RRH will be referred through coordinated access processes.
2. RRH providers must review RPT results and confirm program eligibility prior to enrollment.
3. Enrollment must follow established referral procedures and must be documented in HMIS.

28.6 Case Management and Housing Stabilization

RRH providers must deliver housing-focused case management that prioritizes rapid housing placement and stabilization.

Services may include:

- Housing search and landlord engagement
- Rental assistance and housing subsidies
- Housing stabilization services
- Employment and income support
- Connection to community-based services.

Case management should emphasize participant choice and rapid movement into permanent housing.

28.7 Documentation and Data Requirements

RRH providers must document the following in HMIS and program records:

- RPT screening results
- Eligibility determination
- Referral source
- Housing placement outcomes
- Income and benefits information
- Case management engagement.

Documentation must comply with HMIS data standards and system reporting requirements.

28.8 Rapid Re-Housing Assistance and Service Delivery

28.8.1 Initial Assistance Period

1. Upon enrollment in a Rapid Re-Housing (RRH) program, participants may receive an average of up to (8) months of individualized RRH assistance, but a progressive

engagement approach should be utilized. For Veterans, assistance cannot exceed nine (9) months.

2. RRH assistance may include rental assistance, move-in costs, and case management services necessary to secure and stabilize permanent housing.
3. At the end of the initial assistance period, case managers must review the participant's housing stability and financial situation to determine whether continued assistance is needed.

28.8.2 Extension of Assistance

1. RRH assistance may be extended on a month-to-month basis when necessary to maintain housing stability.
2. Total program participation must not exceed twenty-four (24) months unless additional extensions are approved according to program or funding requirements.
3. RRH providers may request additional program extensions when participants require additional time to stabilize in housing.
4. Extension decisions must be documented in the participant's case file and HMIS.

28.8.3 Progressive Assistance Model

1. RRH providers must implement a progressive assistance approach, which prioritizes:
 - Rapid housing placement
 - Minimal financial assistance necessary to stabilize housing
 - Time-limited services focused on housing stability.
2. Case managers must regularly evaluate the participant's needs and adjust assistance levels accordingly.
3. Assistance levels may increase or decrease depending on the participant's progress toward housing stability.

28.9 Rent Contribution Requirements

1. For programs funded through the Continuum of Care (CoC):
 - Participants must contribute 30% of their adjusted monthly income or 10% of their gross monthly income toward rent.
2. To promote rapid housing placement and stabilization, this requirement is applied after one (1) year of RRH participation.
3. If participants remain enrolled in the RRH program after one year and have income, rental contribution must begin.

28.10 Annual Income Review

1. RRH providers must conduct annual income reviews for all participants.
2. Income reviews determine:
 - Continued program eligibility
 - Participant in rent contribution levels.

3. Documentation of income verification must be maintained in the participant file and recorded in HMIS.

28.11 Housing Identification Activities

RRH providers must actively support participants in identifying and securing permanent housing.

Case managers must:

1. Recruit landlords willing to rent to program participants.
2. Develop relationships with property owners and property management companies.
3. Address barriers that may discourage landlord participation.
4. Assist participants in identifying rental units that meet their needs and preferences.
5. Support participants throughout the housing application process.
6. Assist participants in negotiating lease terms when appropriate.

28.12 Rent and Move-In Assistance

RRH providers may provide financial assistance necessary for participants to obtain housing.

Allowable financial assistance may include:

- Security deposits
- Rental assistance
- Utility deposits
- Utility arrears
- Utility payments necessary to establish housing
- Application fees or other allowable move-in expenses.

Financial assistance must be consistent with program funding rules and documented in participant records.

28.13 Case Management and Housing Stabilization Services

RRH providers must deliver housing-focused case management services that support participants in maintaining permanent housing.

28.13.1 Individualized Housing Support Plans

1. Case managers must work with participants to develop an Individualized Housing Support Plan (IHSP).
2. The IHSP must identify:
 - Housing and Income Pathways and goals
 - Action steps for securing and maintaining housing
 - Responsibilities for both the participants and the case manager.

28.13.2 Housing Navigation

Case managers must assist participants with:

- Identifying appropriate housing options
- Selecting housing based on personal needs and financial resources
- Addressing barriers to housing access.

28.13.3 Lease Negotiation

Case managers may assist participants in negotiating lease terms with landlords to ensure manageable and sustainable rental agreements.

28.13.4 In-Home Support

When appropriate, case managers may provide housing stabilization services in the participant's home to support successful tenancy.

28.13.5 Housing Stability Monitoring

Case managers must:

- Monitor participants' housing stability
- Address emerging crises that threaten housing stability
- Adjust services as needed to prevent a return to homelessness.

28.14 Participant Engagement and Service Expectations

1. RRH services must be participant-directed and voluntary.
2. Participants must be informed that continued assistance depends on active engagement in case management and housing stabilization services.
3. Case managers must respect participants' rights to:
 - Self-determination
 - Privacy
 - Choice in housing and services.

28.15 Supportive Service Referrals

RRH providers must help participants with access services that support long-term housing stability.

Service referrals may include:

- Mental health treatment and counseling
- Alcohol and other drug (AOD) treatment services
- Pregnancy-related support services
- Parenting classes
- Childcare services
- Domestic violence support services
- Employment assistance and job training
- Income supports and public benefits
- Adult education and training programs
- Mediation services
- Other community resources.

28.16 Program Practice Standards

All RRH programs must operate in accordance with evidence-based program practices and standards published by the National Alliance to End Homelessness, including the Rapid Re-Housing Performance Benchmarks and Program Standards.

Providers must ensure that program practices align with national best practices for rapid re-housing and housing stabilization.

28.17 Rapid Re-Housing Eligibility Review, Assistance Determination, and Exit

28.17.1 Monthly Assistance Assessment

1. RRH case managers must conduct a monthly assessment of each participant's housing stability and service needs.
2. The assessment must occur:
 - During routine case management meetings; and
 - Prior to approving or issuing Direct Client Assistance (DCA) funds.
3. The monthly review must evaluate:
 - Household's housing stability
 - Household's recent Income changes
 - Progress toward housing stabilization goals
 - Need for ongoing supportive services
 - Need for continued financial assistance.
4. The results of each assessment must be documented in the participant's case file and recorded in HMIS where applicable.

28.17.2 Income Eligibility and Program Participation: Non-Veterans

1. RRH participants may remain eligible for program assistance if household income rises above 30% of Area Median Income (AMI) for up to one year following RRH enrollment.
2. RRH case managers must conduct an annual income reassessment to determine continued program eligibility.
3. At the annual reassessment:
 - Households whose income exceeds 30% AMI must be exited from the RRH program.

28.17.3 Income Eligibility and Program Participation: Veterans

4. RRH Veterans may remain eligible for program assistance if household income rises above 30% of Area Median Income (AMI) for up to one year following RRH enrollment.
5. RRH case managers must conduct an annual income reassessment to determine continued program eligibility.
6. At the annual reassessment:
 - Households whose income exceeds 50% AMI must be exited from the RRH program.

28.17.4 Exceptions for CoC-Funded RRH Programs

The following RRH programs funded entirely through the Continuum of Care have modified income eligibility thresholds:

- YMCA of Central Ohio Domestic Violence RRH
- Homes for Families Youth Homelessness Demonstration Program RRH
- CHOICES for Victims of Domestic Violence DV RRH / Transitional Housing
- Homes for Families Jobs to Housing (J2H) programs.

For these programs:

- Participants may remain enrolled if income remains below 35% AMI at the time of the annual reassessment.

Participants whose income exceeds 35% AMI at reassessment must be exited from the program.

28.18 Termination of RRH Assistance

1. RRH assistance must be terminated when a household:
 - No longer meets program eligibility criteria;
 - Has sufficient financial resources to maintain housing independently; and
 - Has established connections with community-based services to support long-term stability.
2. Program termination may also occur if a participant violates program requirements.
3. Prior to termination, providers must:
 - Review all relevant circumstances;
 - Consider any extenuating factors affecting participant behavior or engagement;
 - Attempt reasonable corrective actions.
4. Termination should occur only in severe cases and after all alternatives have been exhausted.
5. All terminations must include:
 - A Letter of Termination; and
 - Documentation in the participant's file and HMIS.

28.19 RRH Eligibility Following Shelter Exit

Participants who exit emergency shelter remain eligible to receive RRH services, provided they meet program eligibility criteria.

RRH providers should continue providing housing stabilization services to these participants when appropriate.

28.20 Determining Program Exit Outcomes

28.20.1 Successful Exit

Participants are considered successfully exited when:

- Their housing status at exit is stable permanent housing.

Documentation must include:

- HMIS exit destination indicating permanent housing; and
- Case notes verifying housing stability and access to necessary community support.

Participants may still be classified as successfully exited if they leave the program due to rule violations but remain stably housed.

28.20.2 Unsuccessful Exit

Participants are considered unsuccessfully exited when their housing situation is:

- Unstable; or
- Unsustainable.

Examples include:

- Remaining in emergency shelter
- Loss of housing
- Imminent risk of housing loss.

These circumstances must be documented in HMIS and supported by detailed case notes.

No one in housing should be closed in RRH if ‘on paper’ the household is unable to pay their rent in the next 30 days.

28.20.3 Supervisory Review of Unsuccessful Exits

1. Participant case managers may not unilaterally determine an unsuccessful exit.
2. Prior to closing a case as unsuccessful, case managers must:
 - Review the case with a supervisor;
 - Demonstrate that all reasonable efforts were made to prevent housing loss;
 - Document all engagement efforts and interventions.

28.20.4 Exit Due to Non-Participation

Participants may voluntarily exit the RRH program by choosing not to participate in case management or services.

Exit due to non-participation should occur only when the following conditions are met:

1. Multiple attempts to engage the participant have been documented.
2. The participant has indicated—either explicitly or through behavior—that they no longer wish to receive program assistance.
3. It is likely that the participant can maintain housing independently or with assistance from other resources.

28.20.5 Exit Following Refusal of Housing Options

1. If a participant is offered a safe and appropriate housing option that resolves their housing crisis and allows exit from shelter with RRH support but declines the option, the participant can be exited from the RRH program.
2. Prior to exit, the provider must:
 - Ensure the housing option meets safety and appropriateness standards;
 - Document the offer and participant refusal;
 - Confirm that the participant understands the implications of declining the housing option.

Documentation Requirements

RRH providers must maintain documentation of:

- Monthly assistance reviews
- RPT
- Severity of Service Needs Assessment for PSH through USHS if invited or referred
- Annual income reassessments
- Eligibility determinations
- Housing inspection
- Documentation to tenancy (lease)

- Intakes, assessments, and referrals
- Housing plans
- Termination decisions
- Participant engagement efforts
- Exit outcomes.

All documentation must be maintained in participant case files and recorded in HMIS according to system data standards.

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

TRANSITIONAL HOUSING

29. Transitional Housing Programs

Purpose

- Provide temporary housing and supportive services to individuals experiencing homelessness.

- Help participants develop the skills, resources, and stability needed to obtain and maintain permanent housing.
- Support participants in achieving greater independence and self-sufficiency.
- Promote rapid transition from homelessness to permanent housing.
- Provide housing-focused case management and individualized support services.

Scope

This policy applies to:

- Transitional Housing (TH) programs operating within the Homeless Crisis Response System (HCRS)
- Program staff, supervisors, and administrators
- Youth Transitional Housing programs
- Domestic Violence Transitional Housing programs
- Coordinated Entry and referral partners
- Participants receiving Transitional Housing services

All Transitional Housing programs must comply with HUD regulations, Continuum of Care (CoC) requirements, Coordinated Entry policies, and applicable federal, state, and local regulations.

Policy

Program Requirements

- Transitional Housing provides temporary housing and supportive services to participants experiencing homelessness.
- The maximum length of stay in Transitional Housing is 24 months.
- Programs must focus on helping participants obtain permanent housing as quickly as possible.
- Housing and services must be delivered using a housing-focused and participant-centered approach.
- All participants must have an Individualized Housing Stabilization Plan (IHSP).
- Programs must participate in the Coordinated Entry System and accept referrals through approved referral processes.

Non-Discrimination

- Participants may not be denied admission, assistance, or continued participation because they are survivors of:
 - Domestic violence
 - Dating violence
 - Sexual assault
 - Stalking
- Programs must provide equal access to services and housing opportunities.

Housing Focus

- Staff must prioritize permanent housing outcomes from the beginning of program participation.
- Case management and supportive services should address barriers that prevent participants from obtaining or maintaining housing.

- Participants are expected to actively engage in housing stabilization activities identified in their IHSP.

Procedures

29.1 Eligibility Determination

Participants must:

- Meet HUD's definition of homelessness.
- Be appropriate for community-based housing with supportive services.
- Require supportive services to achieve housing stability and independent living.
- Complete all required assessments and screening processes.
- Be prioritized using the approved Referral Prioritization Tool (RPT).
- Meet the criteria of the population being served by the project.

29.1.1 Domestic Violence Survivors

Survivors of domestic violence, dating violence, sexual assault, or stalking may be admitted when they:

- Meet homelessness eligibility requirements.
- Can safely participate in Transitional Housing services.
- Determine the housing placement is appropriate for their safety needs.

29.1.2 Transitional Aged Youth 18-24

Transitional Aged Youth may be admitted when they:

- Meet homelessness eligibility requirements.
- Can safely participate in Transitional Housing services.
- Determine the housing placement is appropriate for their safety needs.

29.2 Referral and Enrollment

- All participants must be referred through the Coordinated Entry System, including Domestic Violence Coordinated Entry when applicable.
- Program staff must review referrals to verify eligibility.
- Enrollment decisions must be documented in HMIS or an approved comparable database.
- Participants must complete intake and assessment requirements before enrollment.

29.3 Service Delivery

Programs may provide:

29.3.1 Housing Assistance

- Temporary housing
- Housing stabilization support
- Assistance transitioning to permanent housing

29.3.2 Supportive Services

- Case management

- Individualized Housing Stabilization Planning (IHSP)
- Life skills development
- Employment and workforce referrals
- Education support
- Mental health referrals
- Substance use treatment referrals
- Legal services referrals
- Transportation assistance
- Community resource connections

Staff must maintain a primary focus on helping participants obtain and maintain permanent housing.

29.4 Housing Stabilization Planning

- An IHSP must be completed for every participant.
- The IHSP must identify:
 - Housing goals
 - Barriers to housing
 - Action steps
 - Participant responsibilities
 - Staff responsibilities
- Plans must be reviewed and updated regularly throughout program participation.

29.5 Program Exit

Participants may exit the program through:

- Successful completion
- Voluntary exit
- Transfer to another housing intervention
- Program termination

29.6 Program Termination

Before terminating participation, staff must:

- Review all circumstances and barriers.
- Attempt reasonable interventions and alternatives.
- Ensure participant rights are protected.
- Provide written notice of termination.
- Document the reason for termination and actions taken.

Termination should be used only when necessary and after other options have been exhausted.

29.7 Exit Outcome Determination

29.7.1 Successful Exit

A participant is considered successfully exited when:

- The participant moves to stable permanent housing.
- Housing placement is documented in HMIS.

- Case notes confirm housing stability and community supports.

Participants may still be considered successfully exited if they leave the program due to rule violations but remain stably housed.

29.7.2 Unsuccessful Exit

A participant is considered unsuccessfully exited when:

- Permanent housing was not obtained.
- Housing is unstable or unsustainable.
- The participant is at imminent risk of losing housing.

Examples include:

- Returning to homelessness
- Loss of housing
- Failure to secure permanent housing

All unsuccessful exits must be documented.

29.7.2.1 Supervisory Review of Unsuccessful Exits

Before an exit is classified as unsuccessful:

- The case manager must review the case with a supervisor.
- Staff must verify that reasonable efforts were made to support housing stability.
- All engagement, referrals, and intervention efforts must be documented in the participant file.
- Supervisory approval must be documented prior to case closure.

29.8 Participant Feedback and Continuous Improvement

Programs must:

- Conduct participant satisfaction surveys at exit.
- Review survey results at least quarterly.
- Use participant feedback to improve services and program operations.

Surveys should evaluate:

- Housing assistance provided
- Employment and education support
- Staff interactions
- Personal development opportunities
- Barriers to achieving housing goals
- Overall program experience

Documentation Requirements

Programs must document the following in HMIS and the resident's case file:

- Eligibility determinations
- Engagement efforts and corrective actions
- Planned exit decisions
- Appeal outcomes

- Service restriction details
- Program entry and exit dates
- IHSP development and updates
- RPT screening results
- Referrals to housing programs
- Shelter transfers and system case conference outcomes.

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

**VIOLENCE AGAINST
WOMEN ACT
(VAWA) FOR
TRANSITIONAL
HOUSING AND
RAPID REHOUSING
PROGRAMS**

30. Emergency Transfers for Victims of Domestic Violence, Dating Violence, Sexual Assault, and Stalking (VAWA) for Transitional and Rapid Rehousing Programs

Purpose

- Ensure participants experiencing domestic violence, dating violence, sexual assault, stalking, technological abuse, economic abuse, or other forms of gender-based violence have access to safe housing options.
- Protect participant safety through timely and confidential emergency transfer processes.
- Ensure compliance with Violence Against Women Act (VAWA) requirements and HUD regulations.
- Prevent discrimination against individuals experiencing violence while receiving housing assistance.

Scope

This policy applies to:

- Rapid Re-Housing (RRH) programs
- Transitional Housing (TH) programs
- Staff, supervisors, and administrators of HUD-funded housing programs
- Participants receiving housing assistance through CoC, ESG, or other HUD-funded programs

This policy applies to all requests for emergency housing transfers related to participant safety concerns resulting from domestic violence, dating violence, sexual assault, stalking, technological abuse, economic abuse, or other forms of gender-based violence.

Policy

- Participants who are victims of domestic violence, dating violence, sexual assault, stalking, technological abuse, economic abuse, or other forms of gender-based violence may request an emergency transfer when they reasonably believe they are at risk of harm.
- Emergency transfer requests will be handled promptly, confidentially, and with priority consideration.
- Participants may not be denied admission, housing assistance, continued participation, or housing transfers based on their status as a victim of violence.
- Programs must provide equal access to emergency transfer protections regardless of sex, sexual orientation, gender identity, age, race, ethnicity, family composition, disability status, or mental health status.
- Information related to a participant's victim status must be kept confidential and shared only as permitted by law and program requirements.
- Providers must comply with all applicable VAWA and HUD emergency transfer requirements, including those outlined in 24 CFR Part 5, Subpart L.
- Staff must make reasonable efforts to assist participants in accessing safe alternative housing when an emergency transfer is requested.

- All emergency transfer requests and actions taken must be documented according to program and HUD requirements.

Note: VAWA information for Permanent Supportive Housing can be found in the **USHS Narrative Manual and Policies & Procedures**.

Procedures

30.1 Types of Emergency Transfers

30.1.2 Internal Emergency Transfer

An internal emergency transfer occurs when a participant is relocated to another housing unit within the same housing provider's portfolio.

- The participant is not treated as a new applicant.
- The participant may move into the new unit without completing a new application process.

Internal transfers are offered when:

- A safe unit is immediately available; or
- A safe internal unit becomes available later.

30.1.3 External Emergency Transfer

An external emergency transfer occurs when a participant relocates to a unit operated by a different housing provider or program. In these cases:

- The participant is treated as a new applicant for the receiving program.
- The participant must complete the receiving program's application process.

Examples include:

- A CoC participant transferring to another CoC-funded project within the same CoC.
- A CoC participant transferring to another housing program such as ESG or SSVF.
- An ESG Rapid Re-Housing participant transferring between ESG-funded projects.

Emergency transfer requests must receive top priority within participating programs. Each provider must designate trained staff to assist participants with the transfer process.

30.2 Eligibility for Emergency Transfer

A Rapid Re-Housing (RRH) and Transitional Housing (TH) participant may request an emergency transfer if they are a victim of domestic violence, dating violence, sexual assault, stalking, technological abuse, or economic abuse and meet one of the following criteria:

1. The participant believes there is a threat of imminent harm from further violence if they remain in the current housing unit.
2. The participant is a victim of sexual assault and:
 - Believes there is a threat of imminent harm if they remain in the unit; or
 - The sexual assault occurred on the premises within the 90-day period preceding the transfer request.

Participants must explicitly request emergency transfer in accordance with the procedures below.

A safe unit is defined as a unit that the participant believes is safe.

30.3 Notification of VAWA Rights

Rapid Re-Housing (RRH) and Transitional Housing (TH) providers must distribute the Notice of Occupancy Rights Under the Violence Against Women Act to participants at the following times:

1. At the time a participant is denied admission to the RRH/TH program.
2. At the time, a participant is admitted or begins receiving help.
3. At the time the participant receives notice of termination of assistance or program discharge.

The notice must explain participant rights including:

- Protection against denial of housing due to victim status
- Right to confidentiality
- Right to emergency transfer
- Right to lease bifurcation
- Protection against retaliation or discrimination
- Right to self-certify victimization.

30.4 Transfer Request Process

1. Participants requesting an emergency transfer must notify their Rapid Re-Housing (RRH) and Transitional Housing (TH) providers and submit a written transfer request.
2. The written request must include one of the following statements:
 - A statement that the participant believes there is a threat of imminent harm if they remain in their current housing; or
 - In cases of sexual assault, a statement indicating either imminent harm or that the assault occurred within the past 90 days (about 3 months) at the housing location.
3. Upon receiving the request, the Rapid Re-Housing (RRH) and Transitional Housing (TH) providers must immediately:
 - Begin safety planning with the participant;
 - Review available housing options;
 - Prioritize the participant for transfer placement.
4. Providers must offer reasonable accommodations for participants with disabilities during the transfer process.

30.5 Confidentiality Protections

Rapid Re-Housing (RRH) and Transitional Housing (TH) providers must maintain strict confidentiality regarding all information related to the emergency transfer.

Providers must:

- Protect any information submitted by the participant related to victimization or the transfer request.
- Keep the location of the participant's new housing confidential from the perpetrator.

Information may only be disclosed when:

- The participant provides written consent;
- Disclosure is required by law; or
- Disclosure is necessary for an eviction or termination proceeding.

Participants have the right to self-certify their victim status. Third-party documentation such as police reports or protective orders cannot be required.

30.6 Identifying Safe Housing

1. Rapid Re-Housing (RRH) and Transitional Housing (TH) providers must act as quickly as possible to identify a safe housing option.
2. If an internal unit is available and acceptable to the participant, the transfer may occur immediately.
3. If the participant believes the proposed unit is unsafe, they may request a different unit.
4. If the provider cannot identify an appropriate unit, the provider must assist the participant in locating safe housing through:
 - Other housing providers
 - Private landlords
 - Community housing programs.

30.7 Safety Planning and Support

While the transfer is being processed, providers must encourage participants to enhance their safety.

Participants may be referred to victim assistance organizations including:

- CHOICES for Victims of Domestic Violence
- RAINN National Sexual Assault Hotline
- National Domestic Violence Hotline
- National Center for Victims of Crime Stalking Resource Center.

Participants with hearing impairments may contact the National Domestic Violence Hotline via TTY services.

30.8 Occupancy Requirements for Transferred Units

If a participant is transferred to a new housing unit:

1. The participant must agree to comply with the occupancy terms governing that unit.
2. The provider may deny a specific unit if the participant cannot establish eligibility for that unit.

30.9 Record Management and Documentation

Rapid Re-Housing (RRH) and Transitional Housing (TH) providers must maintain documentation of:

- Emergency transfer requests
- Safety planning actions
- Transfer outcomes
- Referral services they provided.

Records must be maintained in the participant's file and recorded in HMIS when appropriate.

Documentation must be retained for at least three (3) years.

Providers may also be required to report emergency transfer outcomes to HUD through annual reporting processes.

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

Direct Client Assistance (DCA)

31. Direct Client Assistance

Purpose

The purpose of the Direct Client Assistance (DCA) Program is to provide short-term financial assistance that helps participants and families:

- Obtain permanent housing
- Maintain existing housing
- Prevent homelessness
- Exit emergency shelter or unsheltered homelessness into permanent housing

DCA may be used for rental assistance, utility assistance, deposits, and other eligible housing-related expenses.

Scope

This policy applies to:

- Emergency Shelter Programs
- Street Outreach Programs
- Rapid Re-Housing (RRH) Programs
- Homelessness Prevention Programs
- Permanent Supportive Housing (PSH) Programs when applicable

This policy applies to all supervisors, case managers, and program staff authorized to administer DCA funds.

Policy

Only staff who have completed DCA Certification and have a current authorization on file with CSB, may:

- Submit DCA applications
- Approve DCA applications
- Pick up DCA checks
- Sign required DCA documentation

Procedures

31.1 Participant Eligibility

Participants must meet one of the following conditions:

- Residing in emergency shelter
- Experiencing unsheltered homelessness
- Imminently at risk of literal homelessness
- Enrolled in an eligible RRH, PSH, or Prevention program

31.1.1 Prevention Programs

- Participants must meet one of the following conditions for Prevention Programs: Household income must be at or below 35% Area Median Income (AMI)

CSB may increase eligibility up to 50% AMI based on funding availability .

No income requirement applies to RRH participants.

31.1.2 Eligibility Determination

31.1.2.1 Supervisor Responsibilities

- Verify staff certification status.
- Confirm program eligibility.
- Review documentation supporting:
 - Homeless status
 - At-risk status (if applicable)
 - Income eligibility (Prevention only)
- Ensure that all alternative resources have been explored before DCA is requested.

31.1.2.2 Case Manager Responsibilities

- Complete eligibility screening.
- Gather required documentation.
- Assist participants with DCA applications.

31.2 Repeat DCA Assistance

Participants requesting initial move-in assistance again within 12 months must demonstrate a significant change in circumstances, including but not limited to:

- Loss of housing outside of their control
- Housing became unavailable or unsafe
- Housing affordability changed
- Significant life changes affecting housing stability

Documentation supporting the need must be included in the DCA application.

31.3 Housing Quality Standards

All housing units receiving DCA assistance must:

- Be safe
- Be decent
- Be affordable
- Meet inspection requirements
- Meet applicable HUD/NSPIRE standards
- Mutually agreed upon by participant and case manager
- Appropriate for household needs

Beginning **October 1, 2025**, NSPIRE inspection standards apply.

31.4 Housing Search and Placement

Case Manager Responsibilities

- Assist participants in locating housing.
- Use available housing search tools and landlord networks.
- Advocate with landlords when necessary.
- Assist with housing applications.
- Provide transportation assistance when appropriate.
- Review tenant rights information with participants.
- Review lease terms before signing.

31.5 Housing Inspection

Prior to assistance approval, RRH-assisted Households must complete:

- CSB Housing Inspection Form
- DCA-Only Shelter or Outreach Cases
- Client Self-Inspection Form
- Housing Quality Standards (HQS) Inspection
- NSPIRE Inspection (when applicable)

Inspection documentation must be maintained in the participant file.

31.6 Submission of DCA Application

Case Manager must submit:

- Required Documentation
- Completed DCA Application
- Eligibility verification
- Lease agreement
- Landlord Verification Form
- W-9
- Property Management documentation (if applicable)
- Housing inspection
- Income documentation (Prevention only)
- Any additional documentation required by the DCA checklist

Supervisor must review application for completeness prior to submission.

31.7 DCA Approval Process

Applications should be complete and accurate upon first submission. Once CSB reviews the application, additional information may be requested. Upon approval:

- Letter of Guarantee is issued.
- Notification is sent to agency staff.

31.8 DCA Payment Processing

CSB payments are made directly to vendors only. Examples:

- Landlords
- Property managers
- Utility companies

Payments will never be made directly to participants.

31.8.1 Check Distribution

Checks are:

- Mailed directly to vendors by CSB
- Processed according to published schedules
- Released only to approved agency representatives when authorized

31.9 Reimbursement Requests

When immediate payment is necessary to secure housing:

- Agency obtains prior approval from CSB Housing Director.
- Agency pays approved expense.
- Agency submits reimbursement request.

CSB reviews and processes reimbursement. No reimbursement may occur without prior approval.

31.10 Move-In Verification

Within 7 calendar days of DCA payment case manager must:

- Contact landlord.
- Confirm participant has taken possession of unit.
- Document outcome in participant file.

If Participant Has Not Moved In:

- Notify CSB immediately.
- Participate in recovery or monitoring efforts as directed.

31.11 Supervisor Monitoring

Supervisors shall:

Monthly

- Review DCA submissions for quality.
- Verify documentation completeness.
- Monitor housing outcomes.

- Monitor timeliness of application submission.

Quarterly

- Conduct file reviews.
- Review HMIS accuracy.
- Identify training needs.
- Correct recurring documentation deficiencies.

Annually

- Participate in CSB program evaluation.
- Review performance outcomes.
- Review participant grievances and service denials.
- Implement quality improvement activities.

31.12 Program Performance Standards

Agencies are expected to:

- Maintain accurate and complete DCA files.
- Achieve successful housing outcomes.
- Meet program-specific outcome goals.
- Submit at least 95% of DCA applications correctly on first review.
- Cooperate with CSB monitoring and audits.

Technical assistance may be provided when performance deficiencies are identified.

Documentation Requirements

The following must be maintained in every DCA file:

- Eligibility Documentation
- Homeless or at-risk verification
- Income documentation (Prevention only)
- Identity Documentation
- One of the following:
 - Driver's license
 - State ID
 - Social Security card
 - Birth certificate
 - Passport
 - DD-214
 - Permanent Resident Card
 - Other HUD-approved identification
- Program Documentation
- Intake forms
- Assessments
- Reassessments

- Service records
- Housing plans
- Documentation of housing need
- Lease agreement
- Landlord verification
- DCA application packet
- HMIS Documentation
- Entry information
- Exit information
- Income and asset documentation
- Verification that HMIS records are complete and accurate

Privacy and Data Protection

Please refer to the HMIS Policies, Procedures, and Data Dictionary for standards.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.

INCOME & HOUSING PATHWAYS

32. Income & Housing Pathways and Housing Plans

Purpose

The purpose of this policy is to ensure that all clients served within the homeless crisis response system receive an Individualized Housing Stabilization Plan (IHSP) that supports their transition to stable housing and increased economic self-sufficiency. The IHSP provides a structured, person-centered approach for identifying and pursuing housing and income pathways that align with each client's goals, needs, and circumstances.

This policy establishes expectations for the consistent development, documentation, and tracking of housing and income pathways across partner agencies. It also outlines the system administrator's responsibility to provide technical assistance, training, and HMIS data standards to support effective implementation, promote data quality, and enable the measurement of outcomes associated with specific housing and income pathways.

Through coordinated planning, training, and performance monitoring, this policy seeks to improve housing stabilization outcomes and strengthen the effectiveness of the homeless crisis response system.

Scope

This policy applies to all partner agencies participating in the homeless crisis response system that provides housing, shelter, outreach, diversion, rapid re-housing, supportive housing, or other housing stabilization services. It covers the development, documentation, implementation, and monitoring of Individualized Housing Stabilization Plans (IHSPs), including the selection of housing and income pathways and related data entry requirements within HMIS.

Policy

All partner agencies shall develop and maintain an Individualized Housing Stabilization Plan (IHSP) for each client receiving services. The IHSP must include:

- A Housing Pathway selected by the client based on their housing goals, needs, and preferences.
- An Income Pathway designed to support the client's financial stability and long-term housing success.
- Documented progress toward housing and income goals in accordance with established HMIS standards.

The system administrator will provide technical assistance to partner agencies regarding pathway identification, implementation, documentation requirements, and data quality standards. Housing and income pathways must be accurately recorded in HMIS to support performance monitoring, outcome measurement, and system-wide evaluation.

To support consistent implementation, annual training opportunities will be provided for partner agencies and will include, at a minimum:

- Use of housing search and landlord engagement tools.
- Residential Care Facility admission processes.
- Nursing Home assessment and referral processes.
- Available substance use treatment resources and referral pathways.

Partner agencies are responsible for ensuring staff participation in required trainings and for incorporating pathway-based planning into service delivery practices.

Procedures

32.1 Housing Pathways

Partner agencies complete IHSPs which include the Housing Pathway.

Housing Pathways are comprised of:

- Rapid Rehousing (for various populations)
- Permanent Supportive Housing
- Transitional Housing
- Subsidized Housing (CMHA and other options)
- Senior Subsidized Housing (CMHA and other options)
- Market Rate Housing
- Shared Living and/or Roommate Matching
- Tiny Home
- Home Ownership
- Permanent Reunification with Family and/or Friends
- Hotel/Motel/Extended Stay self-pay
- Direct Cash Transfer (for available populations)
- Nursing Home or Assisted Living
- Group Home
- Residential Care Facility
- Substance Use Treatment Program
- Sober Living Program/Housing

32.2 Income Pathways

Income Pathways consist of:

- Employment income (referral through ASPR portal)
- Disability, SSI/SSDI
- Training programs
- Benefit programs (SNAP, Medicaid, etc)

32.3 Housing & Income Pathways

Partner agencies will enter the following in HMIS for each participant:

- Income Pathway
- Housing Pathway

Partner agencies will include the participant's income and housing pathway for their Individualized Housing Stabilization Plan.

Appendix A: Emergency Shelter Intake and Case Management Package

This packet is designed around the actual workflow staff to follow from first contact through housing exit. This structure creates an audit-ready, HUD/CoC-compliant shelter file that also supports performance management, housing-focused case management, supervisor oversight, and rapid shelter exits.

Section 1: Shelter Admission Cover Sheet

Purpose: Quick supervisor review and admission authorization.

Includes:

- Participant name
 - HMIS ID
 - Household type
 - Intake date/time
 - Shelter location
 - Eligibility determination
 - Bed assignment
 - Admission approval
 - Supervisor sign-off
-

Section 2: Eligibility Determination Packet

Emergency Shelter Eligibility Checklist

- Homeless status verification
- Family composition verification (if applicable)
- Residency requirements
- Functional eligibility review
- Criminal restriction review
- Diversion completed
- Coordinated Entry status

Required Documents Checklist

- Photo ID
- Birth certificates
- Social Security cards
- Custody documentation
- Income verification
- Disability verification (if applicable)

Section 3: Diversion and Problem-Solving Assessment

Structured Diversion Tool

Document:

- Current sleeping location
- Last permanent address
- Immediate housing options
- Family/friend supports
- Financial resources
- Transportation options
- Safety concerns

Diversion Outcome

- Diverted
- Referred
- Shelter admission required

Supervisor review required for shelter admission when diversion opportunities exist.

Section 4: Coordinated Entry Assessment

Rapid Rehousing Prioritization Tool (RPT)

Document:

- Assessment date
- Score
- Housing recommendation
- Priority status

Referral Tracking

Track:

- Referral date
- Program referred to
- Outcome
- Follow-up actions

Section 5: Initial Housing Barrier Assessment

Use a scoring matrix:

Barrier	None	Moderate	Severe
Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Generates acuity level.

Section 6: Individualized Housing Stabilization Plan (IHSP)

Housing Goal

Target Housing Date:

Required Housing Activities

Weekly goals:

Week 1:

- Income plan
- Benefits application
- Housing search

Week 2:

- Housing applications
- Landlord contacts

Week 3:

- Housing interviews

- Document collection

Week 4:

- Lease execution
- Move-in planning

Section 7: Housing Search Log

Track:

Date	Unit	Landlord	Outcome	Follow-Up
------	------	----------	---------	-----------

Minimum weekly housing search expectations documented.

Section 8: Case Management Contact Forms

Required Contact Frequency

Emergency Shelter:

- Weekly minimum (Family Shelter)
- Monthly minimum (Single Adult Shelter)

High-Acuity:

- Twice weekly (Family Shelter)
- Twice monthly (Single Adult Shelter) -When/if acuity is in place for the Single Adult System

Document:

- Housing progress
- Barriers
- Action steps
- Referrals
- Participant engagement

Section 9: Supportive Services Tracking

Document referrals to:

- Employment
- Benefits
- Child Care
- Healthcare
- Behavioral Health
- Legal Services

- Transportation
- Education

Track:

- Referral date
- Attendance
- Outcome

Section 10: Lack-to-Progress Protocol

Automatically triggered when:

Early Warning (Day 7–10)

- No completed housing plan
- No documented housing search activity
- Missed or disengaged from case management

Formal FTP Trigger (Day 14–21)

- No viable housing options identified
- No applications submitted or pending
- No income or benefit progress
- Repeated missed appointments impacting housing search

Chronic Stall (Day 30+)

- No progress toward lease-up
- Repeated barriers unresolved
- Prior **interventions have not resulted in movement**

Supervisor Review Required

Document:

- Barriers
- Corrective plan
- Additional supports
- Case conference recommendation if High Acuity

Section 11: Shelter Extension Request (Family Shelter Only)

Required for stays beyond target length of stay.

Documents:

- Housing progress
- Current barriers
- Expected housing date
- Supervisor recommendation

Approval:

- Supervisor
- Program Manager (if applicable)

Section 12: Incident and Safety Documentation

Includes:

- Unusual Incident Report Log
- Service Restriction Documentation
- Appeal Documentation
- Involuntary Discharge Documentation

Section 13: Participant Rights Packet

Participant signs acknowledgment of:

- Rights
- Confidentiality
- Grievance process
- Appeals process
- Shelter expectations

Section 14: HMIS Quality Review

Supervisor checklist:

- Enrollment complete
- Assessment complete
- IHSP complete
- Case notes current
- Housing search documented
- Referrals documented
- Exit data complete

Section 15: Exit Packet

Housing Outcome Form

Document:

- Exit destination

- Permanent housing verification
- Income at exit
- Benefits at exit

Housing Retention Follow-Up (If required)

30-day

60-day

90-day follow-up tracking

Supervisor Monitoring Section

Include a monthly file review tool scoring:

Compliance Areas

- Eligibility Documentation
- Diversion Documentation
- HAST Completion
- IHSP Quality
- Housing Search Activity
- Case Notes
- HMIS Accuracy
- Housing Outcomes

Scoring:

- Meets Standard
- Needs Improvement
- Corrective Action Required

Recommended File Tabs

1. Intake & Eligibility
2. Diversion
3. Coordinated Entry
4. Housing Plan
5. Housing Search
6. Supportive Services
7. Case Notes
8. Incidents & Appeals
9. Supervisor Reviews
10. Exit Documentation



Homelessness Prevention (HP) Screening Form

Household Information

Program:	<input type="checkbox"/> Transitional Aged Youth (TAY) HP <input type="checkbox"/> Family Homelessness Prevention (HP) <input type="checkbox"/> Homelessness Prevention for Expectant Mothers (HPEM) <input type="checkbox"/> Homelessness Prevention Network (HPN) Partners
CSP#:	
Screening Date:	
Applicant Name: (Head of Household)	
Other Household Members (attach an additional page as needed)	
Household Size (All Adults/Children)	

Total Annual Gross Income from All Sources:	\$
30% of Area Median Income for Household Size: (For use with programs with income guidelines)	\$
50% of Area Median Income for Household Size: (For use with programs with income guidelines)	\$
Current Address/Location:	
Phone	
Email:	

Current Housing Status & Imminent Risk

Goal: Determine if the applicant is literally homeless or facing imminent eviction.

What is your Current Living Situation?	<p>Identify the primary place where the applicant is staying (check only one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Rental by client, no ongoing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (e.g. CoC Program funded unit) <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility* <input type="checkbox"/> Long-term care facility or nursing home* <input type="checkbox"/> Jail or prison* <input type="checkbox"/> Residential project or halfway house with no homeless criteria* <input type="checkbox"/> Psychiatric hospital or other psychiatric facility* <input type="checkbox"/> Substance abuse treatment facility or detox center* <input type="checkbox"/> Other (describe): _____ <p>*If staying in an institution, determine if stay there is 90 days or less and if previously stayed in emergency shelter, Safe Haven, or on the street prior to institution entry. Such individuals are considered literally homeless and should instead be screened Rapid ReHousing assistance. Do you have to leave this place (or the place you normally stay)?</p> <p>Note: Applicants staying in emergency shelter, including hotel/motel paid for with emergency shelter voucher, or in a place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) are considered literally homeless and should be referred to the KY Balance of State Coordinated Entry System and screened for RRH assistance.</p>
When do you have to leave this place (or the place you normally stay)?	<ul style="list-style-type: none"> <input type="checkbox"/> Tonight (Risk Level 4) <input type="checkbox"/> 1-14 days (Risk Level 3) <input type="checkbox"/> 15-60 days (Risk Level 2) <input type="checkbox"/> Not within the next 60 days, but current housing isn't safe (Risk Level 1) <input type="checkbox"/> Doesn't have to leave and current housing is safe (Risk Level 0)
What is causing you to have to	<ul style="list-style-type: none"> <input type="checkbox"/> Court-ordered eviction notice to vacate rental unit <input type="checkbox"/> Formal written notice from landlord to vacate rental units (e.g. day Notice to Quit)

<p>leave?</p>	<p><input type="checkbox"/> Written or verbal notice from family, friend, or host to leave doubled-up housing.</p> <p><input type="checkbox"/> Exiting an institution or system of care (e.g., hospital, jail, treatment facility, etc.)</p> <p><input type="checkbox"/> Insufficient resources to continue to pay for hotel or motel</p> <p><input type="checkbox"/> Other (describe): _____</p>
<p>What is the date you must leave where you are staying?</p>	
<p>How many times have you had to move in the past 60 days because of economic reasons?</p>	
<p>How many people are staying in each room?</p>	
<p>Are you exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p>

youth facility, or correction program or institution)	
--	--

Other Housing Options & Resources

Do you have any other safe and appropriate place to stay either permanently or while you look for other housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you have family, friends, or others you know that may be able to help you financially?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
If you're unsure if relatives, friends or others could help OR if there are any people or groups you have NOT contacted for help, but you	<p>Would you be willing to contact them OR may I contact them to find out if they can provide you with a place to stay, financial help, or other assistance to keep you from becoming homeless? This might include family, trusted friends, or other groups (faith-based, social, etc.) that might be able to help.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

<p>or emergency funds available?</p>	
<p>Do you receive any housing subsidies (e.g., Section 8, housing choice voucher)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Safety & Special Needs

Goal: Identify immediate threats to safety or specific barriers requiring wraparound services.

<p>Are you or any household member fleeing domestic violence or an unsafe living situation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “Yes”, ask applicant to consider referral to CHOICES for Victims of Domestic Violence for emergency shelter or The Center for Family Safety and Healing for supportive services.</p>
<p>Do you or anyone in your household have a disability, medical condition, or mental health issue that affects housing stability?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Landlord & Utility Intervention (Optional)

Who is your current landlord or host?	
May we contact your landlord or host to negotiate a payment plan or extend your move-out date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently owe past-due utility bills (water, gas, electric)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If past-due:	<input type="checkbox"/> Electric How Much?: _____ <input type="checkbox"/> Gas How Much?: _____
Have you ever been on PIP?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received assistance in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a	<input type="checkbox"/> Yes Where?: _____ <input type="checkbox"/> No

lease in your name before or do you currently have a lease in your name?	
--	--

Summary

Income:	<input type="checkbox"/> Below 30% Median Family Income <input type="checkbox"/> Below 50% Median Family Income <input type="checkbox"/> Over 50% Median Family Income
Does applicant have enough financial resources to avoid literal homelessness ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes”, Stop: Applicant Not Currently Eligible.
Does applicant have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place?	<input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes”, Stop: Applicant Not Currently Eligible.
Condition of Homeless Risk:	<input type="checkbox"/> Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance; <input type="checkbox"/> Is living in the home of another because of economic hardship; <input type="checkbox"/> Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <input type="checkbox"/> Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals; <input type="checkbox"/> Lives in a single-room occupancy or efficiency apartment unit in which there

	<p>reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or <input type="checkbox"/> Otherwise, lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved consolidated plan. <ul style="list-style-type: none"> ○ Transitional Aged Youth ○ Pregnant Women ○ Fleeing Domestic Violence ○ Previous Homeless History <input type="checkbox"/> None of the above (Not Eligible)
--	---

Resources & Next Steps

Based on the answers collected, the screener should guide the applicant to the appropriate resource:

- Upstream Prevention:** Community resources and referrals provided; no follow-up needed.
- Diversion/Prevention:** If housing loss is imminent within 21 days, immediate rent/utility assistance or landlord mediation may resolve the crisis.
- Coordinated Entry/Emergency Shelter:** If the household is already experiencing homelessness or fleeing violence, refer them to your local homeless crisis response system.

Office Only

Name:

Date:

Appendix C: Homelessness Prevention Prioritization Tool (For Diversion/Homelessness Prevention)

Homelessness Prevention Prioritization Tool

Client Name		SCORE			
		100	/100		
CRITERIA	APPLIES? (Y/N)	Y/N	SCORE		SECTION SCORE
INCOME AND HOUSING AFFORDABILITY	Household has lost a lot of money quickly, such as from losing a job or benefits. OR, household has had a big, unexpected increase in required expenses in the last 2 months.	Y	22	22	22
	Household income is less than \$960	Y	16	16	
	Household income is between \$961-\$1112	Y	8	8	
	Household income is between \$1113 or \$1790	Y	4	4	
	Household income is more than \$1791	Y	0	0	
CREDIT HISTORY	Never or rarely manages debt and pays bills on time	Y	8	8	8
	Sometimes manages debt and pays bills on time	Y	4	4	
	Occasionally manages debt and pays bills on time	Y	2	2	
	Always manages debt and pays bills on time	Y	0	0	
CRIMINAL JUSTICE INVOLVEMENT	Household has an adult with a criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	Y	8	8	8
	Household has an adult that was discharged from jail or prison within last six months after incarceration of 90 days or more	Y	4	4	
	Household has an adult with a felony conviction within last 5 years	Y	2	2	
	Household has an adult with a criminal record or criminal legal proceedings in process	Y	1	1	
	Household member is a registered sex offender	Y	8	8	
	None of the above applies	Y	0	0	
HOUSING INSTABILITY	Household currently living in a hotel or motel not paid for by charitable organizations or by Federal, State, or local government programs	Y	22	22	22
	Household currently living with friends or family, on a temporary basis	Y	22	22	
	Household currently living in their own rental housing	Y	0	0	
	Household's actual housing loss expected within 1-6 days, via court-ordered eviction or other loss of housing	Y	22	22	
	Household's actual housing loss expected within 7-13 days, via court-ordered eviction or other loss of housing	Y	8	8	
	Household's actual housing loss expected within 14-21 days	Y	4	4	
	Household's actual housing loss expected within more than 21 days	Y	0	0	
	Household has 2 or more prior rental evictions within past 7 years	Y	16	16	
	Household has 1 prior rental evictions within past 7 years	Y	8	8	
	Household has no prior rental evictions within the past 7 years	Y	0	0	
	Head of household is not a current leaseholder/renter of unit	Y	8	8	
	Head of household has never been a leaseholder/renter of unit	Y	16	16	
	Update: Housing approval has been obtained	Y	22	22	
HOUSING INSECURITY	Household currently lacks a fixed, regular, and adequate nighttime residence.	Y	8	8	8
	Household currently experiences frequent moves, lives in substandard housing, or is at risk of homelessness.	Y	4	4	
	The household has moved once in the past year or is living in crowded conditions.	Y	2	2	
	None of the above applies	Y	0	0	

Addendum D: Rapid Rehousing Tool (RPT) (For Rapid Rehousing)

RPT Outline- Launch Version

[Bracketed] material provides notes and is not present in HMIS

Client interview questions are either scored for general RRH prioritization or assign characteristics for specific program eligibility

Assessment Date: Calendar

Referring Program: Picklist

Household Type: Single Adult or Family. Answer should match population served by referring program, if applicable.

- SINGLE ADULT (household WITHOUT minor children, including multiple adults)
- FAMILY (household WITH minor children)

--

PROGRAM HISTORY

These questions must be completed prior to the Client Interview portion of this tool. Check the "Active Programs" list on the right side of the main client profile.

--

Is client currently active in a Rapid Rehousing (RRH) program? Program name will end with RRH.

- YES:
 - Inform the RRH provider that client is present in shelter to reconnect with services. The provider should either reengage with client or exit them prior to new RRH referral.
 - Save the RPT but do not refer to the RRH pool.

[SAVE]

- NO

--

Is client currently active in a Permanent Supportive Housing (PSH) program? Program name will end with PSH.

- YES:
 - Inform the PSH provider that client is present in shelter to reconnect with services. Work with the client and provider to return to PSH unit if possible.
 - Save the RPT but do not refer to the RRH pool.

[SAVE]

- NO

--

CLIENT INTERVIEW

Interview Instructions: Answers to these questions should reflect the client's self-report unless you have evidence it is incorrect. If the client's info changes or you need to make corrections, do not edit the previous RPT: complete a new RPT with updated info.

Client Message: These questions prioritize households for RRH, so please do your best to answer them. You can refuse this interview. However, you will not be considered for RRH if you do. If you agree to continue now, you can still change your mind during the interview.

--

Does client consent to RPT? Consent can be withdrawn during interview.

- YES
- NO: consent not given or consent withdrawn:
 - Remind the client that they must actively search for housing to remain eligible for services.
 - Save the RPT but do not refer to the RRH pool.

[SAVE]

--

[Only generated if FAMILY selected as household type]

How many children will immediately live with you once housing is found?

- 1-2
- 3
- 4
- 5 or more

--

Do you currently have steady income from work, a disability benefit, or another regular source?

- YES:
 - Is the primary source of this income Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or another Social Security benefit?
 - YES
 - NO
 - Doesn't know or declines to answer
- NO:
 - Do you have a physical health, mental health, or substance use condition that currently makes it hard for you to find or keep a job?
 - YES
 - NO
 - Doesn't know or declines to answer
- Doesn't know or declines to answer:
 - Do you have a physical health, mental health, or substance use condition that currently makes it hard for you to find or keep a job?
 - YES
 - NO
 - Doesn't know or declines to answer

--

Do you owe money to a past landlord or utility company?

- YES
- NO
- Doesn't know or declines to answer

--

In the past 5 years, have you owned a home or had a lease in your name?

- YES
- NO
- Doesn't know or declines to answer

--

In the past 5 years, have you or another adult household member abandoned a lease, had an eviction, or been asked to leave housing by a landlord, even if you remained?

- YES:
 - How many times?
 - 1
 - 2
 - 3 or more
- NO
- Doesn't know or declines to answer

--

In the past 5 years, have you or another adult household member been charged with a felony, even if you were not convicted?

- YES:
 - How many times?
 - 1
 - 2
 - 3 or more
- NO
- Doesn't know or declines to answer

--

[Only generated if SINGLE ADULT selected as household type]

Have you ever been convicted of a sexual offense?

- YES [SO characteristic applied]
- NO
- Doesn't know or declines to answer

--

Are you currently pregnant? [not scored]

- YES [Pregnant characteristic applied]:
 - What trimester are you in?
 - First
 - Second

- Third
- Unsure
- NO
- Doesn't know
- Prefers not to answer

--

Are you between the ages of 18-24? [not scored]

- YES [TAY characteristic applied]
- NO

--

[Only generated if TAY]

Are you currently attending high school?

- YES
- NO
- Doesn't know or declines to answer

--

Are you experiencing homelessness because of domestic violence, dating violence, sexual assault, stalking, or human trafficking? [not scored]

- YES [DV characteristic applied]
- NO
- Doesn't know
- Prefers not to answer

--

Have you ever served in the US armed forces? [not scored]

- YES [Veteran characteristic applied]:
 - Complete the RPT and RRH pool referral. Once you have done so, check the "Veteran Eligibility" and "Veteran Notes" fields on the client profile. If no details are provided, contact VA Coordinated Entry for determination of status.
- NO
- Don't know
- Prefer not to answer

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You have now completed the full RPT. Save the RPT and refer to the RRH pool.

[SAVE]

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HMIS ID# _____

**Community Shelter Board (CSB)
Authorization for Release of Information**

Participant Name: _____

The Community Shelter Board (CSB) and programs and subrecipients receiving CoC and/or ESG funding administered by the Community Shelter Board (CSB), here forth called CSB and its partner agencies, collect information, which helps to determine preliminary eligibility for housing and community supports to assist with housing stability. CSB and partner agencies also require additional information to be provided by other government agencies and service providers. For CSB and its partner agencies to collect the information and process the form, your consent to release information is required.

I. CSB and its partner agencies understand that information about you, your health, employment/income, and housing history are personal, and we are committed to protecting the privacy of that information. Because of this commitment, we must obtain your written authorization before using or disclosing your protected health and personal information for the purposes described below. This form provides that authorization and helps us make sure that you are properly informed of how this information will be used or disclosed.

II. Purpose: Provider Agency (name of agency assisting Participant to complete this form) _____, Alcohol Drug and Mental Health Board (ADAMH), Community Shelter Board (CSB), Franklin County Children Services (FCCS), and the following partner agencies: Children’s Hospital & the Center for Family Safety & Healing, Community Housing Network (CHN), Equitas, Faith Mission (LSS), Gladden Community House (GCH), Home for Families (HFF), Homefull, Huckleberry House (Huck House), Maryhaven, National Church Residences (N^^), Southeast, The Salvation Army (TSA), Volunteers of America Ohio & Indiana (VOAOI), YMCA, and YWCA may use this authorization and the information obtained with it, to collect and share with agencies named above, the information about my household members and me outlined in Part III below. The purpose of collecting and sharing information is to ensure that emergency shelter staff can adequately collaborate with community partners and mainstream resources to ensure I am rehoused as quickly as possible.

III. Authorization: For a period of 12 months from the date of my signature below, I authorize the above-named organizations to obtain information about me or my family that is pertinent to my rapid to a safe, decent and affordable alternative to emergency shelter.

IV. Information Covered-Inquiries may be made about: Physical and Mental Health records, Substance Abuse Treatment records, Child Care Expenses, Handicapped Assistance Expenses, Credit History, Identity and Marital Status, Criminal Activity, Medical Expenses, Family Composition, Social Security Numbers, Federal/State/Tribal/Local Benefits, Residences and Rental History, Homeless History, History with FCCS, Columbus Metropolitan Housing Authority (CMHA), ADAMH (current and previous service utilization and linkage with ADAMH Provider Agencies), CSB programs, and Employment/Income/ Pensions/Assets.

V. Individuals/Organizations that may Release Information: Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from: ADAMH, CMHA, CSB, FCCS, housing providers, Banks and Financial Institutions, Utility Companies, Landlords, Employers – Present and Past, Courts, U.S. Dept. of Veterans Affairs, Welfare Agencies, Law Enforcement Agencies, Credit Bureaus, Schools or Colleges, U.S. Social Security Administration, Providers of: Alimony, Substance Abuse services, Case Management services, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care (including mental health services) and Managed Care Organizations (MCOs), Pensions/Annuities, Emergency Shelters and Housing Services.

Minor Children: If I am a custodial parent of a minor child, I also give my authorization for the following children:

First Name	Last Name	Date of Birth

VII. Revocation: I understand that I have the right to revoke this authorization at any time by notifying (name of agency assisting Participant to complete this form)

_____. I understand that the revocation is only effective after it is received and logged by CSB and its partner agencies. I understand that any use or disclosure made prior to the revocation of this authorization will not be affected by the revocation, and the revocation will not apply to disclosures made in reliance on the authorization. I understand that after the information is disclosed, federal or state law might not protect it, and the recipient might re-disclose it.

VIII. Database Matching Notice /Consent: I agree that the above-named organizations using my information can conduct computer matching with other government agencies including Federal, State, Tribal or Local agencies. The government agencies include Ohio Departments of Mental Health, Alcohol and Drug Addiction Services, Job and Family Services, U.S. Office of Personnel Management, U.S. Social Security Administration, State Employment Security Agencies, and State Welfare and Food Stamp Agencies.

IX. I also agree that the above named organizations may enter personal information on members of my household and me and may research my information in Homeless Management Information System (HMIS ID), the database which is used by agencies providing shelter and housing-related services in Franklin County, MACSIS, the database which is used by agencies in the Mental Health system and SHARES, the database which is used by agencies funded by the Alcohol, Drug and Mental Health Board of Franklin County.

X. Conditions: I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization or if I sign this authorization and later revoke it, I understand that emergency shelter staff may not be able to adequately coordinate my ongoing individualized housing stabilization plan (IHSP). This release of information is valid for twelve months from the date of signing.

Signature, Head of Household

Date

CSB 250 E. Campus View Blvd. Suite 250 Columbus, Oh 43227 614.221.9195

For Emergency Shelter Use Only	
RCVD By:	Date of Revocation: