

INSTRUCTIONS

This is the application for Scranton/Lackawanna County Continuum of Care (PA-508) permanent housing funds, including both permanent supportive housing and rapid re-housing. Projects may be funded through the permanent housing bonus. HUD has not yet announced the amount of funds that will be available.

The following types of new projects will be considered:

- **New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals experiencing chronic homelessness coming from places not meant for human habitation, safe havens, or emergency shelters.**
- **New rapid rehousing (RRH) projects that will serve homeless individuals AND families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).**

New projects to be included in the PA-508 2019 CoC Application to HUD will be selected by an independent scoring committee. Priority will be given to those projects serving 50% or more individuals. Final decisions regarding awards will be made by HUD via the national competition.

All applications will be reviewed to ensure they meet HUD's Threshold Standards. Applications that do not meet these standards will not be further reviewed.

All applications are due by August 23, 2019 and should be sent to: jmarino@uncnepa.org

Project Requirement and Priorities:

- Eligible activities/projects for the Funds:
 - All projects must be Permanent Supportive Housing or Rapid Re-Housing with TH-PH-RRH allowable for DV Bonus
 - Projects can request funds for:
 - PSH: Leasing (tenant or project based only), operating funds, supportive services, admin
 - RRH: Rental assistance (tenant based only), supportive services, admin
 - TH-PH RRH for DV Bonus only
 - Term – 1 year
 - Eligible Supportive Services Costs are limited to the categories included in Section 17. Budget Detail.
 - Operating funds or project based rental assistance may be used for units owned by the applicant organization. These must be units newly designated to serve homeless people and ready for occupancy no later than 6 months after the award of funds. Awards are anticipated to occur in approximately January 2019. Projects must provide a deed demonstrating site control for a building or units where evidence of site control exceeds the requested grant term.
 - Projects applying for RRH should include at least \$4,000 per household served at a point in time for supportive services. For example, if the project will support 20 households at a given point in time, the annual supportive services budget should be at least \$80,000.
 - Projects applying for PSH should include at least \$5,000 per household annually for supportive services.
 - Projects cannot request rental assistance and operating funding in the same project.
 - Projects must agree to enter client data into the PA-508 HMIS (with the exception of Victims Services Providers as they are prohibited from doing so by law. VSPs must enter data into a comparable data base), participate in the annual homeless count, participate in and accept referrals only from the applicable **Coordinated Assessment** and comply with all other HUD requirements and PA-508 CoC Policies.
 - Applications must demonstrate:
 - A plan for **rapid implementation** of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award (i.e., by no later than July 2020).
 - A connection to **mainstream service systems**, specifically:
 - 1) that services are in place to identify and enroll all Medicaid-eligible program participants and to connect Medicaid-enrolled participants to Medicaid-financed services, including behavioral health services, or other services important to supporting housing stability.
 - 2) that services are in place to connect participants to mainstream resources, including benefits, health insurance and employment services
 - 3) for stable PSH participants, that the project will assess participants' interest in moving on to independent affordable housing and offer assistance, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities.
 - Experience in operating a successful **housing first** program and a program design that meets the definition of Housing First as adopted by the PA-508 CoC and the additional housing first principles outlined in the Appendix.
 - A plan for outreach to the eligible population (see below).
 - That they meet HUD's match requirements. See Section #17, Sources of Match.
- Eligible localities:

- Projects must be located within Lackawanna County, PA.
- Eligible populations:
 - PSH:
 - All projects must dedicate 100% of units to chronically homeless individuals.
 - Project applicants must demonstrate that they will first serve the chronically homeless and then prioritize as outlined in *Scranton/Lackawanna County Policies and Procedures: Adoption of HUD Notice CPD 16-11* (See Appendix).
 - Disabilities: All projects must serve exclusively disabled individuals as defined by HUD (See Appendix)
 - RRH: All projects must serve 100% literally homeless families and/or single adults coming directly from emergency shelters and/or unsheltered locations OR category 4: fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations.
- Eligible applicants:
 - Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies.
 - Applications shall only be considered from project applicants in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds, outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, or history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

New Project Application

2019 Scranton/Lackawanna County Continuum of Care

- Applications are due by close of business on August 23, 2019 and should be sent to: jmarino@uncnepa.org
- Please contact jmarino@uncnepa.org for questions about the form or process.
- Please save your document with the following naming convention:
 <Agency name –Program name-NEW PA508-18>.
Example: ABC Services-Home to Stay-NEW PA508-18.doc
- The CoC reserves the right not to review late or incomplete applications or projects that do not meet the HUD threshold or Project Requirements and Priorities described above.

1. Project Applicant Information:

- a. Name of Organization: _____
- b. Organization Type
- Units of Local Government Non-profit 501(c)(3) PHA

 State Government Other: Describe _____
- c. DUNS Number: _____

2. Sub-Recipient Organization (if applicable):

- a. Name of Organization: _____
- b. Organization Type
- Units of Local Government Non-profit 501(c)(3) PHA

 State Government Other: Describe _____
- c. DUNS Number: _____

3. Contact person for this application:

- a. Name: _____ Title: _____
- b. Phone: _____
- c. Email: _____

4. Project Location (town(s)): _____

5. Type of Project: PSH RRH

6. Proposed Project Budget

Activities	Total Assistance Requested
1. Leasing	
2. Rental Assistance	
Indicate Type of RA: <input type="checkbox"/> TBRA (required for RRH) <input type="checkbox"/> PBRA	
3. Supportive Services	
4. Operations	
5. Administrative costs (Up to 7% of amount requested)	
6. Sub-total Request (Add lines 1-5)	
7. Cash Match	
8. In-kind Match	

9. Total Match (Add lines 6&7) – must equal at least 25% of line #6 for RRH projects or 25% of (line #6 minus line #1 (Leasing)) for PSH projects	
10. Total Budget (Add lines 6 & 9)	

7. Housing Type

- a. Type: Single Site Scatter Site
- b. Total Number of Units: _____
- c. Total Number of Beds: _____

8. A. Population to be Served in the Project (Point-in-Time)

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

B. Population to be Served in the Project (Annually – over the course of a year)
(Not applicable for PSH - Applies to RRH only)

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

9. Experience of Applicant/Sponsor

<p>A. Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project. Be sure to provide concrete examples that illustrate 1) experience/expertise with renting units, operating rental assistance, and providing supportive services similar to the activities proposed in the applications 2) working with and addressing the target population’s identified housing and service needs. Specifically describe your experience with:</p> <ul style="list-style-type: none">• the Housing First model• delivering or securing Medicaid funded services for participants in the agency’s programs• linking participants to mainstream resources, including benefits, health insurance, employments services, and mainstream affordable housing• assessing stable participants’ interest in moving on to independent affordable housing and offering assistance, as indicated, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities (PSH ONLY)
<p>B. Describe experience of project applicant and partners (if applicable) relating to serving the eligible population you are proposing to serve.</p>
<p>C. Describe the basic organization and management structure of the applicant and sub recipients (if any). Include description of internal and external coordination, structures for managing basic organization operations, and an adequate financial accounting system that will be used to administer the grant.</p>
<p>D. Describe the experience of the applicant and potential sub recipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.</p>
<p>E. Describe the experience of the applicant and potential sub recipients (if any) in identifying and securing matching funds and leveraging other Federal, State, local, and private sector funds. If the applicant and sub recipient have no experience, indicate “No experience leveraging other Federal, State, local or private sector funds.”</p>

<p>F. Have any of your agency's HUD funded programs (including ESG) received a HUD audit in the last 12 months? yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If yes, were there any findings from the audit? yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If there were findings, please describe the findings and your agency's corrective actions to satisfy the findings and <u>attach a copy of the corrective action plan that you submitted to HUD.</u></p>
<p>G. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential sub recipients (if any)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If Yes, describe the details of unresolved monitoring or audit findings and steps that will be taken to resolve.
<p>H. Have you returned any funds to HUD on any existing grants in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If yes, how much has been returned? • What is the reason that the funds have been returned? • What actions are you taking to ensure full spending?
<p>I. Do you have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If yes, how much is owed? • What is the reason for the obligation to HUD? • What is preventing establishing a payment schedule?
<p>J. Have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • What is the reason that the funds have not been drawn down? • What actions are you taking to ensure timely draw down?
<p>K. Have you submitted on time Annual Progress Reports (APRs) for all HUD CoC grants in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • What is the reason that APRs were late? • What actions are you taking to ensure timely submission?

10. Project Description

A. Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). The description must be consistent with other parts of this application and identify the target population including the number of single adults and the number of families with children to be served when the project is at full capacity.

- Address and location of units
- Type and number of units – scatter site or single site, single or multi-family homes, etc.
- The specific services that will be provided and outreach methods to be used to serve the long-term homeless population
- Projected outcomes
- Coordination with partners
- Project timeline – when units will be developed or leased-up
- HMIS implementation
- How the project will leverage or deliver Medicaid and other mainstream services to participants

B. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

C. Will the project receive referrals only through the local Coordinated Entry Network?
 Yes No
If No, please explain.

D. PSH Only: Describe recipient/sub recipient capacity for assessing need, prioritizing persons with the most severe needs and outreaching to identify chronically homeless people and the specific plan for how the project will first serve the chronically homeless according to the order of priority established in HUD Notice CPD 16-11 (*SEE APPENDIX*).

E. Describe recipient/sub recipient experience with and a description of the program design for implementing Housing First.

F. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes No

Will more than 16 persons reside in a structure? Yes No

If yes, please answer the following questions

- Describe local market conditions that necessitate a project of this size.

- Describe how the project will be integrated into the neighborhood.

G. If the project involves capital development, please describe the proposed development activities and the responsibilities that the applicant and potential sub recipients (if any) will have in developing, operating, and maintaining the property.

11. Supportive Services for Participants

A. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, as updated by the Every Student Succeeds Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

- Yes No

B. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, and McKinney-Vento education services?

- Yes No

C. Describe how participants will be assisted to obtain and remain in permanent housing. The description must be consistent with other parts of this application and identify:

- Plan to move eligible participants into the project
- Needs of tenants and plan for addressing those needs including but not limited to: health, behavioral health, education, employment, life skills and child care services
- How units will be identified and rent reasonableness will be determined

D. Describe how participants will be assisted to increase employment and/or income and to maximize their ability to live independently. The description must be consistent with other parts of this application and identify:

- Needs of target population and services required
- How tenants will access these services
- Coordination with other providers and mainstream systems
- How tenants will access SSI/SSDI and other mainstream benefits
- Unique needs of youth (if applicable)

E. Describe how you will coordinate effort with and connect tenants to mainstream employment organizations. These are organizations that provide job readiness, job training, and/or employment opportunities for all individuals and not exclusively for homeless individuals (e.g. Labor Ready).

F. Please identify whether the project will include the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes No
- Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes No
- Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub recipient, or partner agency? Yes No
- Indicate the last SOAR training date for the staff person providing the technical assistance: _____

12. Supportive Services Type and Frequency:

A. For all supportive services available to participants, indicate who will provide, how they will be accessed and how often they will be provided **regardless of the resources that will be used to pay for the services.**

For Provider, indicate: “Applicant” if the applicant will provide the service directly; “Sub recipient” if a sub recipient will provide the service directly; “Partner” if an organization that is not a sub recipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, “Non-Partner” to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.

Supportive Services	Provider	Frequency – select one per service type				
		Daily	Weekly	Bi-monthly	Monthly	N/A
Assessment of Service Needs						
Assistance with Moving Costs						
Case Management						
Child Care						
Education Services						
Employment Assistance/Job Training						
Food						
Housing Search/ Counseling Services						
Legal Services						
Life Skills						
Mental Health Services						
Outpatient Health Services						
Outreach Services						
Substance Abuse Treatment Services						
Transportation						
Utility Deposits						

B. How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc.) to the proposed project?

- Yes, very accessible
- Somewhat accessible
- Not accessible

13. Population Characteristics

Population Characteristics	Persons in HH's with At Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24				
Non-disabled Adults over age 24				
Disabled Adults ages 18-24				
Non-disabled Adults ages 18-24				
Accompanied Disabled Children under age 18				
Accompanied Non-disabled Children under age 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Non-disabled Children under 18				

Totals from Above:

Total Number of Adults over age 24				
Total Number of Adults ages 18-24				
Total Number of Children under 18				
Total Persons				

14. Subpopulations – For PSH, each person must be listed as chronically homeless and at least one adult in each household must be listed as disabled. DV is not considered a disability by HUD.

Households with At Least One Adult and One Child

	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Dom. Violence	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24									
Disabled Children under age 18									
Non-disabled Children under age 18									
Total Persons									

Adult Households without Children

	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24									
Total Persons									

Households with Only Children

	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Unaccompanied Disabled Children >18									
Unaccompanied Non-Disabled Children >18									
Accompanied Disabled Children >18									
Accompanied Non-Disabled Children >18									
Total Persons									

15. Outreach for Participants

A. Enter the percentage of homeless persons who will be served by the proposed project for each of the following locations:

- ___ Persons who came from the street or other locations not meant for human habitation
- ___ Persons who came from Emergency Shelters
- ___ Persons who came from safe havens
- ___ Persons eligible under category 4 – e.g., fleeing DV, stalking, violence (see appendix for definition)
- ___ Total of above percentages

B. Describe the outreach plan to bring eligible homeless participants into the project.

16. HMIS Participation

- a. Does your agency currently participate in HMIS? Yes No
- b. Will your agency enter data into the HMIS for this proposed project? Yes No

17. Budget detail

Leased Unites Budget (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals. Link for 2019 FMRs:

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/select_Geography.odn

Unit Size	No. of Units	FMR (Insert local FMR)	Term (12 months)	Total Costs (\$)
Efficiency		\$	X 12 months	
1 Bedroom		\$	X 12 months	
2 Bedroom		\$	X 12 months	
3 Bedroom		\$	X 12 months	
4 Bedroom		\$	X 12 months	
Totals				

Rental Assistance Budget (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals. Link for 2019 FMRs:

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/select_Geography.odn Indicate the Type of

Rental Assistance: Project Based Tenant Based

Unit Size	No. of Units	FMR (Insert local FMR)	Term (12 months)	Total Costs (\$)
Efficiency		\$	X 12 months	
1 Bedroom		\$	X 12 months	
2 Bedroom		\$	X 12 months	
3 Bedroom		\$	X 12 months	
4 Bedroom		\$	X 12 months	
Totals				

Operating Costs

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. When including staff costs, please include title, salary and FTE.

Operating Costs	Quantity Description (max 400 characters)	Annual Budget Request
Maintenance and repair		
Electricity, Gas and Water		
Property Tax and Insurance		
Furniture		
Replacement Reserve		
Equipment		
Building Security		
Total Operating Request		

Supportive Services: Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE.

Eligible Costs	Quantity Description (max 400 characters)	Annual Budget Request
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Employment Services		
Food		
Housing Search/Counseling		
Legal Services		
Life Skills		
Outreach Services		
Transportation		
Utility Deposits (only if not included in lease agreement)		
Total Annual Assistance Requested for Supportive Services		

Sources of Match – Please complete the match table below.

Match is actual cash or in-kind resources contributed to the grant. All costs paid for with matching funds must be for activities that are eligible under the CoC Program, even if the recipient is not receiving CoC Program grant funds for that activity. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (with cash or in-kind resources). Match resources may be from public or private resources.

Identify Type of Contribution: Cash or In kind	Name the Source of Contribution	Identify Source as: (G) Government or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Cash</i>	DMHAS	G	7/15/19	\$10,000
			TOTAL:	\$

APPENDIX

PA-508 Adopted Definition of Housing First

Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.

Housing First Principles

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

Low barrier approach to entry:

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

Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
- Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
- Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.

- Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

PA-508 Policy - Adoption of HUD Notice CPD 16-11

This CoC will base prioritization for permanent supportive housing on the Notices CPD-14-012 and CPD-16-11. Households meeting the definition of chronic homelessness will be prioritized for all Permanent Supportive Housing vacancies upon turnover.

All CoC Program-funded PSH must take new participants from the single prioritized Chronic Homeless list for individuals or for families as appropriate, which is created using the Coordinated Entry process along with the criteria outlined below.

Requirement to dedicate or prioritize PSH beds to people experiencing chronic homelessness:

All Scranton/Lackawanna County CoC-funded PSH beds are required to dedicate or prioritize 100% of their beds to people experiencing chronic homelessness. When filling vacant beds, CoC-funded PSH projects must seek referrals only through the Chronic Homeless List maintained in HMIS and should be filtered for prioritization decisions.

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

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

The notice defines which chronically homeless people get priority access to PSH beds and how to prioritize PSH beds when no chronically homeless persons exist within the geographic area.

Accepting Referrals through a Single Prioritized List for PSH

All CoC-funded PSH projects are required to accept referrals ONLY from the *Chronic Homeless List* that is maintained in HMIS and monitored by the Chronic Homeless Committee, and should be filtered for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.

Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness (excerpt from PA-508 Policies and Procedures):

I. The CoC hereby adopts the provisions and requirements set out in HUD Notice CPD-14-012 and updated Notice CPD-16-11 which are to be applicable to all CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness (which includes all PA-508 CoC Program-funded PSH):

(a) First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
- ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (2) of the definition for chronically homeless, of the family as having severe service needs

(b) Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
- ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (2) of the definition for chronically homeless, of the family as having severe service needs.

(c) Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
- ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (2) of the definition for chronically homeless, of the family as having severe service needs.

(d) Fourth Priority—All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and
- ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (2) of the definition for chronically homeless, of the family as having severe service needs.

**Please see full CoC Policies and Procedures for the full text of the prioritization policy:
<http://www.uncnepa.org/scranton-lackawanna-county-continuum-of-care/>

DEFINITIONS OF KEY TERMS:

Category 4 – HUD Homeless Definition. HUD defines four categories under which individuals and families may qualify as homeless. Category four is individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Chronically Homeless. The definition of “chronically homeless” currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

Chronically Homeless. The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is:

1. **(a)** A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (a) (i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a) (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
- (b)** An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
- (c)** A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

Disabling Condition:

Disabling Condition is defined by HUD as a condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).