



BLUE RIDGE CONTINUUM OF CARE
**BEST PRACTICES MANUAL
FOR
PERMANENT SUPPORTIVE
HOUSING PROGRAMS**

November 2015

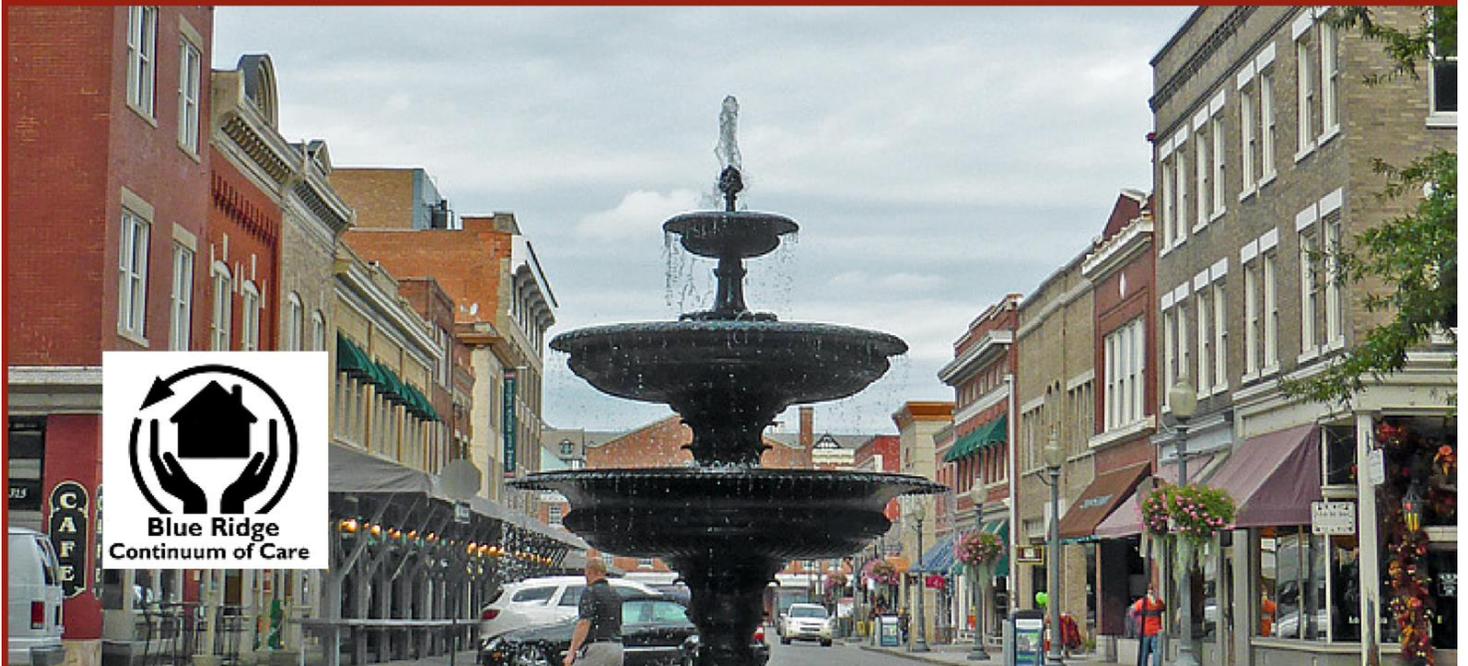


Table of Contents

Emergency Crisis Response System	1
Community Collaboration	1
Housing First Approach	2
Role of Central Intake	2
HMIS Participation	3
Community Wide Outcomes for PSH	5
Community Wide Assessment Tool	5
Community Case Conferencing	6
Case coordination	6
Case Conferencing	6
HUD Approved Documentation for Chronic Homelessness	7
Required Elements for Use of HUD Leasing/Rental Assistance	8
Best Practices for Property Management	8
Best Practices for Supportive Services	10
Best Practices for Safety Protocols	11
Emergency Protocols/Procedures	12
In-field Procedure When the Safety of a Patient and/or Staff are Threatened	12
In-Field Procedure when patient is at imminent risk of harm to self or others	12
Emergency Custody Orders (ECO) and Temporary Detention Orders (TDO)	13
Field Resource Guide	14
Pre-Home Visit Safety Screening (PHVSS)	14
Buddy System	15
Safety Assessment Tools	15
Patient Residence/Home Environment	15
Community Environment	16
Best Practices for Quality Assurance	16
Self-Sufficiency and Exiting Services	16
Legal Issues in PSH	21
Grievance Procedure	22
Client Grievance	23
Appendices	24

Blue Ridge Continuum of Care Best Practices Manual for Permanent Supportive Housing Programs

The United States Department of Housing and Urban Development (HUD) provides funding to a wide spectrum of housing assistance programs in the City of Roanoke, Roanoke County, Salem, Craig County, Botetourt County and Alleghany County. Those federally-funded programs which provide services to homeless persons fall under the strategic guidance of the Blue Ridge Continuum of Care (BRCoC), whose member agencies provide both direct housing services and supportive services to homeless persons.

The BRCoC is committed to ending homelessness and seeks to support community agencies offering services to homeless persons through dissemination of best practices; training; strategic planning; monitoring; and technical assistance.

The BRCoC recognizes Permanent Supportive Housing (PSH) programs as an integral part of its strategy in ending homelessness. While recognizing that individual programs may vary, the BRCoC believes there are key best practices in the development, delivery and management of these programs that can assist community agencies in their efforts to serve the most vulnerable of homeless clients. This manual offers guidance and insight to those providers currently offering PSH or those that may be interested in developing a PSH project.

I) Emergency Crisis Response System

- A) The BRCoC views PSH programs as an important part of our community's emergency crisis response system. As such, the BRCoC has established a timeline of 30 days or less between the time a client is accepted into a PSH program and the time of lease up. PSH program managers should develop the infrastructure needed to ensure that all elements of leasing are able to be completed within this timeframe in order to minimize the time clients must endure homeless. A map of our community's crisis response system is located in the Appendix A.

II) Community Collaboration

- A) Every effort must be made to work collaboratively to maintain and expand adequate PSH resources. Continuum of Care (CoC) member agencies will share knowledge and resources related to policies, procedures, and best practices and will attend case conferencing meetings when appropriate and necessary. Additionally, CoC members will continue to evaluate the quality of programs and collaborative activities in order to improve services for clients served in our PSH projects. Agencies should view other providers of PSH and the CoC as a resource in their efforts to provide quality housing and services.

III) Housing First Approach

A) Housing First is an assertive outreach, engagement, and direct, or nearly direct, placement initiative to transition people who are chronically homeless or have had long periods of intermittent homelessness, incarceration, or other institutionalization into permanent housing. Housing First often targets people who are reluctant to enter into services. Supportive services are to be offered and made readily available, however participation is not required to remain in housing. The only exception is a required monthly home visit from a housing case manager. Rapport between client and case manager is critical to any effort made to enable clients to live the best and healthiest life possible.

1) The housing case manager is considered an integral component in keeping clients housed. Therefore, the housing case manager is expected to develop and maintain knowledge of community resources that support independence and self-sufficiency. Additionally, the housing case manager is expected to make referrals to services that assist residents in meeting their goals. The housing case manager must also maintain an awareness of treatment modalities and resources in order to provide ethical and relevant interventions.

IV) Role of Central Intake

A) Central Intake- No Wrong Door is a Continuum of Care program funded through the Virginia Department of Housing and Community Development (DHCD) under the Homeless Solutions Grant (HSG) and the City of Roanoke. The program is administered by the City of Roanoke in partnership with the Blue Ridge Continuum of Care. The Central Intake-No Wrong Door helps families and individuals who are at imminent risk of becoming homeless to access financial resources and referrals to obtain and/or maintain housing stability.

1) This is accomplished by providing access to prevention, housing, and other services clients may need. While this is not a comprehensive service agency, it will serve as a point of referral for a broad variety of service and housing programs. Furthermore, it will educate the public on how to access services through a coordinated community education effort. Central Intake will provide screening and assessment to identify program eligibility and provide basic housing services.

B) The No Wrong Door approach will be charged with addressing basic needs such as emergency funds, shelter referrals, bus tokens for employment and housing search, information, phone, food and clothing.

C) Other needs such as counseling and substance abuse or medical needs will be referred to collaborative community partners.

D) Central Intake- No Wrong Door is dedicated to the overall goal of assisting families and individuals obtain and maintain housing stability. The agency acts as a single entry point to homeless and homeless prevention services tailored to meet the needs of those who are homeless or at-risk of homelessness by utilizing a comprehensive referral system in collaboration with area homeless and homeless prevention service providers. Referral services include best-suited referrals to partnering agencies for the following services:

- 1) case management
- 2) emergency shelter
- 3) transitional housing
- 4) permanent supportive housing
- 5) homeless prevention
- 6) rapid re-housing

V) HMIS Participation

A) The Blue Ridge Continuum of Care (BRCoC) utilizes the Homeless Management Information System (HMIS) as a means of collecting and reporting programmatic and system-wide data to the Department of Housing and Community Development (HUD), the City of Roanoke, United Way of Roanoke Valley, and other program funders. All providers of permanent supportive housing projects that operate as part of the BRCoC are required to use HMIS for data collection and reporting purposes. What follows is general information that providers may find useful in getting projects and users set up in HMIS. Links to more specific guidance are provided where applicable.

1) The current vendor for the BRCoC HMIS system is Service Point. Service Point is responsible for designing all feature enhancements requested by HMIS member agencies through the BRCoC, as well as assisting HMIS Lead Agency staff with troubleshooting and problem solving when necessary.

2) Each HUD-funded Continuum of Care must designate a lead agency for its HMIS system. Lead agencies have the following responsibilities (please note, this is not an all-inclusive list):

- a) Provide a single point of communication to all users concerning HMIS issues.
- b) Ensure the stability of the organization connection to the Internet and the data warehouse, either directly or in communication with other technical professionals.
- c) Determine training needs, develop training materials, and provide annual and on-going training to BRCoC member agencies and end users in each CoC about HMIS data collection, security, and privacy policies and procedures.
- d) Provide technical support and help develop, troubleshoot, and modify reports such as AHAR, APR, etc.

- e) Manage user names, accounts, and passwords for accessing the HMIS system.
- f) Monitor compliance with standards of client confidentiality and data collection, entry, and retrieval.
- g) Participate in HMIS Administrator's training and regular meetings.
- h) Communicate system-related information to Participating Agencies.
- i) Act as a liaison with Pathways Compass to ensure ongoing account licensing and maintenance.
- j) Prepare for reviews of data quality procedures.
- k) Attend HMIS Steering Committee and Data Quality subcommittee meetings.

3) The BRCoC Lead Agency is the Council of Community Services, which runs the Blue Ridge Community Assistance Network (BRCAN). PSH providers in the BRCoC must contact the Blue Ridge Community Assistance Network coordinator for any HMIS-related questions or problems. The coordinator must assist providers in setting up new projects in HMIS for reporting and data-collection purposes, as well as adding new users to the system. New users must be trained by the coordinator on HMIS usage, receive a copy of the BRCAN HMIS User Policies and Procedures, and sign the BRCAN user agreement before they begin using HMIS. There are no exceptions to this rule.

4) PSH providers must notify the BRCAN coordinator as soon as possible when an employee who had HMIS access no longer needs it so that the user's access can be suspended and their passwords deleted. This helps to limit continued access to sensitive client records and preserve the integrity of the community data.

5) More information about the BRCAN is available here:
<http://www.councilofcommunityservices.org/programs/brcan/>.

6) An End User has an active license to HMIS and uses Service Point as their primary tool for client intake, service tracking, case management, and reporting. End users have the following responsibilities (please note, this is not an all-inclusive list):

- a) Adhere to all of the policy and procedures outlined in the BRCAN Policies & Procedures document.
- b) Follow user privacy and security policies as detailed in the Policies & Procedures document.
- c) At intake, gather the most complete and accurate information about each client and the services they need according to the workflow provided at HMIS training.
- d) Attend all trainings required by HMIS Lead Agency staff or Vendor.
- e) Enter quality client data into HMIS in a timely and accurate manner.

- f) Adhere to the data requirements set by the BRCoC and/or the HMIS Lead Agency to comply with HUD reporting regulations and requirements.
- g) Review and sign the BRCAN End User Agreement with the BRCAN coordinator on an annual basis, which must be completed within 5 business days of HMIS training.
- h) After HMIS training, pass the certification test with a score of 80% or better.
- i) Review data quality reports and correct any data quality issues on a quarterly basis.

- B) More information about HUD's HMIS Standards and reporting requirements is available in the *HMIS Data Standards Manual* (for HMIS Lead Agency system administrators, CoC leaders, and HMIS users), which may be found here: <https://www.hudexchange.info/resource/3826/hmis-data-standards-manual/>.

VI) Community Wide Outcomes for PSH

- A) A measure of project performance is necessary to assess project efficacy, so changes can be made when something is not working as it should, and to report project outcomes to, not only funders, but the wider public.
- B) Reporting requirements will vary for different projects based on their funding sources. In addition to those items listed in the community's strategic plan, agencies that operate PSH projects within the BRCoC should be prepared to report on the following measures/meet the following requirements:
 - 1) Returns to emergency shelter, supportive housing, transitional housing and any permanent supportive housing project used by those who exited to permanent housing destinations during the previous reporting period;
 - 2) Housing Stability: The percentage of persons who remained in the permanent housing program as of the end of the operating year or exited to permanent housing (subsidized or unsubsidized) during the operating year;
 - 3) Increase Total Income: The percentage of persons age 18 and older who maintained or increased their total income (from all sources) at of the end of the operating year or program exit;
 - 4) Increase Earned Income: The percentage of persons age 18-61 who maintained or increased their earned income (i.e. employment income) as of the end of the operating year or program exit.

VII) Community Wide Assessment Tool

- A) The BRCoC has adopted the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) as the community wide assessment tool. The VI-SPDAT is a combination tool created by the merger of the Vulnerability Index (VI) survey created by

Community Solutions for street outreach and the Service Prioritization Decision Assistance Tool created by OrgCode as an intake and case management tool. It is a pre-screening/triage tool that is designed to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions. The BRCoC has determined that in general, client prioritization for housing is as follows:

- 1) Score ≤ 3 – will receive assistance in locating housing on their own
- 2) Score 4-7 – will be referred to rapid rehousing
- 3) Score ≥ 8 will be referred to permanent supportive housing

VIII) Community Case Conferencing

- A) The BRCoC encourages providers to make every effort to coordinate care across agencies and services. These efforts may take the form of case coordination or case conferencing. Community wide case conferencing may occur regularly for certain populations and the BRCoC will ensure that all agencies are informed of the schedule and format for these meetings. Please see the community chart for more information.

IX) Case coordination

- A) Case coordination includes communication, information sharing, and collaboration. It occurs regularly with case management and other staff serving the client within and between agencies in the community. Coordination activities may include directly arranging access, reducing barriers to obtaining services, establishing linkages, and other activities recorded in progress notes.

X) Case Conferencing

- A) Case conferencing differs from routine coordination. Case conferencing is a more formal, planned, and structured event separate from regular contacts. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication. Case conferences are usually interdisciplinary, and include one or multiple internal and external providers and, if possible and appropriate, the client and family members/close supports.
- B) Case conferences can be used to identify or clarify issues regarding a client or collateral's status, needs, and goals, to review activities including progress and barriers towards goals, to map roles and responsibilities, to resolve conflicts or strategize solutions, and to adjust current service plans.

Standard	Criteria
<p>Supportive and/or Comprehensive Case Management providers routinely coordinate all necessary services along the continuum of care, including institutional and community-based, medical and non-medical, social and support services. Case conferencing is utilized as a specific mechanism to enhance case coordination.</p> <p>Time Requirement for Case Conferencing: <i>Comprehensive Case Management</i> Required every 7 days at minimum. Recommended as needed.</p> <p>Time Requirement for Case Conferencing: <i>Supportive Case Management</i> Not required but recommended as needed.</p>	<p>Coordination activities include frequent contacts with other service providers and case managers and are documented in the progress notes. Evidence of timely case conferencing with key providers is found in the client's records. The client's right to privacy and confidentiality in contacts with other providers is maintained. The client's consent to consult with other service providers is obtained.</p>

- C) A case conference form has been developed that documents the participants, the topics discussed, and the follow up appointment. This form is distributed immediately to attendees after the meeting to remind each participant of the roles and activities they've agreed to perform.
- D) Although more difficult to arrange, a face-to-face case conference can clarify issues or resolve conflicts more directly than conferring with parties separately or by phone. Only when deemed appropriate will clients be involved in face-to-face case conferences with providers.

XII) HUD Approved Documentation for Chronic Homelessness

- A) For PSH programs that serve the chronically homeless, there are specific guidelines for prioritizing and documenting these cases. In general, HUD expects that those clients who have spent the most time homeless and those with the most significant disabilities will be served first. Both length of time homeless and disability must be documented clearly in the chart. HUD prefers that time spent homeless be verified by a third party, however there are exceptions to this for clients who have lived in places not meant for human habitation. (The most important aspect to document is the program's attempt at due diligence in obtaining third party verification.)
- B) Disability must be documented by a physician or other licensed professional. A disability letter from SSA will also suffice. The full document released by HUD – *CPD-14-012 Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status*, can be found in the appendix

of this manual. A form utilized by several PSH programs to document disability for clients not receiving disability income is also included in the appendix, as well as a sample document for completing a homelessness history.

XIII) Required Elements for Use of HUD Leasing/Rental Assistance

A) In addition to the client chart documenting supportive services, there are several elements that are required by HUD to utilize rental assistance or leasing funding. (For some programs, the local housing authority will handle this aspect of the program.) Samples of these documents are in the appendix of this manual. Required documents include:

1. Lease between client and program (if master leasing) or client and landlord
2. Environmental Review
3. Housing Quality Standards Inspection
4. Demonstration of Rent Reasonableness
5. Demonstration that Property Falls within Fair Market Rent for the Area
<http://www.huduser.org/portal/datasets/fmr.html>
6. Tenant-Landlord-Agency Occupancy Agreement

XIV) Best Practices for Property Management

- A) This guide is intended to provide information related to the operation of Supportive Housing Programs in the Roanoke, Virginia MSA. While each program has its own specific requirements we hope this guide will provide general property management policies and procedures that will assist in accomplishing the goals of the program.
- B) Properties for lease are identified using existing realtor relationships, Craigslist, and ApartmentFinder websites. After a home is identified and the landlord expresses interest in working with the agency to house supportive housing residents, an on-site visit to the property is scheduled. The visit is used to identify strengths and weaknesses associated with the property, such as proximity to schools, proximity to public transportation, proximity to services, as well as amenities and features of the property such as room sizes, location of property within a neighborhood, and type of utilities in the home.
- C) Currently all housing is contracted with individual landlords via a residential lease agreement between the agency and the landlord. The landlord and agency negotiate the terms of the lease, not to be less than 12 months, and the amount of rent, not to exceed the FMR.
- D) After the landlord and the agency agree on the terms of the lease, the agency must complete, submit, and receive approval of an Environmental Review (ERR). The ERR

approval must be received PROIR to occupancy by the resident. You should follow the Part 58 instruction for properties leased in the City of Roanoke and Vinton. Both localities know Part 58 through their planners. Contact Sherman Pennix for Roanoke City at (540) 853-6801 and Ryan Spitzer with the Town of Vinton at (540) 343 1508, ext. 702. They can clear environmental reviews under Part 58.

- E) For properties in Salem or Roanoke County you should send the completed CoC Part 50 worksheets to your Richmond CPD CoC Program Representative. The Reps process the Part 50 CoC environmental reviews. Direct the form to your CoC contact.

- 1) Pending the approval of the ERR; the property must also pass an initial Housing Quality Inspection (HQS).

- F) After receiving approval of the ERR and an approved HQS Inspection, the agency can execute the lease.

- G) Both the landlord and agency should provide each party with a current certificate of insurance reflecting general liability and hazard coverage.

- H) Each PSH Program has its own specific requirements as it pertains to the clients it serves. The agency must follow the population targeted in the approved HUD Contract. The agency should work with other CoC Agencies to establish a system for applicant referrals who meet the housing criteria of the respective program.

- I) When an applicant is identified, the agency case manager should schedule an appointment to begin the leasing process. The applicant will be required to provide general information such as government issued identification, social security card, income verification, and birth certificates for children. The applicant is provided with a tour of the property in order to determine if there are any issues that would prevent the applicant from accepting the housing offered.

- 1) The case manager will complete an assessment of the applicant to confirm the applicant meets the requirements of the program.

- J) Should the applicant NOT meet the requirements of the program, the agency will write the applicant a letter stating the specific reason for denial. The applicant will have the right to appeal the decision through the PSH grievance policy.

- K) After an applicant is approved, the applicants monthly rent, utility allowance, and security deposit is determined in accordance with HUD guidelines for calculation. The agency then executes a lease for the property with the applicant.

- L) The applicant is accompanied by the case manager on a move-in inspection and orientation of the property and provided the keys to their new home. Forms used to complete the initial income certification and assessment is included in the appendix.

XV) Best Practices for Supportive Services

- A) The supportive services provided in supportive housing are what distinguish supportive housing from other types of affordable housing. To the extent possible, the supportive services available in a supportive housing project should be customized with the needs of the tenants in mind. Supportive housing support services are intended to help ensure housing stability and to maximize each tenant's ability to live independently. Depending upon the supportive housing model in use, supportive services may be provided on-site within the supportive housing development, off-site at a central community location, or provided through a mobile team of multidisciplinary service providers that visit tenants in their homes. Additionally, services should be designed and delivered to promote integration of residents into their communities to the greatest extent possible and appropriate.
- B) There are several types of supportive services that can be offered. Some examples are listed below; however this is not an all-inclusive list.
 - 1) Case Management
 - a) This is the most widely used form of services in supportive housing. The case manager does not provide every service a tenant needs but helps broker relationships between the tenant and the service providers. Case management can include new tenant orientation, assistance with accessing child care, community building activities and transportation to help the tenant access services in the community.
 - 2) Mental Health Services
 - a) This category of services focuses on assisting a tenant in improving their mental health status. Services under this category may include psychosocial assessment, individual or group counseling, support groups and peer mentoring.
 - 3) Alcohol and Substance Abuse Services
 - a) This category of services is designed to assist tenants in addressing their abuse of substances. Services may include relapse prevention and recovery planning, individual or group counseling, harm reduction services and inpatient rehabilitation

4) Independent Living Skills

a) Tenants in supportive housing may need assistance in acquiring or regaining skills that allow them to maximize their independence. This may include assistance with rent payment and budgeting, conflict resolution, training in cooking/meal preparation, training in personal hygiene and self-care, and training in housekeeping and apartment safety.

5) Vocational Services

a) These services are designed to assist a tenant in accessing employment or improving their employment situation. Services may include vocational counseling, job placement and supported employment.

6) Health/Medical Services

a) This category of services helps to ensure that a tenant is addressing their physical health needs. This is particularly important as persons experiencing homelessness often have serious unaddressed health needs. Services may include routine medical care, medication management and nutrition counseling.

7) Peer Support Services

a) For adults, peer support services are those that are provided by someone who is on their own recovery journey and has received training in how to be helpful to others who participate in mental health services. For children, peer services are called "family-to-family" services. Peer Support Specialists can help people find interesting or fun things to do, advocate for themselves, make friends, get a job, find better housing and learn skills to live well in the community

8) Social Activities

a) Social activities can be a great way to build community within supportive housing. Some activities can be provided by housing and service providers and others can be tenant-led. In addition to helping to create a positive milieu within a building, these types of activities help to engage people who might otherwise isolate in their apartments.

XVI) Best Practices for Safety Protocols

A) Creating and maintaining a safe and protective environment that promotes safety of staff and patients is of utmost importance. This section is recommended to alert all

staff to various safety concerns including but not limited to the potential for suicidal, homicidal, and high risk behavior concerns in patients, family members, or unfamiliar persons encountered in the community, home visits, or medical center settings. It provides suggestions for the safe management and treatment of these patients and for dealing with high risk situations.

XVII) Emergency Protocols/Procedures

A) In-Office Alert Call Procedure

- 1) If you are in your office with a client and have an emergency where you feel unsafe but don't want to alert the client, you are to:
 - a) **Call a colleague/coworker and request they bring you File 13.** This alerts staff that you are in a crisis and need immediate assistance to your office.
 - b) Those responding to File 13 please come with at least one other person to respond if possible:
 - i) **One person** to ask the staff member in the office to step out of office whenever possible or, if this is not possible, to step into the office and assess the situation.
 - ii) **One person** to stand by outside the office off to the side should additional supports be needed.
 - iii) If needed, the person in the hall to contact emergency response (call 911).

XIII) In-field Procedure When the Safety of a Patient and/or Staff are Threatened

- A) In the event of an emergency at work or off site in which the safety and security of a patient and/or staff is threatened, the staff member will get to a safe location and call 911 immediately.

XIV) In-Field Procedure when patient is at imminent risk of harm to self or others

- A) In the event of a situation in the community in which a client is judged to be at imminent risk of harm to self or others, the staff member will get to a safe location, if deemed necessary, and contact 911 to review the current situation for appropriate response from local law enforcement and other emergency supportive services. If the patient is unwilling, unable, or unsafe to transport to the nearest Emergency Department (ED) and the local police do not issue an Emergency Custody Order (ECO) on the scene, the staff member will call in or present to the local magistrate's office to request an ECO be issued by the magistrate.

XV) Emergency Custody Orders (ECO) and Temporary Detention Orders (TDO)

A) An Emergency Custody Order (ECO) is a legal order by the court instructing law enforcement to take a person into custody for a mental health evaluation performed by a clinician at the local Community Service Board (CSB). An ECO should be requested when an individual in the midst of a psychiatric crisis presents a safety concern and refuses treatment. A psychiatric crisis can include the following:

- 1) Suicidal or homicidal thinking and/or behavior.
- 2) Acute psychotic symptoms.
- 3) Acute intoxication and/or risk of harsh and life-threatening withdrawal symptoms.
- 4) Sudden changes in mental status.

B) Ways to obtain an Emergency Custody Order:

- 1) Call 911 to request police intervention, which may involve transport to the nearest ER (paperless ECO).
- 2) If the police feel the situation does not pose a threat, contact the local magistrate by phone or in person. If the magistrate determines that the ECO is warranted, he/she will order the police to take the person into custody.
 - a) Option: You can also contact Blue Ridge Behavioral Health Crisis Intervention Program (Emergency Services) at 981-9351 before requesting an ECO from the magistrate for suggestions/consultation about how to proceed.

C) After obtaining an Emergency Custody Order (ECO) and the individual is in custody, a clinician from Emergency Services will be contacted and has a four hour window to complete a mental health evaluation. Once the evaluation has been conducted, the magistrate reviews the evidence available to determine if issuing a Temporary Detention Order (TDO) is necessary. If so, the individual will receive immediate involuntary treatment.

- 1) A Temporary Detention Order (TDO) is a legal document that commits an individual to immediate psychiatric hospitalization for further evaluation and stabilization, until a commitment hearing can be arranged to determine future treatment needs. If the magistrate does not issue a TDO, the individual will be released from custody.

- a) PLEASE REMEMBER: Staff cannot force a client to remain in any location and staff should never make any attempts to physically restrain or limit the patient's ability to leave.

XX) Field Resource Guide

- A) It is recommended that community agencies create a Safety Quick Reference Guide that is to be carried by staff members who work with clients in the community, in shelters, or in their homes. The guide should serve as a reference in the event of a crisis situation and should contain the following information:
 - 1) All agency staff contact information.
 - 2) Important medical center points of contact.
 - 3) Local shelter contact information.
 - 4) Local Police and Sheriff Departments contact information.
 - 5) Local Emergency Receiving Facilities contact information.
 - 6) Local Magistrates and ECO request contact information.
 - 7) Instructions on how to obtain an ECO and/or TDO.

XXI) Pre-Home Visit Safety Screening (PHVSS):

- A) Staff will conduct a Pre-Home Visit Safety Screening (PHVSS) with client by phone while scheduling first home visit or prior to scheduling of any home visit when deemed necessary. PHVSS consists of the following questions:
 - 1) Are there guns or other weapons in your home?
 - 2) If yes, do you agree to keep any weapons locked up when staff are in your home?
 - 3) Do you have any pets in your home?
 - 4) If so, do you agree to keep any dangerous pets out of the area where the staff will visit?
 - 5) Are there aggressive dogs in your immediate neighborhood?
 - 6) Do you or a household member smoke?
 - 7) If so, do you and all household members expected to be present during the visit agree not to smoke while staff is in your home?
 - 8) Do you or any household members currently have a cold, the flu, or gastrointestinal symptoms?
 - 9) Can you identify any hazards that might place staff at risk in your home or neighborhood (e.g. environmental hazards such as missing steps or behavioral issues of neighbors)?
 - 10) Other possible safety issues identified:
 - 11) Who will be in your home when staff member visits?

XXII) Buddy System

- A) Staff should ask a colleague in their program to be their “buddy” to assist with the following safety protocol. This should be a reciprocal relationship.
- 1) All staff will notify their “buddy” when leaving to conduct home visits or other work in the field of the following:
 - a. List of clients to be seen in the order to be seen.
 - b. Locations of visits to be conducted.
 - c. Notification that they have their cell phone on their person.
 - d. Upon completion of home visits/work in the field, the staff member will let their buddy know that they are back for the day.
 - 2) If a staff member cannot be located, law enforcement will be notified immediately.

XXIII) Safety Assessment Tools

- A) It is recommended for staff to use the following safety assessment tools to judge safety of a visitation location.
- 1) “Know Yourself” Addendum A.
 - 2) “Know Your Surroundings & Environment” Addendum B.
 - 3) “Know Your Patient” Addendum C
 - a) Used as a resource to determine clinically appropriate visit locations based on the following scale criteria:
 - i) Home (Scale 1-4).
 - ii) In the Community (Scale 3-7).
 - iii) VA facility (Scale 7-10).
- B) The safety of visitation locations should be ultimately assessed based on patient behavior history, clinical judgment/determination (informed by Addendum A, B, & C and Risk Management Continuum Scale Below)
- C) The staff member will not hesitate to suspend residence/home/community visits when the staff member has concerns about their safety.

XXIV) Patient Residence/Home Environment

- A) Residence/home visits are completed by staff for purposes of assessment and reassessment of the patient’s functioning in the community. Home visits allow for insight

into the functioning of the patient in their own environment. The patient's health and mental health status can be dynamic and variable, so staff is encouraged to use their professional judgment when choosing locations for visitations.

- 1) Staff safety must be a prime consideration in determining whether a patient will be visited at residence/home. When a patient's past behavior has been unsafe or unpredictable, staff may require the patient to come to the agency facility to meet in a supervised setting.
- 2) The staff member should assess the patient's living environment for signs of danger such as weapons, drugs, alcohol, etc. The staff member should leave the home immediately if a weapon is in sight, the patient or other residents are actively drinking or under the influence of illegal substances, or any other concerns are present.
- 3) The staff member should be aware of their surroundings in the home, including exits and other authorized occupants of the home.
- 4) If the staff member feels unsafe at any time during the home visit, the staff member is to leave the premise immediately and call for assistance.
- 5) Staff members should not stay during a domestic dispute. The staff member should immediately leave the home and contact their coordinator or direct supervisor and local law enforcement as needed.

XXV) Community Environment

- A) Prepare for a wide variety of environments and conditions in the field. Be ready for conditions to change while you are there. Notify others of any changes to your itinerary so they can provide assistance quickly if needed.
 - 1) Call ahead so that you are expected, whenever possible.
 - 2) Do not bring your purse or wear valuable jewelry during visitations. Limit the items brought to a pen, paper, and cell phone. Limit personal belongings to those that are essential, including a driver's license and cash for an emergency.
 - 3) Stay alert and aware of your surroundings at all times. Look confident. Trust your instincts and act on them. If you feel unsafe, leave the area immediately.
 - 4) Scan the area and know where you are at all times, i.e. cross streets, landmarks. This is important if you need to summon assistance on the cell phone.
 - 5) Upon arrival, survey the surrounding area before unlocking and leaving the vehicle.

6) If you feel unsafe, do not exit the vehicle. Immediately drive away and call your buddy from a safe location.

XXVI) Best Practices for Quality Assurance

A) Effective quality assurance ensures that programs and services being delivered to clients are providing the maximum benefit in an efficient and effective manner. There are several methods that can be utilized to ensure high quality delivery of services. These may include:

- 1) Regularly scheduled (minimum monthly) supervision between case manager and supervisor
- 2) Case management observation by supervisor
- 3) Client chart audits
- 4) Exit interviews and satisfaction surveys
- 5) Signing of all critical case management documentation by supervisor
- 6) Review of denials of program entry and unplanned discharges with supervisor
- 7) Client request to meet with supervisor
- 8) Oversight by a Program Services Committee of the Board of Directors (if nonprofit) or community stakeholders

XXVII) Self-Sufficiency and Exiting Services

A) Case managers working in PSH programs should consider self-sufficiency a key aspect of goal planning with the client. Some clients will remain in PSH programs for several years, however many clients will be able to exit services into market rate or other subsidized housing programs. Assisting clients to become independent is critical for two reasons:

1. Increased self-sufficiency and community integration is therapeutically and ethically appropriate for the client's well-being.
2. Tenants who are ready to transition out of permanent supportive housing into stable housing create opportunities for others in need of PSH to obtain housing.

B) A tenant's readiness for transition can be determined by the level of need for supportive services. There is a strong correlation between length of stay in a PSH and stability in independent housing. A tenant who participates in PSH for at least a 12 month period has an increased chance of maintaining their housing after leaving a PSH and a lower number of hospitalizations in comparison to those who do not remain in the program for 12 months.

C) Tenants who have maintained stability in PSH for a 12 month period or longer may be able to transition into independent housing providing that the tenant has demonstrated his or her ability to be self-sustaining. The criteria for determination of a client's readiness to transition from permanent supportive housing should include the ability to meet basic needs, maintain affordable housing, adequate vocational skills, education, ability to maintain a social support

system, the ability to access resources in the community with little assistance, financial stability, access to transportation, and access to medical care. All of these criteria should be considered on an individual basis.

1) Basic Needs

a) Activities of Daily Living (ADLs) and Instrumental activities of daily living (IADLs) are essential tasks that an individual needs to have the ability to perform in order to live independently. Determining the level of need that an individual has to perform these tasks can be useful while deciding if a tenant has the ability to successfully graduate from the program.

ADLs	IADLs
Feeding	Shopping
Bathing	Doing housework
Toileting	Managing finances
Grooming	Managing medication
Dressing oneself	Preparing meals
Selecting appropriate clothing	Access to transportation
	Operating a telephone or other device for communication

b) Tenants who are able to perform their ADLs and IADLs with little to no assistance would be more suitable for a transition to independent housing. An individual who requires a significant amount of assistance with performing ADLs and IADLs and is in need of help securing those resources should continue with the program until a point of stability is reached with little or no assistance.

2) Housing

a) Housing affordability is a significant factor determining a tenant's ability to sustain independent housing. Tenants who are able to maintain housing with very little to moderate housing cost burden would be optimal for transitioning into independent housing.

- i) Tenants who spend less than 30% of their income on housing have a low cost burden.
- ii) Tenants who spend 30% to 49.9% of income on housing costs would have a moderate cost burden.
- iii) Income sources include disability benefits, retirement, and working wages.
- iv) Housing costs include rent or mortgages, insurance, lot fees, property taxes, and utilities.
- v) The total amount of housing costs divided by the tenant's monthly income determines the percentage of the housing cost burden.

b) The lower the housing cost burden, the higher likelihood that tenants would be able to sustain independent housing. It is recommended that the level of burden be no more than 30% of the tenants or family income.

3) Employment/Vocational Skills

- a) Maintaining gainful employment and/or developing vocational skills can improve a tenant's quality of life and provide greater opportunities for long-term financial stability. Long term employment is associated with improved mental/physical health and increased community integration.
- b) A tenant's ability to maintain gainful employment is a significant factor determining if an individual can maintain housing when there is no other source of steady income.

- i) Tenants with Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) may have increases in housing expenses and a decrease in his or her monthly benefits depending upon the monthly income from wage work.

4) Education

a) A tenant's level of education and varied skillsets can expand opportunities for employment and financial stability. Communication skills and an individual's ability to self-advocate can also improve with the individual's level of education.

- i) According to Census data, an individual who has obtained their high school diploma or GED increases their ability to secure employment by 22%. As the level of education increases, the opportunities for employment also increase.
- ii) An individual with an associate's degree increases their employability by 22% compared to individuals with only a high school diploma or GED.
- iii) An individual who completes their bachelor's degree increases their employability by 7% from those on the associate's level.

4) Social Supports

a) A strong social support system can improve a tenant's access to resources and ability to cope in crisis situations. The emotional support reaped can help alleviate stress associated with various life experiences. Social support is an important component in the recovery process and essential to maintaining stability in the community.

5) Community Integration

a) Tenants who are involved in their community have greater opportunity to build new relationships, become actively involved in programs or organizations that develop their communities, and become more aware of available resources.

i) Awareness of community resources and how to access them is essential to maintaining community integration.

ii) Voting and participating in local government or local policy matters can also further enhance the individual's community integration.

b) Community integration also increases a tenant's awareness of opportunities for volunteer work and employment.

6) Finances

a) A tenant's ability to manage their monthly expenses and manage debt can be significant factor in a tenant's ability to remain housed independently. Managing finances is an instrumental activity of daily living that is essential to independent living.

b) Monthly income is another significant determinant.

i) Sources of income include Supplemental Security Income (SSI) and/or Social Security Disability Income (SSDI), full-time or part-time employment, retirement benefits, etc.

c) The development of savings increases a tenant's ability to cover emergency expenses or plan for long-term financial stability.

7) Mobility

a) A tenant's access to transportation and ability to navigate factor into the tenant's access to the resources he or she needs in the community.

b) If tenants use public transport, they need to be able to read and negotiate a bus schedule.

8) Health Care

- a) The ability to access affordable health care reliably and without assistance is a recommended consideration in determining readiness for the transition to independent housing. Having a connection to a primary care physician and taking advantage of preventive care, such as regular physical examinations, can reduce the risk of serious health related issues that may impact a tenant's financial stability.
- b) Any serious mental and/or physical healthcare costs should be managed with current health insurance coverage and ongoing care.

XXVIII) Legal Issues in PSH

A) Emergency Custody Order (ECO)

- 1) With so many clients residing in PSH who are diagnosed with a serious mental illness, it may become necessary to temporarily involuntarily commit someone to inpatient psychiatric treatment via an emergency custody order (ECO), in the event he or she becomes a threat to themselves or others and refuses to go voluntarily.
*For further information, see appendix.

B) Mandated Reporting

- 1) All human services professionals are considered mandated reporters under Virginia law. This means that if staff witness or suspect abuse or neglect, they are required to report it to the Department of Social Services (DSS) in the locality of the housing. This is true for both children and incapacitated adults ages 18 and over or any adults ages 60 and older. Documentation of reporting should be noted in the client chart.
 - a) APS – Adult protective services – to report potential abuse, neglect, or exploitation of incapacitated adults age 18 or older or any adult age 60 and older.
 - b) CPS – Child protective services – to report potential abuse or neglect or any of children under the age of 18.

C) Fair Housing Law

- 1) In the Commonwealth of Virginia we have a Fair Housing Law in place that impacts all providers of PSH. Providers should have a working knowledge the law to ensure their compliance. Provided below is a general description of the basic tenets of the law, along with a link to the Commonwealth of Virginia Real Estate Board Fair Housing Regulations.

a) It is the policy of the Commonwealth of Virginia to provide fair housing throughout the Commonwealth, to all its citizens, regardless of:

- i) Race
- ii) Color
- iii) Religion
- iv) National origin
- v) Gender
- vi) Age
- vii) Marital status
- v) Disability

2) Its intent is to prohibit discriminatory practices with respect to residential housing by any person or group of persons, in order to promote and protect the peace, health, safety, prosperity, and general welfare of communities throughout the Commonwealth. This law is written to extend the police power of the Commonwealth of Virginia to protect the public in this regard.

3) For more in depth information on Fair Housing in the Commonwealth of Virginia, please consult the following website:

http://www.dpor.virginia.gov/uploadedFiles/MainSite/Content/Boards/Fair_Housing/A463-063_FHREGS.pdf

XXVIV) Grievance Procedure

A) The CoC operating guidelines state that our goal is to provide the community with the friendly, flexible and expedient service with empathy and understanding. In some instances, we may fall short of our goal.

B) The Blue Ridge Interagency Council on Homelessness (BRICH) holds the final authority on all decisions related to funding and governance of the Blue Ridge Continuum of Care (CoC).

C) Decisions made or actions authorized by CoC that do not satisfy an interested party may be brought before the BRICH for a decision in accordance with established procedures.

1) The BRICH should not have any conflict of interest for the grievances they are to adjudicate.

2) Membership will consist of the Chair of the BRICH, and three committee members.

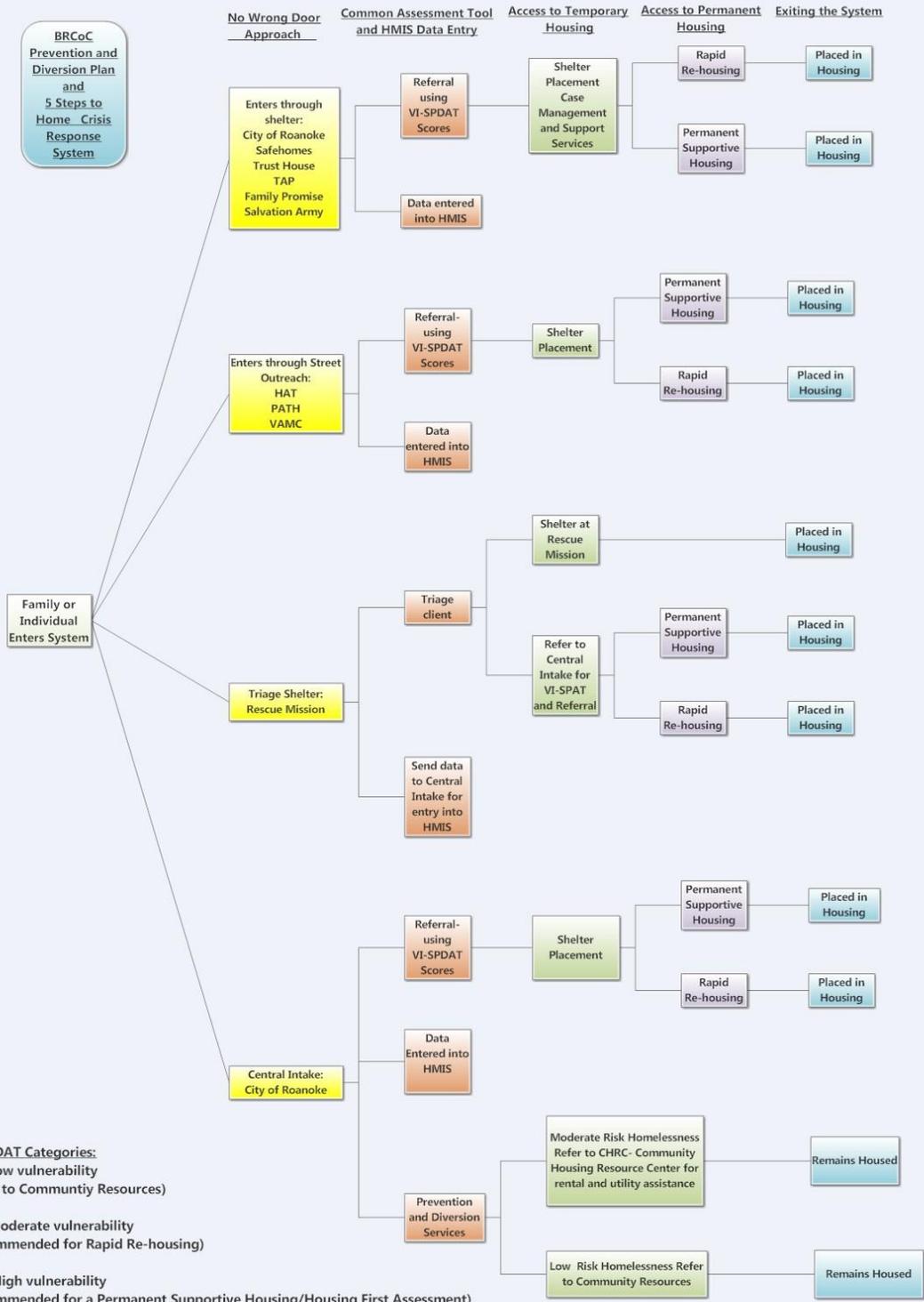
i) If a committee member has a conflict of interest, one BRICH representative will be appointed by the Committee Chair.

XXX) Client Grievance

A) Clients of participating agencies shall follow established agency procedures regarding the reporting of unsatisfactory service.

Attachment A

Blue Ridge Continuum of Care Coordinated Assessment Housing Placement and Crisis Response System Access Flow Chart



VI-SPDAT Categories:
 0-4: Low vulnerability
 (Refer to Community Resources)

5-9: Moderate vulnerability
 (Recommended for Rapid Re-housing)

10 + High vulnerability
 (Recommended for a Permanent Supportive Housing/Housing First Assessment)

Placed in Housing: Private Landlord

Rapid Re-housing: CHRC

Permanent Supportive Housing: TAP, TRUST, City of Roanoke, VA

Self-Sufficiency Support Services and Case Management is provided by shelter providers

Attachment B

Family Service Prioritization Decision Assistance Tool (F-SPDAT)
Prescreen Assessment

Consent

1. Interviewer's Name		2. Team # <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer	
3. Date	4. Time	5. Location	
6. In what language do you feel best able to express yourself?			
7. First Name		8. Last Name	
9. Nickname		10. Date of Birth	
11. Social Security Number		12. Has Consented to Participate <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. Children's First Name(s)		14. Children's Last Name(s)	

History of Housing & Homelessness				
Questions			SPDAT Prescreen Score	Prescreen Instruction
What is the total length of time you have lived on the streets or shelters?		REFUSED		If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.
In the past three years, how many times have you been homeless and then housed again?		REFUSED		
SPDAT PRESCREEN SUBTOTAL				

Risks				
Questions			SPDAT Prescreen Score	Prescreen Instruction
I am going to ask you some questions about you and your family's interaction with emergency services.				If the total number of interactions equals 4 or more across categories, then score 1.
<i>In the past six months, what is the total number of times you and your family members have been to the emergency department/ room?</i>		REFUSED		
<i>In the past six months, what is the total number of times you and your family members have interacted with police?</i>		REFUSED		
<i>In the past six months, what is the total number of times you and your family members have taken an ambulance to the hospital?</i>		REFUSED		
<i>In the past six months, what is the total number of times you and your family members have used a crisis service, including distress centers and suicide prevention hotlines?</i>		REFUSED		
<i>In the past six months, what is the total number of times you and your family members have been hospitalized as an inpatient?</i>		REFUSED		
Have you or any member of your family:				If "YES" to either question, then score 1.
<i>Been attacked or beaten up since you've become homeless?</i>	YES	NO	REFUSED	
<i>Threatened to or tried to harm someone else or one's self?</i>	YES	NO	REFUSED	
Do you or any member of your family have any legal stuff going on right now that may result in being locked up or having to pay fines?	YES	NO	REFUSED	If "YES", then score 1.
Does anybody force or trick you or any member of your family to do things that you or those family members do not want to do?	YES	NO	REFUSED	If "YES" to either of the first two questions, or anyplace other than "shelters" in the third question, score 1.
Does any member of your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?	YES	NO	REFUSED	
Where do you and your family sleep most frequently? (check one) <input type="checkbox"/> Shelters				

<input type="checkbox"/> Streets <input type="checkbox"/> Car/Van/RV <input type="checkbox"/> Subway/Bus <input type="checkbox"/> Beach/Riverbed <input type="checkbox"/> Other (specify) _____		
<i>SPDAT PRESCREEN SUBTOTAL</i>		

Socialization & Daily Functioning						
Questions				SPDAT Prescreen Score		Prescreen Instruction
Is there anybody that thinks you or any member of your family owes them money?	YES	NO	REFUSED			If "YES" to the first question, or "NO" to either of the next two questions, score 1.
Does your family have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	YES	NO	REFUSED			
Does your family have enough money to cover all of your expenses each month?	YES	NO	REFUSED			
Do you and each member of your family have planned activities each day other than just surviving that bring you happiness and fulfillment?	YES	NO	REFUSED			If "NO" then score 1.
Do you or any member of your family have any friends, family or other people in your life out of convenience or necessity, but that you do not like their company?	YES	NO	REFUSED			If "YES" to either question, then score 1.
Do any of the friends, family or other people in your life - or the life of each family member - ever take your money, constantly borrow cigarettes, use your drugs, drink your alcohol, or get you to do things that you don't really want to do?	YES	NO	REFUSED			
DO NOT ASK: Surveyor, do you detect signs of poor hygiene or daily living skills?			YES	NO		If "YES" then score 1.
SPDAT PRESCREEN SUBTOTAL						

Wellness					
Questions			SPDAT Prescreen Score	Prescreen Instruction	
Where do you and your family members usually go for healthcare or when you're not feeling well? <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Does not go for care				If "Does not go for care" in the first question, or "YES" score 1, and score 1 for every "YES" response in the other questions in this section.	
Do you have now, have you ever had, or has a healthcare provider ever told you that you or any member of your family have HIV/AIDS, Hepatitis C, Tuberculosis, Cancer, Asthma, Diabetes, Emphysema, Heart disease, Liver disease, History of heat stroke or heat exhaustion, history of frostbite or hypothermia, kidney disease, renal disease, or dialysis:					
DO NOT ASK: Surveyor, do you observe signs or symptoms of a serious health condition?	YES	NO			
Have you or any member of your family :				If "YES" to any, then score 1.	
<i>Ever have problematic drug or alcohol use, abused drugs or alcohol, or told you do?</i>	YES	NO			REFUSED
<i>Consumed alcohol and/or drugs almost every day or every day for the past month?</i>	YES	NO			REFUSED
<i>Ever used injection drugs or shots in the last six months?</i>	YES	NO			REFUSED
<i>Ever been treated for drug or alcohol problems and returned to drinking or using drugs?</i>	YES	NO			REFUSED
<i>Used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?</i>	YES	NO			REFUSED
<i>Blacked out because of your alcohol or drug use in the past month?</i>	YES	NO			REFUSED
DO NOT ASK: Surveyor, do you observe signs or symptoms of alcohol or drug abuse?	YES	NO			

Have you or any member of your family:					If "YES" to any, then score 1.
<i>Ever been taken to a hospital against your will for a mental health reason?</i>	YES	NO	REFUSED		
<i>Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?</i>	YES	NO	REFUSED		
<i>Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?</i>	YES	NO	REFUSED		
<i>Had a serious brain injury or head trauma?</i>	YES	NO	REFUSED		
<i>Ever been told you have a learning disability or developmental disability?</i>	YES	NO	REFUSED		
DO NOT ASK: Surveyor, do you detect signs or symptoms of severe, persistent mental illness?			YES	NO	
Have you or any family member had any medicines prescribed by a doctor that were not taken, sold, had stolen, misplaced, or where the prescriptions was never filled?	YES	NO	REFUSED		If "YES" then score 1.
Yes or No – Have you or any member of your family experienced any emotional, physical, psychological, sexual or other type of abuse or trauma where help was NOT sought or which caused your homelessness?	YES	NO	REFUSED		If "YES" then score 1.
SPDAT PRESCREEN SUBTOTAL					

Family Unit					
Questions			SPDAT Prescreen Score	Prescreen Instruction	
Do any children 10 years of age or younger spend two or more hours on a typical day when they are home, but don't see their parents?	YES	NO	REFUSED		If the answer is "YES" to either question, score 1.
Are there any children over the age of 10 that help out with things like picking up younger children from school or daycare, helping younger children with homework, preparing meals for younger children, helping younger children bathe, and/or putting younger children to bed on most days?	YES	NO	REFUSED		
What is the total number of times the adults with the family have changed over the past year - including grandparents, aunts, uncles, friends, romantic partners, spouse, etc.?			REFUSED		If the number of adult changes is 3 or more and/or the number of leaves and returns of children is 3 or more, score 1.
What is the total number of times all children have left or returned to the family in the past year?			REFUSED		

Are any of your school-aged children not enrolled currently in school or missing more days than they are attending?	NA	YES	NO	REFUSED		If "YES" to any of the questions, score 1.
Has your family fled an abusive situation in the last six months?	YES		NO	REFUSED		
Are any of your children currently living with family or friends out of necessity?	YES		NO	REFUSED		
At any point in the six months have any of your children stayed with friends or family out of necessity?	YES		NO	REFUSED		
For one parent families: <i>Is there at least one child 0-11, two or more children, or a current pregnancy?</i> For two parent families: <i>Is there at least one child 0-6, three or more children, or a current pregnancy?</i>	YES		NO	REFUSED		If "YES" score 1.
Has there been any involvement directly between your family and child protective services in the past six months – even if it has been resolved?	YES		NO	REFUSED		If "YES" to either question, score 1.
Have you had anything in family court in the last six months or have any current issues that are being considered in family court?	YES		NO	REFUSED		
SPDAT PRESCREEN SCORE						

SCORING SUMMARY

DOMAIN	SUBTOTAL
History of Housing & Homelessness	
Risks	
Socialization & Daily Functions	
Wellness	
Family Unit	
TOTAL	

If TOTAL = 13+ then Recommended for PSH/Housing First Assessment

If TOTAL = 6-12 then Recommended for Rapid Re-Housing Assessment

If TOTAL = 0-5 then NOT Recommended for Housing & Support Assessment at this time

Attachment B2
Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
 Prescreen for Single Adults

GENERAL INFORMATION/CONSENT

Interviewer's Name		Agency <input type="checkbox"/> TEAM <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER	
Date	Time	Location	
In what language do you feel best able to express yourself?			
First Name		Last Name	
Nickname		Social Security Number	
How old are you?	What's your date of birth?	Has Consented to Participate <input type="checkbox"/> YES <input type="checkbox"/> NO	
If 60 years or older, then score 1.			Prescreen Score
PRE-SCREEN GENERAL INFORMATION SUBTOTAL			

A. HISTORY OF HOUSING & HOMELESSNESS

QUESTIONS			
	RESPONSE	REFUSED	Prescreen Score
If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.			
1. What is the total length of time you have lived on the streets or in shelters?		<input type="checkbox"/>	
2. In the past three years, how many times have you been housed and then homeless again?		<input type="checkbox"/>	
PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL			

100,000 HOMES

For 100,000 homeless individuals and families

POWERED BY COMMUNITY SOLUTIONS



Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Single Adults

B. RISKS

SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

QUESTIONS				
If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1.	RESPONSE		REFUSED	Prescreen Score
3. In the past six months, how many times have you been to the emergency department/room?			<input type="checkbox"/>	
4. In the past six months, how many times have you had an interaction with the police?			<input type="checkbox"/>	
5. In the past six months, how many times have you been taken to the hospital in an ambulance?			<input type="checkbox"/>	
6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?			<input type="checkbox"/>	
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?			<input type="checkbox"/>	
If YES to questions 8 or 9, then score 1.	YES	NO	REFUSED	Prescreen Score
8. Have you been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 10, then score 1.	YES	NO	REFUSED	Prescreen Score
10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 11 or 12; OR if respondent provides any answer <i>OTHER THAN "Shelter"</i> in question 13, then score 1.	YES	NO	REFUSED	Prescreen Score
11. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):			
PRE-SCREEN RISKS SUBTOTAL				



Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Single Adults

C. SOCIALIZATION & DAILY FUNCTIONS

QUESTIONS				
If YES to question 14 or NO to questions 15 or 16, score 1.	YES	NO	REFUSED	Prescreen Score
14. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do you have enough money to meet all of your expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If NO to question 17, score 1.	YES	NO	REFUSED	Prescreen Score
17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 18 or 19, score 1.	YES	NO	REFUSED	Prescreen Score
18. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVE ONLY. DO NOT ASK! If YES, score 1.	YES	NO		Prescreen Score
20. Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/>	<input type="checkbox"/>		
PRE-SCREEN SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL				



Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Single Adults

D. WELLNESS

QUESTIONS					
If Does Not Go For Care, score 1.		RESPONSE		Prescreen Score	
21. Where do you usually go for healthcare or when you're not feeling well?		<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care			
For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.					
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:		YES	NO	REFUSED	Medical Conditions
22. Kidney disease/End Stage Renal Disease or Dialysis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. History of frostbite, Hypothermia, or Immersion Foot		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Liver disease, Cirrhosis, or End-Stage Liver Disease		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. HIV+/AIDS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column.		YES	NO	REFUSED	Other Medical Conditions
26. History of Heat Stroke/Heat Exhaustion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Heart disease, Arrhythmia, or Irregular Heartbeat		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Emphysema		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Asthma		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Hepatitis C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:		<input type="checkbox"/>	<input type="checkbox"/>		
34. Surveyor, do you observe signs or symptoms of a serious health condition?					
If any response is YES in questions 35 through 41, score 1 in the Substance Use column.		YES	NO	REFUSED	Substance Use
35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you ever used injection drugs or shots in the last six months?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Have you blacked out because of your alcohol or drug use in the past month?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

100,000 HOMES

For 100,000 homeless individuals and families

POWERED BY COMMUNITY SOLUTIONS



Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Single Adults

OBSERVATION ONLY – DO NOT ASK: 41. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 42 through 48, score 1 in the Mental Health Column.	YES	NO	REFUSED	Mental Health
42. Ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Ever been told you have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Do you have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK: 48. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
If the Substance Abuse score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity.				Tri-Morbidity
If YES to question 49, score 1.	YES	NO	REFUSED	Prescreen Score
49. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 50, score 1.	YES	NO	REFUSED	Prescreen Score
50. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PRE-SCREEN WELLNESS SUBTOTAL				

SCORING SUMMARY

DOMAIN	SUBTOTAL	
GENERAL INFORMATION		If the Pre-Screen Total is equal to or greater than 10, the individual is recommended for a Permanent Supportive Housing/Housing First Assessment. If the Pre-Screen Total is 5, 6, 7, 8 or 9, the individual is recommended for a Rapid Re-Housing Assessment. If the Pre-Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support Assessment at this time.
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
PRE-SCREEN TOTAL		

100,000 HOMES

For 100,000 homeless individuals and families

POWERED BY COMMUNITY SOLUTIONS



Permanent Supportive Housing

Blue Ridge Continuum of Care DISABILITY CERTIFICATION

In order to be eligible for participation in the PSH Program, an applicant must have at least one of targeted disabilities established by HUD for this program **and** must meet HUD’s definition of disability. Please verify that the person named below meets these requirements by completing Sections I and II.

Name of Applicant to PSH Program: _____

Section 1: Targeted Disabilities

The applicant has one or more of the following targeted S+C disabilities (please check all that apply)

- a. SMI – Serious Mental Illness
- b. CSA – Chronic Substance Abuse
- c. SMI & CSA
- d. PWA - AIDS or Related Diseases
- e. Other – Physical Disability

Section 2: Verification of Disability

I have verified that the applicant is disabled by determining that: (please check only one box)

- a. The applicant is eligible to receive Supplemental Security Income (SSI) benefits for the targeted disability or disabilities checked above.

If you checked box (a), a copy of the applicant’s SSI determination letter with diagnosis code must be attached.)

- b. The applicant is not receiving SSI benefits, but has one or more of the targeted disabilities checked above **AND** meets the following definition of disability:

“Has a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such nature that such ability could be improved by more suitable housing conditions.”

If you checked box (b.), this certification must be signed by a qualified health care professional trained to make such a determination. The participant must have additional resources to sustain their apartment.

Signature: _____

Date: _____

Printed Name and Title: _____



Special Attention of:

All Secretary's Representatives
All Regional Directors for CPD
All CPD Division Directors
Continuums of Care (CoC)
Recipients of the Continuum of Care (CoC)
Program

Notice: CPD-14-012

Issued: July 28, 2014

Expires: This Notice is effective until it is amended, superseded, or rescinded

Cross Reference: 24 CFR Parts 578 and 42 U.S.C. 11381, *et seq.*

Subject: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status

Table of Contents

- I. Purpose..... 2**
 - A. Background 2
 - B. Goal of this Notice 2
 - C. Applicability 3
 - D. Key Terms..... 3
- II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons 5**
 - A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness. 5
 - B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness..... 5
- III. Order of Priority in CoC Program-funded Permanent Supportive Housing 6**
 - A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness ... 6
 - B. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness..... 8
- IV. Using a Coordinated Assessment and a Standardized Assessment Tool or Process to Determine Eligibility and Establish a Prioritized Waiting List..... 10**
 - A. Coordinated Assessment Requirement 10
 - B. Written Standards for Creation of a Single Prioritized Waiting List for PSH..... 10
 - C. Standardized Assessment Tool Requirement..... 11
 - D. Nondiscrimination Requirements 11
- V. Recordkeeping Requirements..... 11**
 - A. CoC Records 11
 - B. Recipient Recordkeeping Requirements..... 12
 - C. Recordkeeping Recommendations for CoCs that have Adopted the Order of Priority in this Notice. 16
- VI. Questions Regarding this Notice..... 16**

I. Purpose

This Notice provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in **all** CoC Program-funded PSH. This Notice also establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that includes beds that are required to serve persons experiencing chronic homelessness as defined in 24 CFR 578.3, in accordance with 24 CFR 578.103.

A. Background

In June 2010, the Obama Administration released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (Opening Doors)*, in which HUD and its federal partners set goals to end Veteran and chronic homelessness by 2015, and end family and youth homelessness by 2020. Ending chronic homelessness is the first goal of *Opening Doors* and is a top priority for HUD. Although progress has been made there is still a long way to go. In 2013, there were still 109,132 people identified as chronically homeless in the United States. In order to meet the first goal of *Opening Doors*—ending chronic homelessness—it is critical that CoCs ensure that limited resources awarded through the CoC Program Competition are being used in the most effective manner and that households that are most in need of assistance are being prioritized.

Since 2005, HUD has encouraged CoCs to create new PSH dedicated for use by persons experiencing chronic homelessness (herein referred to as dedicated PSH). As a result, the number of dedicated PSH beds for persons experiencing chronic homelessness has increased from 24,760 in 2007 to 51,142 in 2013. This increase has contributed to a 25 percent decrease in the number of chronically homeless persons reported in the Point-in-Time Count between 2007 and 2013. Despite the overall increase in the number of dedicated PSH beds, this only represents 30 percent of all CoC Program-funded PSH beds.

To ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own—persons experiencing chronic homelessness. HUD’s experience has shown that many communities and recipients of CoC Program-funded PSH continue to serve persons on a “first-come, first-serve” basis and/or based on tenant selection processes that screen-in those who are most likely to succeed. These approaches to tenant selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.

B. Goal of this Notice

The overarching goal of this Notice is to ensure that the homeless individuals and families with the most severe service needs within a community are prioritized in PSH, which will also increase progress towards the Obama Administration’s goal of ending chronic homelessness. In order to guide CoCs in ensuring that all CoC Program-funded PSH beds are used most effectively, this Notice establishes an order of priority which CoCs are strongly encouraged to adopt and incorporate into the CoC’s written standards and

coordinated assessment system. With adoption by CoCs and incorporation into the CoC's written standards, **all** recipients of CoC Program-funded PSH must then follow this order of priority, consistent with their current grant agreement, which will result in this intervention being targeted to the persons who need it the most. Such adoption and incorporation will ensure that persons are housed appropriately and in the order provided in this Notice.

HUD seeks to achieve three goals through this Notice:

1. Establish an order of priority for dedicated and prioritized PSH beds which CoCs are encouraged to adopt in order to ensure that those persons with the most severe service needs are given first priority.
2. Inform the selection process for PSH assistance not dedicated or prioritized for chronic homelessness to prioritize persons who do not yet meet the definition of chronic homelessness but are most at risk of becoming chronically homeless.
3. Provide uniform recordkeeping requirements for all recipients of CoC Program-funded PSH for documenting chronically homeless status of program participants when required to do so as well as provide guidance on recommended documentation standards that CoCs may require of its recipients of CoC Program-funded PSH if the priorities included in the Notice are adopted by the CoC.

C. Applicability

The guidance in this Notice is provided to all CoCs and all recipients and subrecipients—the latter two groups referred to collectively as recipients of CoC Program-funded PSH. CoCs are encouraged to incorporate the order of priority described in this Notice into their written standards, in accordance with the CoC Program interim rule at 24 CFR 578.7(a)(9) and 24 CFR 578.93, for CoC Program-funded PSH. Upon incorporation of the order of priority into written standards CoCs may then require recipients of CoC Program-funded PSH to follow the order of priority in accordance with the CoC's revised written standards and this Notice and in a manner consistent with their current grant agreement.

D. Key Terms

1. **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. Any recipient that indicated that they would follow a Housing First approach in the FY 2013 CoC Project Application must do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013–FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient's FY 2013 and FY 2014 grant agreement.

HUD recognizes that this approach may not be applicable for all program designs, particularly for those projects formerly awarded under the SHP or SPC programs which were permitted to target persons with specific disabilities (e.g., “sober housing”).

2. 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:

- (a) An individual who:
 - i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
 - iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- (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 (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or
- (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 (1) 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.

3. Severity of Service Needs. This Notice refers to persons who have been identified as having the most severe service needs.

- (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:
 - i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
 - ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined in paragraphs i. and ii. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index (VI), the Service Prioritization Decision Assistance Tool (SPDAT), or the Frequent Users Service Enhancement (FUSE). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

- (b) In states where there is an alternate criteria used by state Medicaid departments to identify high-need, high cost beneficiaries, CoCs and recipients of CoC Program-funded PSH may use similar criteria to determine if a household has severe service needs instead of the criteria defined paragraphs i. and ii. above. However, such determination must not be based on a specific diagnosis or disability type.

II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

There are two significant ways in which CoCs can increase progress towards ending chronic homelessness in their communities using only their existing CoC Program-funded PSH:

A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If this occurs, the recipient may then follow the order of priority in this Notice if it is adopted by the CoC. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area. These PSH beds are reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). A CoC may increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness when it's recipients of non-dedicated CoC Program-funded PSH request a grant amendment to dedicate one or more of its beds for this purpose. A recipient of CoC Program-funded PSH is prohibited from changing the designation of the bed from dedicated to non-dedicated without a grant agreement amendment. Similarly, if a recipient of non-dedicated PSH intends to dedicate one or more of its beds to the chronically homeless it may do so through a grant agreement amendment.

B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. In the FY 2013-FY 2014 CoC Program Competition, CoCs were scored on the extent to which they were willing to commit to prioritizing chronically homeless persons in a percentage of their non-dedicated PSH beds with the highest points going to CoCs that committed to prioritize the chronically homeless

in 85 percent or more of their non-dedicated CoC Program-funded PSH. Further, project applicants for CoC Program-funded PSH had to indicate the number of non-dedicated beds that would be prioritized for use by persons experiencing chronic homelessness. These projects are now required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for FY 2013 and FY 2014, as the project application is incorporated into the grant agreement. PSH beds that were included in the calculation for the CoCs commitment in the CoC Application cannot revise their FY 2014 application to reduce the number of prioritized beds; however, recipients of PSH that are currently not dedicated to the chronically homeless may choose to prioritize additional beds in the FY 2014 CoC Project Application. All recipients of CoC Program-funded PSH are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable. CoCs will be expected to meet or exceed the goals established in the FY 2013/FY 2014 CoC Application and should continue to prioritize persons experiencing chronic homelessness in their CoC Program-funded PSH until there are no persons within the CoC's geographic area who meet that criteria. Further, to the extent that CoCs incorporate this order of priority into the CoCs written standards, recipients of CoC Program-funded PSH will also be required to follow this criterion included in those standards.

III. Order of Priority in CoC Program-funded Permanent Supportive Housing

A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following order of priority for CoC Program-funded PSH that is either dedicated or prioritized for use by the chronically homeless. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC's revised written standards in accordance with this Notice and in a manner consistent with their current grant agreement. For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority is strongly encouraged:

- (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 (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of 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 (1) 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 (1) 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 (1) of the definition for chronically homeless, of the family as having severe service needs.
2. Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in Section III.B. of this Notice, as adopted by the CoC, may be followed.
 3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria.
 4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units remain vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the CoC and CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable and for those projects that indicated in the FY 2013 CoC Project Application that they would follow a Housing First approach will be required to do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013 – FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient’s FY 2013 and FY 2014 grant agreement. For eligibility in dedicated or prioritized PSH serving chronically homeless households, the individual or head of household must meet all of the applicable criteria to be considered chronically homeless per 24 CFR 578.3.

B. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following priorities for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC’s revised written standards included in this Notice and in a

manner consistent with their current grant agreement. CoCs that adopt this order of priority are encouraged to include in the written standards a policy that would allow for recipients of non-dedicated and non-prioritized PSH to offer housing to chronically homeless individuals and families first, but minimally would be required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless. For eligibility in non-dedicated and non-prioritized PSH serving non-chronically homeless households, any household member with a disability may qualify the family for PSH.

(a) First Priority–Homeless Individuals and Families with a Disability with the Most Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution **and** has been identified as having the most severe service needs.

(b) Second Priority–Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness. An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

(c) Third Priority–Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters. An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

(d) Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing. An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or

safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, in CoC Program-funded PSH where the beds are not dedicated or prioritized and which is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which persons with serious mental illness meet the criteria.
3. Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice, and as adopted by the CoC. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person's housing as possible.

IV. Using a Coordinated Assessment and a Standardized Assessment Tool or Process to Determine Eligibility and Establish a Prioritized Waiting List

A. Coordinated Assessment Requirement

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. CoCs that adopt the order of priority in Section III of this Notice into the CoC's written standards are strongly encouraged to use their coordinated assessment system in order to ensure that there is a single prioritized waiting list for all CoC Program-funded PSH within the CoC. Under no circumstances shall the order of priority be based upon diagnosis or disability type, but instead on the severity of needs of an individual or family.

B. Written Standards for Creation of a Single Prioritized Waiting List for PSH

CoCs are also encouraged to include in their policies and procedures governing their coordinated assessment system, a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized waiting list that is created through the CoCs coordinated assessment process. Adopting this into the CoC's policies and procedures for coordinated assessment would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice. This would also allow for

recipients of CoC Program funds for PSH to maintain their own waiting lists, but all households would be referred to each of those project-level waiting lists based on where they fall on the prioritized list and not on the date in which they first applied for housing assistance.

C. Standardized Assessment Tool Requirement

CoCs must utilize a standardized assessment tool, in accordance with 24 CFR 578.3, or process. Appendix A of this Notice—*Coordinated Assessment Tool and Implementation: Key Considerations*—provides recommended criteria for a quality coordinated assessment process and standardized assessment tool.

D. Nondiscrimination Requirements

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable.

V. Recordkeeping Requirements

This Notice establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that are required to document a program participant's status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103. Further, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards, the CoC as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities.

A. CoC Records

In addition to the records required in 24 CFR 578.103, it is recommended that the CoC should supplement such records with the following:

- 1. Evidence of written standards that incorporate the priorities in Section III. of this Notice, as adopted by the CoC.** A CoC adopting the priorities in Section III of this Notice, may be evidenced by written CoC, or subcommittee, meeting minutes where written standards were adopted that incorporate the prioritization standards in this Notice, or an updated, approved, governance charter where the written standards have been updated to incorporate the prioritization standards set forth in this Notice.
- 2. Evidence of a standardized assessment tool.** Use of a standardized assessment tool may be evidenced by written policies and procedures referencing a single standardized assessment tool that is used by all CoC Program-funded PSH recipients within the CoC's geographic area.
- 3. Evidence that the written standards were incorporated into the coordinated assessment policies and procedures.** Incorporating standards into the coordinated assessment policies and procedures may be evidenced by updated policies and

procedures—that incorporate the updated written standards for CoC Program-funded PSH developed and approved by the CoC.

B. Recipient Recordkeeping Requirements

In addition to the records required in 24 CFR 578.103, recipients of CoC Program-funded PSH that is required by grant agreement to document chronically homeless status of program participants in some or all of its PSH beds must maintain the following records:

- 1. Written Intake Procedures.** Recipients must maintain and follow written intake procedures to ensure compliance with the definition of chronically homeless per 24 CFR 578.3. These procedures must establish the order of priority for obtaining evidence as: (1) third-party documentation, (2) intake worker observations, and (3) certification from the person seeking assistance. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made.
- 2. Evidence of Chronically Homeless Status.** Recipients of CoC Program-funded PSH whose current grant agreement includes beds that are dedicated or prioritized to the chronically homeless must maintain records evidencing that the individuals or families receiving the assistance in those beds meets the definition for chronically homeless at 24 CFR 578.3. Such records must include evidence of the homeless status of the individual or family (paragraphs (1)(i) and (1)(ii) of the definition), the duration of homelessness (paragraph (1)(ii) of the definition), and the disabling condition (paragraph (1)(iii) of the definition). When applicable, recipients must also keep records demonstrating compliance with paragraphs (2) and (3) of the definition.
 - (a) Evidence of homeless status.** Evidence of an individual or head of household's current living situation may be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven. For paragraph (2) of the definition for chronically homeless at 24 CFR 578.3, for individuals currently residing in an institution, acceptable evidence includes:
 - i.** Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or
 - ii.** Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph i. above and a certification by the individual seeking

assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and

- iii. Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility.

- (b) **Evidence of the duration of the homelessness.** Recipients documenting chronically homeless status must also maintain the evidence described in paragraph i. or in paragraph ii. below, and the evidence described in paragraph iii. below:

- i. **Evidence that the homeless occasion was continuous, for at least one year.**

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, recipients must provide evidence that the homeless occasion was continuous, for a year period, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. For the purposes of this Notice, a break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

At least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2), a written referral, or (3) a written observation by an outreach worker. In only rare and the most extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

Note: A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).

ii. Evidence that the household experienced at least four separate homeless occasions over 3 years.

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, the recipient must provide evidence that the head of household experienced at least four, separate, occasions of homelessness in the past 3 years.

Generally, at least three occasions must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Any other occasion may be documented by a self-certification with no other supporting documentation.

In only rare and the most extreme cases, HUD will permit a certification from the individual or head of household seeking assistance in place of third-party documentation for the three occasions that must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and must document efforts made to obtain third-party evidence, and document of the severity of the situation in which the individual has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than one occasion of homelessness and has not had any contact with anyone during that period.

iii. Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. Evidence of this criterion must include one of the following:

- (1) Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
- (2) Written verification from the Social Security Administration;
- (3) Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);
- (4) Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or

(5) Other documentation approved by HUD.

C. Recordkeeping Recommendations for CoCs that have Adopted the Order of Priority in this Notice.

Where CoCs have incorporated the order of priority in this Notice into their written standards, recipients of CoC Program-funded PSH may demonstrate that they are following the CoC-established requirement by maintaining the following evidence:

1. **Evidence of Cumulative Length of Occasions.** For recipients providing assistance to households using the selection priority in Sections III.A.1.(a) and (b) of this Notice, the recipient must maintain the evidence of each occasion of homelessness as required in Section V.B.2.(b)(2) of this Notice, which establishes how evidence of each occasion of homelessness, when determining whether an individual or family is chronically homeless, may be documented. However, to properly document the length of time homeless, it is important to document the start and end date of each occasion of homelessness and these occasions must cumulatively total a period of 12-months. In order to properly document the cumulative period of time homeless, at least 9 months of the 12-month period must be documented through third-party documentation unless it is one of the rare and extreme cases described in Section V.B.2.b.ii. of this Notice. For purposes of this selection priority, a single encounter with a homeless service provider on a single day within one month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).
2. **Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment conducted by a qualified professional.
3. **Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.** Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

VI. Questions Regarding this Notice

Questions regarding this notice should be submitted to HUD's Ask A Question at: www.onecpd.info/get-assistance/my-question.

Appendix A

Coordinated Assessment Process and Standardized Assessment Tool: Key Considerations

A coordinated assessment process is intended to increase and streamline access to housing and services for households experiencing homelessness, matches appropriate levels of housing and services based on their needs, and prioritizes persons with severe service needs for the most intensive interventions. HUD will be issuing guidance regarding the minimum requirements for establishing and operating a coordinated assessment system, as required by 24 CFR 578.7(a)(8), separately. Meanwhile, this Appendix is intended to help inform CoC efforts to implement an effective coordinated assessment *process* and qualities of an effective standardized assessment tool. As stated in Section III of this Notice, the use of both a coordinated assessment process and assessment tool(s) are critical to effectively implement the order of priority described in Section III.A. and III.B., if adopted by the CoC and incorporated into the CoCs written standards.

Recommendations for Effective Implementation of a Coordinated Assessment Process

The coordinated assessment process must incorporate and defer to any funding requirements established under the CoC Program interim rule, ESG Program interim rule, or a Notice of Funding Availability under which a project is awarded. In addition, the following are recommended as the minimum criteria for the effective implementation of a coordinated assessment process.

1. **Standardized**—The assessment process should rely upon a standardized method and criteria to determine the appropriate type of intervention for individuals or families. This standardized process could encompass the CoC-wide use of a standardized assessment tool, as well as data driven methods.
2. **Improves data management**—Individual tracking, resource allocation and planning, system monitoring, and reporting to the community and to funders is improved by use of a common, coordinated assessment tool.
3. **Non-directive**—The recommendations of the tool can be overridden by the judgment of qualified professionals, especially in where there are extenuating circumstances that are not assessed by the tool are relevant to choosing appropriate interventions. Discretion must be exercised in a nondiscriminatory manner consistent with fair housing and civil rights laws and should be subject to appropriate review and documentation (see Section V. of this Notice for the recordkeeping requirements), to ensure it is applied judiciously.
4. **Mainstream resources**—Effective coordinated assessment facilitates meaningful coordination between the homeless response system and the intake processes for mainstream systems. Connections should be made to public housing authorities, multifamily housing, health and mental health care, the workforce development system, and with other mainstream income and benefits as appropriate and applicable.
5. **Align Interventions**—The various types of interventions that are available are aligned and used strategically.

6. **Leverage local attributes and capacity**—The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community’s context, should inform local coordinated assessment implementation.
7. **Assess program capacity**—Assess the variety and capacity of programs in the community to identify and fill critical gaps in housing and service resources and to ensure that there is a range of options needed for a coordinated assessment system to work well.
8. **Outreach**—The coordinated assessment system should ensure that connections and ongoing engagement occurs with those not accessing services and housing on their own. Often, these are the highest need and most at-risk people in communities.
9. **Privacy protections**—Protections should be in place to ensure proper use of the information with consent from the client. Assessment should also be conducted in a private location.
10. **Fair Housing and Civil Rights**—Protections should be in place to ensure compliance with all civil rights requirements, including, but not limited to, the Fair Housing Act, Title VI of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973. The assessment tool should not seek disability-related information that is unnecessary for determining the need for housing-related services. The coordinated assessment process should ensure that program participants are informed of rights and remedies available under applicable federal, state, and local fair housing and civil rights laws, in accordance with the requirement at 24 CFR 578.93(c)(3).
11. **Training**—Initial and ongoing training on the use of the assessment tool should be provided to those parties that will be administering the assessment.
12. **Accessible and well-advertised**—The assessment must be well advertised and easily accessed by people seeking services or housing. This can happen in a variety of ways: access to services can be centralized, a one-stop shop approach. Access can be coordinated, leveraging outreach capacity and linking or integrating with mainstream systems. The assessment must be conducted in a manner that is accessible for individuals with disabilities, ensures meaningful program access for persons with Limited English Proficiency, and is affirmatively marketed in order to reach eligible persons who are least likely to seek assistance in the absence of special outreach, in accordance with 24 CFR 578.93(c)(1).
13. **Prioritization**—When resources are scarce, the coordinated assessment process should prioritize who will receive assistance based on their needs. Coordinated assessment should never result in long waiting lists for assistance. Instead, when there are many more people who are assessed to receive an intervention than there are available openings, the process should refer only individuals with the greatest needs.
14. **Inform system change efforts**—Information gathered during the coordinated assessment process should identify what types of programs are most needed in the community and be used by the CoC and other community leaders to allocate resources.

Recommended Qualities of a Good Standardized Assessment Tool

While HUD requires that CoCs use a standardized assessment tool, it does not endorse any specific tool or approach, there are universal qualities that any tool used by a CoC for their coordinated assessment process should include.

1. **Valid**—Tools should be evidence-informed, criteria-driven, tested to ensure that they are appropriately matching people to the right interventions and levels of assistance, responsive to the needs presented by the individual or family being assessed, and should make meaningful recommendations for housing and services.
2. **Reliable**—The tool should produce consistent results, even when different staff members conduct the assessment or the assessment is done in different locations.
3. **Inclusive**—The tool should encompass the full range of housing and services interventions needed to end homelessness, and where possible, facilitate referrals to the existing inventory of housing and services.
4. **Person-centered**—Common assessment tools put people—not programs—at the center of offering the interventions that work best. Assessments should provide options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. High value and weight should be given to clients’ goals and preferences.
5. **User-friendly**—The tool should be brief, easily administered by non-clinical staff including outreach workers and volunteers, worded in a way that is easily understood by those being assessed, and minimize the time required to utilize.
6. **Strengths-based**—The tool should assess both barriers **and** strengths to permanent housing attainment, incorporating a risk and protective factors perspective into understanding the diverse needs of people.
7. **Housing First orientation**—The tool should use a Housing First frame. The tool should not be used to determine “housing readiness” or screen people out for housing assistance, and therefore should not encompass an in-depth clinical assessment. A more in-depth clinical assessment can be administered once the individual or family has obtained housing to determine and offer an appropriate service package.
8. **Sensitive to lived experiences**—Providers should recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool’s questions should be worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool should minimize risk and harm, and allow individuals or families to refuse to answer questions. Agencies administering the assessment should have and follow protocols to address any psychological impacts caused by the assessment and should administer the assessment in a private space, preferably a room with a door, or, if outside, away from others’ earshot. Those administering the tool should be trained to recognize signs of trauma or anxiety.

Additionally, the tool should link people to services that are culturally sensitive and appropriate and are accessible to them in view of their disabilities, *e.g.*, deaf or hard of hearing, blind or low vision, mobility impairments

9. **Transparent**—The relationship between particular assessment questions and the recommended options should be easy to discern. The tool should not be a “black box” such that it is unclear why a question is asked and how it relates to the recommendations or options provided.

LEASE FOR SUBSIDIZED PROGRAMS

1. Parties and Dwelling Unit: The parties to this Agreement are _____, referred to as the Landlord, and _____, referred to as the Tenant. The Landlord leases to the Tenant(s) until number _____, located at _____
In the project known as _____.

2. Length of Time (Term): The initial term of this Agreement shall begin on _____
And end on _____. After the initial term ends, the Agreement will continued for successive terms of one _____ each unless automatically terminated as permitted by paragraph 23 of this Agreement.

3. Rent: The Tenant agrees to pay \$_____ for the partial month ending on _____. After that, Tenant agrees to pay a rent of \$_____ per month. This month is due on the _____ day of the month at _____
_____. The Tenant understands that this monthly rent is less than the market (unsubsidized) rent due on this unit. This lower rent is available either because the mortgage on this project is subsidized by the Department of Housing and Urban Development (HUD) and/or because HUD makes monthly payments to the Landlord on behalf of the Tenant. The amount, if any, that HUD makes available monthly on behalf of the Tenant is called the tenant assistance payment and is shown on the "Assistance Payment" line of the Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures form which is Attachment No. 1 to this Agreement.

4. Changes in the Tenant's Share of the Rent: The Tenant agrees that the amount of rent the Tenant pays and/or the amount of assistance that HUD pays on behalf of the Tenant may be changed during the term of this Agreement if:
 - a. HUD or the Contract Administrator (such as a Public Housing Agency) determine, in accordance with HUD procedures, that an increase in rents is needed;

- b. HUD or the Contract Administrator changes any allowance for utilities or services considered in computing the Tenant's share of the rent;
- c. the income, the number of persons in the Tenant's household or other factors considered in calculating the Tenant's rent change and HUD procedures provide that the Tenant's rent or assistance payment be adjusted to reflect the change;
- d. changes in the Tenant's rent or assistance payment are required by HUD's recertification or subsidy termination procedures
- e. HUD's procedures for computing the Tenant's assistance payment or rent change; or
- f. the Tenant fails to provide information on his/her income, family composition or other factors as required by the Landlord.

5. Charges for Late Payments and Returned Checks:

If the Tenant does not pay the full amount of the rent shown in paragraph 3 by the end of the 5th day of the month, the Landlord may collect a fee of \$5 on the 6th day of the month. Thereafter, the Landlord may collect \$1 for each additional day the rent remains unpaid during the month it is due. The Landlord may not terminate this Agreement for failure to pay late charges, but may terminate this Agreement for non-payment of rent, as explained in paragraph 23. The Landlord may collect a fee of \$_____ on the second or any additional time a check is not honored for payment (bounces). The charges discussed in this paragraph are in addition to the regular monthly rent payable by the Tenant.

6. Condition of Dwelling Unit:

By signing this Agreement, the Tenant acknowledges that the unit is safe, clean and in good condition. The Tenant agrees that all Appliances and equipment in the unit are in good working order, except as described on the Unit Inspection Report which is Attachment No. 2 to this Agreement. The Tenant also agrees that the Landlord has made no promises to decorate, alter repair or improve the unit, except as listed on the Unit Inspection Report.

7. Charges for Utilities and Services:

The following charts describe how the cost of utilities and services related to occupancy of the unit will be paid. The Tenant agrees that these charts accurately describe the utilities and services paid by the Landlord and those paid by the Tenant.

- a. The Tenant must pay for the utilities in column (1). Payments should be made directly to the appropriate utility company. The items in column (2) are included in the Tenant's rent.

(1)		(2)
Put "x" by an Utility Tenant pays directly	Type of Utility	Put "x" by any Utility included in Tenant Rent
_____	Heat	_____
_____	Lights, Electric	_____
_____	Cooking	_____
_____	Water	_____
_____	Other (Specify)	_____
_____	_____	_____
_____	_____	_____

- b. The Tenant agrees to pay the Landlord the amount shown in column (3) on the date the rent is due. The Landlord certifies that HUD had authorized him/her to collect the type of charges shown in column (3) and that the amounts shown in column (3) do not exceed the amounts authorized by HUD.

	(3)
	Show \$ Amount Tenant pays to Landlord in addition to Rent
Parking	\$ _____
Other (Specify)	
_____	\$ _____
_____	\$ _____

8. Security Deposits: The Tenant has deposited \$_____ with the Landlord. The Landlord will hold this security deposit for the period the Tenant occupies the unit. After the Tenant has moved from the unit, the Landlord will determine whether the Tenant is eligible for a refund of any or all the security deposit. The amount of the refund will be determined in accordance with the following conditions and procedures.
- a. The Tenant will be eligible for a refund of the security deposit only if the Tenant provided the Landlord with the 30 day written notice of intent to move required by paragraph 23, unless the Tenant was unable to give notice for reasons beyond his/her control.
 - b. After the Tenant has moved from the unit, the Landlord will inspect the unit and complete another Unit Inspection Report. The Landlord will permit the Tenant to participate in the inspection, if he Tenant so requests.
 - c. The Landlord will refund to the Tenant the amount of the security deposit plus interest computed at _____%, beginning _____, less any amount needed to pay the cost of:
 - (1) unpaid rent;
 - (2) damages that are not due to normal wear and tear and are not listed on the Unit Inspection Report;
 - (3) charges for late payment of rent and returned checks, as described in paragraph 5; and
 - (4) charges for unreturned keys, as described in paragraph 9.
 - d. The Landlord agrees to refund the amount computed in paragraph 8c within _____ days after the Tenant has permanently moved out of the unit, returned possessions of the unit to the Landlord, and given his/her new address to the Landlord. The Landlord will also give the Tenant a written list of charges that were subtracted from the deposit. If the Tenant disagrees with the Landlord concerning the amounts deducted and asks to meet with the Landlord, the Landlord agrees to meet with the Tenant and informally discuss the disputed charges.
 - e. If the unit is rented by more than one person, the Tenants agree that they will work out the details of dividing any refund among themselves. The Landlord must pay the refund to any Tenant identified in paragraph 1 of this Agreement.
 - f. The Tenant understands that the Landlord will not count the Security Deposit towards the last month's rent or towards repair charges owed by the Tenant in accordance with paragraph 11.

9. Keys and Locks: The Tenant agrees not to install additional or different locks or gates on any doors or windows of the unit without the written permission of the Landlord. If the Landlord approves the Tenant's request to install such locks, the Tenant agrees to provide the Landlord with a key for each lock. When this Agreement ends, the Tenant agrees to return all keys to the dwelling unit to the Landlord. The Landlord may charge the Tenant \$_____ for each key not returned.

10. Maintenance:

a. The Landlord agrees to:

- (1) regularly clean all common areas of the project;
- (2) maintain the common areas and facilities in a safe condition;
- (3) arrange for collection and removal of trash and garbage;
- (4) maintain all equipment and appliances in safe and working order;
- (5) make necessary repairs with reasonable promptness;
- (6) maintain exterior lighting in good working order;
- (7) provide extermination services, as necessary; and
- (8) maintain grounds and shrubs.

b. The Tenant agrees to:

- (1) keep the unit clean;
- (2) use all appliances, fixtures and equipment in a safe manner and only for the purposes for which they are intended;
- (3) not litter the grounds or common areas of the project;
- (4) not destroy, deface, damage or remove any part of the unit, common areas, or project grounds;
- (5) give the Landlord prompt notice of any defects in the plumbing, fixtures, appliances, heating and cooling equipment or any other part of the unit or related facilities; and
- (6) remove garbage and other waste from the unit in a clean and safe manner.

11. Damages: Whenever damage is caused by carelessness, misuse, or neglect on the part of the Tenant, his/her family or visitors, the Tenant agrees to pay:

- a. the cost of all repairs and do so within 10 days after receipt of the Landlord's demand for the repair charges; and
- b. rent for the period the unit is damaged whether or not the unit is habitable. The Tenant understands that HUD will not make assistance payments for any period in which the

unit is not habitable. For any such period, the Tenant agrees to pay the HUD-approved market rent rather than the Tenant rent shown in paragraph 3 of this agreement.

12. Restrictions on Alterations: No alterations, addition, or improvements shall be made in or to the premises without the prior consent of the Landlord in writing. The Landlord agrees to provide reasonable accommodation to an otherwise eligible tenant's disability, including making changes to rules, policies, or procedures, and making and paying for structural alterations to a unit or common areas. The Landlord is not required to provide accommodations that constitute a fundamental alteration to the Landlord's program or which would pose a substantial financial and administrative hardship. See the regulations administrative hardship. See the regulations at 24 CFR Part 8. In addition, if a requested structural modification does pose a substantial hardship, the Landlord must then allow the Tenant to make and pay for the modification in accordance with the Fair Housing Act.
13. General Restrictions: The Tenant must live in the unit and the unit must be the Tenant's only place of residence. The Tenant shall use the premises only as a private dwelling for himself/herself and the individuals listed on the Owner's Certification of Compliance with the HUD's Tenant Eligibility and Rent Procedures, Attachment 1. The Tenant agrees to permit other individuals to reside in the unit only after obtaining the prior written approval of the Landlord. The Tenant agrees not to;
- a. sublet or assign the unit, or any part of the unit;
 - b. use the unit for unlawful purposes;
 - c. engage in or permit unlawful activities in the unit, in the common areas or on the project grounds;
 - d. have pets or animals of any kind in the unit without the prior written permission of the Landlord, but the Landlord will allow the Tenant to keep an animal needed as a reasonable accommodation to the Tenant's disability, and will allow animals to accompany visitors with disabilities who need such animals as an accommodation to their disabilities; or
 - e. make or permit noises or acts that will disturb the rights or comfort of neighbors. The Tenant agrees to keep the volume of any radio, phonograph, television or musical instrument at a level which will not disturb the neighbors.

14. Rules: The Tenant agrees to obey the House Rules which are Attachment No. 3 to this Agreement. The Tenant agrees to obey additional established after the effective date to the Agreement if:
- a. the rules are reasonably related to the safety, care and cleanliness of the building and the safety, comfort and convenience of the Tenants; and
 - b. the Tenant receives written notice of the proposed rule at least 30 days before the rule is enforced.
15. Regularly Scheduled Recertification: Every year around the _____ day of the _____. the Landlord will request the Tenant to report the income and composition of the Tenant's household and to supply any other information required by HUD for the purposes of determining the Tenant's rent and assistance payment, if any. The Tenant agrees to provide accurate statements of this information and to do so by the date specified in the Landlord's request. The Landlord will verify the information supplied by the Tenant and use the verified information to recompute the amount of the Tenant's rent and assistance payment, if any.
- a. If the Tenant does not submit the required recertification information by the date specified in the Landlord's request, the Landlord may impose the following penalties. The Landlord may implement these penalties only in accordance with the administrative procedures and time frames specified in HUD's regulations, handbooks and instructions related to the administration of multifamily subsidy programs.
 - (1) Require the Tenant to pay the higher, HUD-approved market rent for the unit.
 - (2) Implement any increase in rent resulting from the recertification processing without providing the 30-day notice otherwise required by paragraph 4 of this Agreement.
 - b. The Tenant may request to meet with the Landlord to discuss any change in rent or assistance payment resulting from the recertification processing. If the Tenant requests such a meeting, the Landlord agrees to meet with the Tenant and discuss how the Tenant's rent and assistance payment, if any, were computed.
16. Reporting Changes Between Regularly Scheduled Recertification:
- a. If any of the following changes occur, the Tenant agrees to advise the Landlord immediately.
 - (1) Any household member moves out of the unit.

- (2) An adult member of the household who was reported as unemployed on the most recent certification or recertification obtains employment.
- (3) The household's income cumulatively increases by \$200 or more a month.

- b. The Tenant may report any decrease in income or any change in other factors considered in calculating the Tenant's rent. Unless the Landlord has confirmation that the decrease in income or change in other factors will last less than one month, the Landlord will verify the information and make the appropriate rent reduction. However, if the Tenant's income will be partially or fully restored within two months, the Landlord may delay the certification process until the new income is known, but the rent reduction will be retroactive and the Landlord may not evict the Tenant for nonpayment of rent due during the period of the reported decrease and the completion of the certification process. The Tenant has thirty (30) days after receiving written notice of any rent due for the above described time period to pay or the Landlord can evict for nonpayment of rent.
- c. If the Tenant does not advise the Landlord of these interim changes, the Landlord may increase the Tenant's rent to the HUD-approved market rent. The Landlord may do so only in accordance with the time frame and administrative procedures set forth in HUD's regulations, handbooks and instructions on the administration of multifamily subsidy programs.
- d. The Tenant may request to meet with the Landlord to discuss how any change in income or other factors affected his/her rent or assistance payment, if any. If the Tenant requests such a meeting, the Landlord agrees to meet with the Tenant and explain how the Tenant's rent or assistance payment, if any, was computed.

17. Removal of Subsidy:

- a. The Tenant understands that assistance made available on his/her behalf may be terminated if events in either items 1 or 2 below occur. Termination of assistance means that the Landlord may make the assistance available to another Tenant and the Tenant's rent will be computed. In addition, if the Tenant's assistance is terminated because of criterion (1) below, the Tenant will be required to pay the HUD-approved market rent for the unit.
 - (1) The Tenant does not provide the Landlord with the information or reports required by paragraph 15 or 16 within ten (10) calendar days after receipt of the Landlord's notice of intent to terminate the Tenant's assistance payment.
 - (2) The amount the Tenant would be required to pay towards rent and utilities under HUD rules and regulations equals the Family Gross Rent shown on Attachment 1.

- b. The Landlord agrees to give the Tenant written notice of the proposed termination. The notice will advise the Tenant that, during the ten (10) calendar days following the date of the notice, he/she may request to meet with the Landlord to discuss the proposed termination of assistance. If the Tenant requests a discussion of the proposed termination, the Landlord agrees to meet with the Tenant.
- c. Termination of assistance shall not affect the Tenant's other rights under this Agreement, including the right to occupy the unit. Assistance may subsequently be reinstated if the Tenant submits the income or other data required by HUD procedures, the Landlord determines the Tenant is eligible for assistance, and assistance is available.

18. Tenant Obligation to Repay: If the Tenant submits false information on any application, certification or request for interim adjustment or does not report interim changes in family income or other factors as required by paragraph 16 of this Agreement, and as a result, is charged a rent less than the amount required by HUD's rent formulas, the Tenant agrees to reimburse the Landlord for the difference between the rent he/she should have paid and the rent he/she was charged. The Tenant is not required to reimburse the Landlord for undercharges caused solely by the Landlord's failure to follow HUD's procedures for computing rent or assistance payments.

19. Size of Dwelling: The Tenant understands that the HUD requires the Landlord to assign units in accordance with the Landlord's written occupancy standards. These standards include consideration of unit size, relationship of family members, age and sex of family members and family preference. If the Tenant is or becomes eligible for a different size unit, and the required size unit becomes available, the Tenant agrees to:

- a. move within thirty (30) days after the Landlord notifies him/her that the unit of the required size is available within the project; or
- b. remain in the same unit and pay the HUD-approved market rent.

20. Access by Landlord:

- a. The Landlord agrees to enter the unit only during reasonable hours, to provide reasonable advance notice of his/her intent to enter the unit, and to enter the unit only

after receiving the Tenant's consent to do so, except when urgency situations make such notice impossible or except under paragraph (c) below.

- b. The Tenant consents in advance to the following entries into the unit:
 - (i) The Tenant agrees to permit the Landlord, his/her agents or other persons, when authorized by the Landlord, to enter the unit for the purpose of making reasonable repairs and periodic inspections.
 - (ii) After the Tenant has given a notice of intent to move, the Tenant agrees to permit the Landlord to show the unit to perspective tenants during reasonable hours.
- c. If the Tenant moves before this Agreement ends, the Landlord may enter the unit to decorate, remodel, alter or otherwise prepare the unit for re-occupancy.

21. **Discrimination Prohibited:** The Landlord agrees not to discriminate based upon race, color, religion, creed, National origin, sex, age, familial status, and disability.

22. **Change in Rental Agreement:** The Landlord may, with the prior approval of HUD, change the terms and conditions of this Agreement. Any changes will become effective only at the end of the initial term or a successive term. The Landlord must notify the Tenant of any change and must offer the Tenant a new Agreement or an amendment to the existing Agreement. The Tenant must receive the notice at least sixty (60) days before the proposed effective date of the change. The Tenant may accept the changed terms and conditions by signing the new Agreement or the amendment to the existing Agreement and returning it to the Landlord. The Tenant may reject the changed terms and conditions by giving the Landlord written notice that he/she intends to terminate the tenancy. The Tenant must give such notice at least thirty (30) days before the proposed change will go into effect. If the Tenant does not accept the amended Agreement, the Landlord may require the Tenant to move from the project, as provided in paragraph 23.

23. **Termination of Tenancy:**

- a. To terminate this Agreement, the Tenant must give the Landlord thirty (30) days written notice before moving from the unit.

- b. Any termination of this Agreement by the Landlord must be carried out in accordance with HUD regulations, State and local law, and the terms of this Agreement.
- c. The Landlord may terminate this Agreement for the following reasons:
 - (1) the Tenant's material non-compliance with the terms of this Agreement;
 - (2) the Tenant's material failure to carry out obligations under any State Landlord and Tenant Act;
 - (3) drug related criminal activity engaged in or near the premises, by any tenant, household member, or guest, and any such activity engaged in or on the premises by any other person under the Tenant's control;
 - (4) determination made by the Landlord that a household member is illegally using a drug;
 - (5) determination made by the Landlord that a pattern of illegal use of a drug interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents;
 - (6) criminal activity by a Tenant, any members of the Tenant's household, a guest or another person under the Tenant's control:
 - a. that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents (including property management staff residing on the premises); or
 - b. that threatens the health, safety, or right to peaceful enjoyment of their residences by persons residing in the immediate vicinity of the premises;
 - (7) if the Tenant is fleeing to avoid prosecution, or custody or confinement after conviction, for a crime, or attempt to commit a crime, that is a felony under the laws of the place from which the individual flees, or that in the case of the State of New Jersey, is a high misdemeanor;
 - (8) if the Tenant is violating a condition of probation or parole under Federal or State law;
 - (9) determination made by the Landlord that a household member's abuse or pattern of abuse of alcohol threatens the health, safety, or right to peaceful enjoyment of the premises by other residents;
 - (10) if the Landlord determines that the Tenant, any member of the Tenant's household, a guest or another person under the Tenant's control has engaged in the criminal activity, regardless of whether the Tenant, any member of the Tenant's household, a guest or another person under the Tenant's control has been arrested or convicted for such activity.

- d. The Landlord may terminate this Agreement for other good cause, which includes, but is not limited to, the Tenant's refusal to accept change to this Agreement. Terminations for "other good cause" may only be effective as of the end of any initial or successive term.

The term material non-compliance with the lease includes:

- (1) one or more substantial violations of the lease;
 - (2) repeated minor violations of the lease that
 - a. disrupt the livability of the project;
 - b. adversely affect the health or safety of any person or the right of any Tenant to the quiet enjoyment to the leased premises and related project facilities,
 - c. interfere with the management of the project;
 - d. have an adverse financial effect on the project
 - (3) failure of the Tenant to timely supply all required information on the income and composition, or eligibility factors, of the Tenant household (including, but not limited to, failure to meet the disclosure and verification requirements for Social Security Numbers, or failure to sign and submit consent forms for the obtaining of wage and claim information from State Wage Information Collection Agencies), and
 - (4) Non-payment of rent or any other financial under State law. The payment of rent or any other financial obligation due under the lease after the due date but within the grace period permitted under State law constitutes a minor violation.
- e. If the Landlord proposes to terminate this Agreement, the Landlord agrees to give the Tenant written notice and the grounds for the proposed termination. If the Landlord is terminating this Agreement for "other good cause", the termination notice must be mailed to the Tenant and hand-delivered to the dwelling unit in the manner required by HUD at least thirty (30) days before the date the Tenant will be required to move from the unit and in accordance with State law requirements. Notices of proposed termination for other reasons must be given in accordance with any time frames set forth in State and local law. Any HUD-required notice period may run concurrently with any notice period required by State and local law. All termination notices must:
- specify the date this Agreement will be terminated;
 - state the grounds for termination with enough detail for the Tenant to prepare a defense;
 - advise the Tenant that he/she has ten (10) days within which to discuss the proposed termination of tenancy with the Landlord. The ten (10) day period will begin on the earlier of the date the notice was hand-delivered to the unit or the day after the date the notice is mailed. If the Tenant requests the

meeting, the Landlord agrees to discuss the proposed termination with the Tenant; and

- advise the Tenant of his/her right to defend the action in court.

f. If an eviction is initiated, the Landlord agrees to rely only upon those grounds cited in the termination notice required by paragraph e.

24. Hazards: The Tenant shall not undertake, or permit his/her family or guests to undertake, any hazardous acts or do anything that will increase the project's insurance premiums. Such action constitutes a material non-compliance. If the unit is damaged by fire, wind, or rain to the extent that the unit cannot be lived in and the damage is not caused or made worse by the Tenant, the Tenant will be responsible for rent only up to the date of the destruction. Additional rent will not accrue until the unit has been repaired to a livable condition.
25. Penalties for Submitting False Information: Knowingly giving the Landlord false information regarding income or other factors considered in determining Tenant's eligibility and rent is a material non-compliance with the lease subject to termination of tenancy. In addition, the Tenant could become subject to penalties available under Federal law. Those penalties include fines up to \$10,000 and imprisonment for up to five years.
26. Contents of this Agreement: This Agreement and its Attachments make up the entire Agreement between the Landlord and the Tenant regarding the unit. If any Court declares a particular provision of this Agreement to be invalid or illegal, all other terms of this Agreement will remain in effect and both the Landlord and the Tenant will continue to be bound by them.
27. Attachments to the Agreement: The Tenant certifies that he/she has received a copy of this Agreement and the following Attachments to this Agreement and understands that these Attachments are part of this Agreement.
- a. Attachment No. 1 – Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures, form HUD-50059
 - b. Attachment No. 2 – Unit Inspection Report
 - c. Attachment No. 3 – House Rules (if any)

- 28. Tenant's Rights to Organize: Landlord agrees to allow Tenant and Tenant organizers to conduct on the property the activities related to the establishment or operation of a Tenant organization set out in accordance with HUD requirements.
- 29. Tenant Income Verification: The Tenant must promptly provide the Landlord with any letter or other notice by HUD to a member of the family that provides information concerning the amount or verification of family income in accordance with HUD requirements.
- 30. The Lease Agreement will terminate automatically, if the Section 8 Housing Assistance contract terminates for any reason.

31. Signatures:

TENANT BY:

1. _____ Date Signed _____

2. _____ Date Signed _____

3. _____ Date Signed _____

LANDLORD BY:

1. _____ Date Signed _____

Public reporting burden – HUD is not requesting approval of any burden hours for the model leases since use of leases are standard business practice in the housing rental industry. This information is required to obtain benefits. The request and required supporting documentation are sent to HUD or the Contract Administrator (CA) for approval. The lease is a contract between the owner of the

project and the Tenant(s) that explains the terms for residing in the unit. Leases are a standard practice in the housing rental industry. Owners are required to use the HUD model lease which includes terms normally covered by leases used in the housing rental industry plus terms required by HUD for the program under which the project was built and/or the program providing rental assistance to the Tenants.

This information is authorized by 24 CFR 5.360, 236.750, 880.606, 883.701, 884.215, 886.127, 891.625 and 891.765 cover lease requirements and provisions. This information is considered non-sensitive and does not require any special protection.

ENVIRONMENTAL REVIEW INFORMATION: LEASING OR PROJECT-BASED ASSISTANCE UNDER THE CONTINUUM OF CARE (COC) PROGRAM

The recipient must provide information for each site containing one or more units to receive leasing or project-based rental assistance. A site includes a building or group of buildings on the same or contiguous lots and will be referred to as a single “project” for purposes of this review.

Project Address: _____

Environmental Contact Person: _____

Telephone: _____ Email Address: _____

Confirm documentation is provided for **each project**. HUD may request additional information or clarification when we conduct the environmental review. Explanation of information required is provided below.

Documentation Attached:	Law or Authority	Type of Documentation
<input type="checkbox"/> Yes	Coastal Barrier Resources	*Coastal Barrier Resources Act (CBRA) Map with project site identified; or *Statement that the project is not in a state with Coastal Barrier Resources
<input type="checkbox"/> Yes	Coastal High Hazard Area, Floodway, and Floodplain	*Flood Insurance Rate Map with project identified *Flood insurance receipt or policy statement, if applicable
<input type="checkbox"/> Yes	Toxics	*Copy of EPA Enviromapper with site identified and toxic sites specified Additionally, for multifamily projects: *Documentation showing past use(s) of the site.

Explanations of Applicable Laws and Authorities

1. Coastal Barrier Resources designated under the Coastal Barrier Resources Act—HUD assistance may not be used for activities proposed in the Coastal Barrier Resources System. The Act prohibits most federal assistance within barrier islands that are subject to frequent damage by hurricanes and high storm surges. Islands, sand bars, sand spits that are part of the system are along the Atlantic Ocean, Gulf of Mexico, and the Great Lakes. **HUD will reject any project located in the Coastal Barrier Resources System.**

A. The following states have Coastal Barrier Resources: Alabama, Connecticut, Delaware, Florida, Georgia, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Minnesota, New Jersey, New York, North Carolina, Ohio, Puerto Rico, Rhode Island, South Carolina, Texas, U.S. Virgin Islands, Virginia, and Wisconsin.

- B. If your project is not in one of these states you may indicate that there are no Coastal Barrier Resources in your state and Continue to No. 2.
- C. If your project is in one of the states listed above provide a CBRA map from U.S. Fish and Wildlife Service (FWS) that documents the project site is not in a Coastal Barrier Resources Unit. The FWS website is at <http://www.fws.gov/CBRA>, and FWS's Coastal Barrier Resources System Mapper tool is available at www.fws.gov/cbra/CBRS-Mapper.html. Provide a copy of the CBRA map with the project site identified to HUD.
- 2. Coastal High Hazard Area and Floodway**—The Coastal High Hazard Area is an area of special flood hazard extending from offshore to the inland limit of a primary frontal dune along an open coast and any other area subject to high velocity wave action from storms or seismic sources. The Floodway is that portion of the floodplain which is effective in carrying flow, where the flood hazard is the greatest, and where water depths and velocities are the highest. **HUD will reject any project located in a Coastal High Hazard Area or a Floodway.**
- A. You **must** provide a FIRMette to document whether your project is located in a Coastal High Hazard Area or floodway (remember to identify where your project is located). Coastal High Hazard Areas are identified in the FIRM map as zone “V”. See the first attached example FIRMette. Floodways are identified in the FIRM map by a “cross hatch” (an example is included on the second attached FIRMette).
- 3. Toxic Chemicals and Radioactive Materials**—All property proposed for use in HUD programs must be free of hazardous materials, contamination, toxic chemicals and gases and radioactive substances, where a hazard could affect the health and safety of occupants or conflict with the intended utilization of the property. The environmental review of multifamily housing with 5 or more dwelling units must include a review of previous uses of the site to assure the proposed occupants are not impacted by any of these hazards.
- A. Since the Department is often unable to conduct a site inspection on each site, HUD will rely on you to provide information that will give it an understanding of any potential contamination on the site. Please provide:
- (1) A report of nearby toxic sites and releases using EPA’s mapping service at <http://www.epa.gov/enviro/index.html> or similar service. To obtain a map, insert the project address in the box under the title “Get the Envirofacts” and press enter. Print the map and list of EPA regulated sites. For each EPA regulated site listed, print the compliance report.
- B. If you are providing assistance to multifamily housing with 5 or more dwelling units, provide documentation showing past uses of the site. Examples of types of documentation could be any of the following:
- (1) Historical aerial photographs of the site showing the status of the site through time. You do not need to go back further than 1940. These photos may be available at the local library or the local planning department. Ask if they have access to Sanborn Fire Insurance Maps or other historical mapping data.
- (2) A letter from someone who has specific information on the history of the site, for example the current or previous owner, the local historian, an elder in the

community, the local planning department. The letter should indicate who the person is, the date the information is provided, how they have particular knowledge on the site, and the specific information on the previous uses of the site.

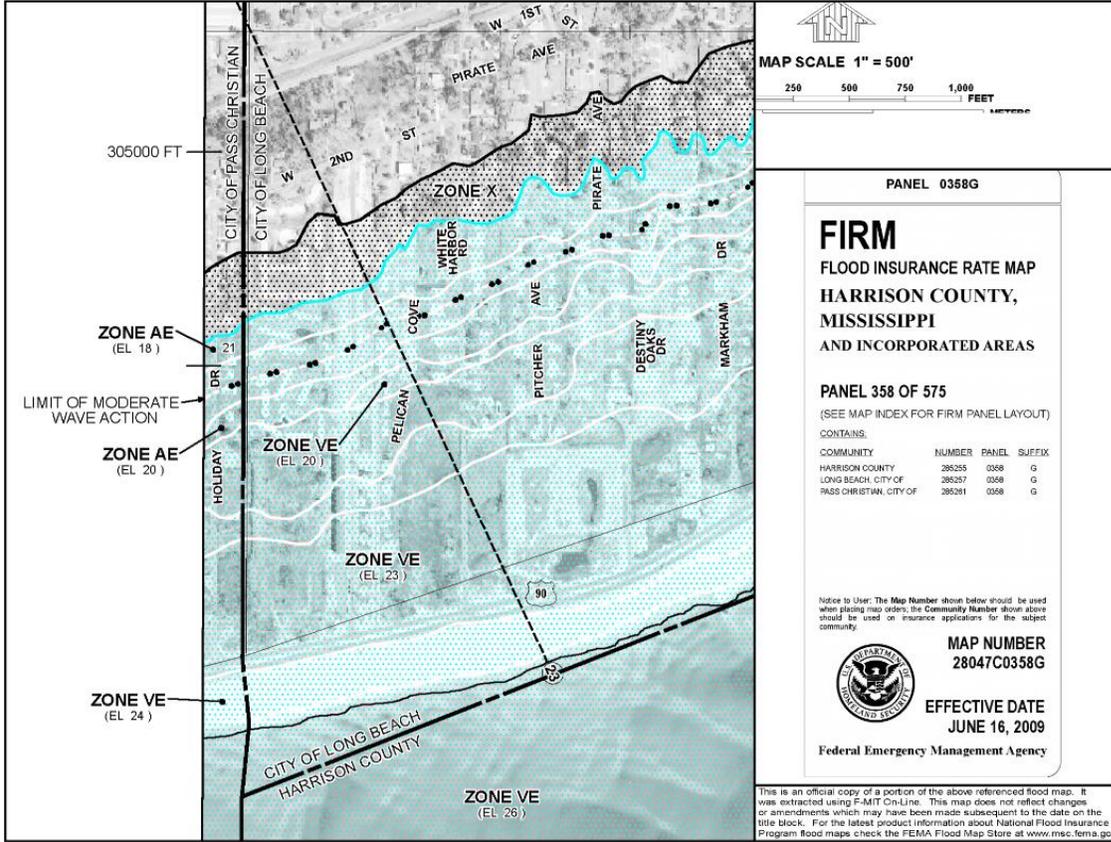
- (3) A Phase I Environmental Assessment Report. If a Phase I report is provided, none of the above toxics information is needed (the Envirofacts map, historic aerial photographs, and the letter from someone with specific information on the site.) These items will be included in the Phase I.

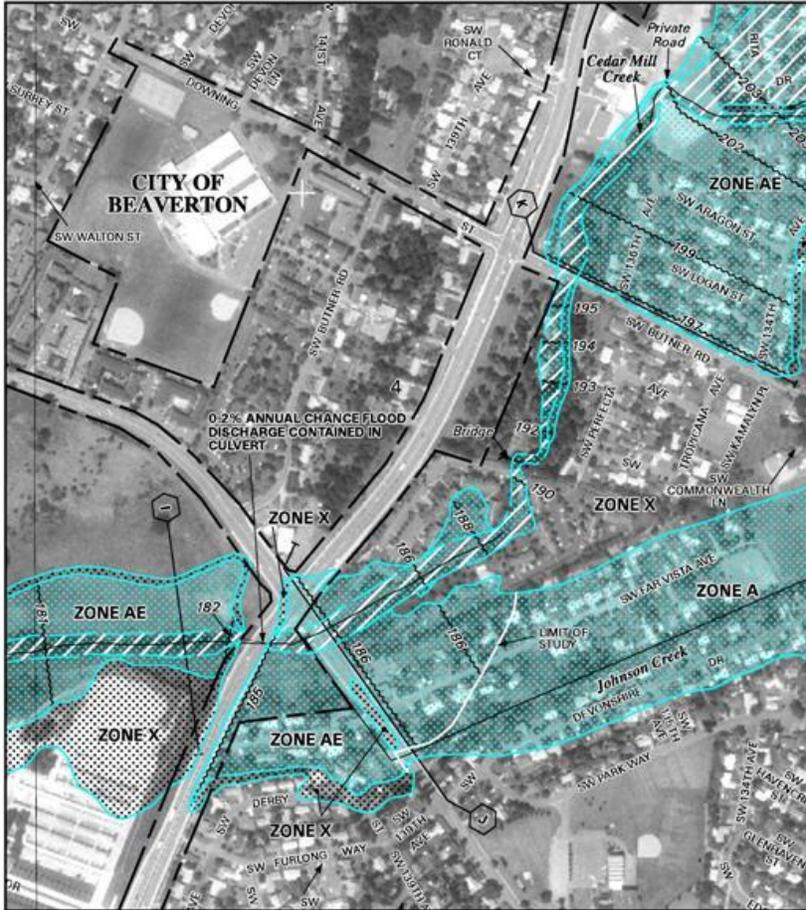
4. Floodplain Management—The 100 year floodplains are areas where each year there is a 1 percent chance of flooding and over the life of a 30 year mortgage, there is a 26 percent chance of flooding. People and property are at risk in the 100 year floodplain and HUD discourages the use of McKinney-Vento Act funds in these areas. While the Department will not deny assistance to projects of four or fewer existing units in a floodplain solely on its location in a floodplain, HUD strongly recommends that grantees choosing to place people in these areas encourage participants to maintain personal flood insurance.

- (1) Project based assistance will require an analysis to determine if there are other practicable alternatives to locating the project in the floodplain. The public is invited to identify other alternatives to the project and comment on the analysis through two public notices. This process is time and labor intensive with a minimum of 22 days of public comment period. HUD will reject the project in a floodplain if it is determined there are practicable alternatives.

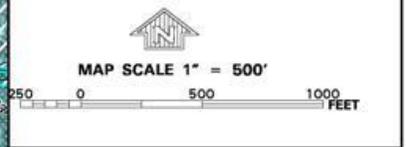
FLOOD INSURANCE EXCEPTION: If a leased structure is fully insured or insured to the maximum amount available under the National Flood Insurance Program (NFIP), not a critical action, and not located in a floodway or V Zone, no comment periods or additional floodplain processing will be required. Provide a receipt or policy statement as proof of flood insurance if this exception applies. Also provide documentation of the value of the structure, such as an appraisal or local tax document, if it is not stated on the proof of flood insurance. If the structure to be leased is not fully insured under the NFIP, the alternative analysis and notice are required.

- (2) The FIRMette you provided above will be used to determine if your project is located in a 100 year floodplain or a floodway (remember to identify where your project is located). The 100 year floodplain is identified in the FIRM map as zone beginning with “A”.
- (3) Contact your HUD program official immediately for further instructions if the project is for five or more units in a 100 year floodplain.





If insurance is available in this community, contact your local Flood Insurance Program at (800) 638-6620.



PANEL 0364D

FIRM
FLOOD INSURANCE RATE MAP
 WASHINGTON COUNTY,
 OREGON
 (UNINCORPORATED AREAS)

PANEL 364 OF 650
 (SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:
 COMMUNITY: NUMBER PANEL SUFFIX
 UNINCORPORATED AREAS: #364 0364 D

Notice to User: The Map Number shown below should be used when placing map orders. The Community Number shown above should be used on insurance applications for the subject community.

MAP NUMBER
 4102380364D
MAP REVISED:
 FEBRUARY 18, 2005

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

Inspection Form

Housing Choice Voucher Program

Attachment G
**U.S. Department of Housing
 and Urban Development**
 Office of Public and Indian Housing

OMB Approval No. 2577-0169
 (exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both the family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

The information is used to determine if

PHA		Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector		Date Last Inspection (mm/dd/yyyy)	Date of Inspection (mm/dd/yyyy)
Neighborhood/Census Tract		Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Project Number

A. General Information

Street Address of Inspected Unit

City	County	State	Zip
Name of Family		Current Telephone of Family	
Current Street Address of Family			
City	County	State	Zip
Number of Children in Family Under 6			
Name of Owner or Agent Authorized to Lease Unit Inspected		Telephone of Owner or Agent	
Address of Owner or Agent			

- Housing Type (check as appropriate)
- Single Family Detached
 - Duplex or Two Family Row
 - House or Town House
 - Low Rise: 3,4 Stories, Including Garden Apartment
 - High Rise; 5 or More Stories
 - Manufactured Home
 - Congregate
 - Cooperative
 - Independent Group Residence
 - Single Room Occupancy
 - Shared Housing
 - Other:(Specify)

B. Summary Decision on the Unit

(to be completed after the form has been filled in)

Housing Quality Standard Pass or Fail

1. **Fail** If there are any checks under the column headed "Fail" the unit fails the minimum housing quality standards. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.

2. **Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form.

3. **Pass** If neither (1) nor (2) above is checked, the unit passes the minimum housing quality standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit, and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he or she finds these conditions acceptable.

Unit Size: Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

Year Constructed: Enter from Line 5 of the Request for Tenancy Approval form. Record in the box provided.

Number of Sleeping Rooms: Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceed through the inspection as follows:

Area	Checklist Category
room by room	1. Living Room 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living 5. All Secondary Rooms Not Used for Living
basement or utility room	6. Heating & Plumbing
outside	7. Building Exterior
overall	8. General Health & Safety

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security" in the Living Room.)

In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary; If "Inconclusive" write in details.

Also, if "Pass" but there are some conditions present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible, record reason for repair (e.g., ordinary maintenance, tenant damage).

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).

Previous editions are obsolete

1. Living Room

1.1 Living Room Present

Note: If the unit is an efficiency apartment, consider the living room present.

1.2 Electricity

In order to qualify, the outlets must be present and properly installed in the baseboard, wall or floor of the room. Do not count a single duplex receptacle as two outlets, i.e., there must be **two** of these in the room, or **one** of these **plus a permanently installed ceiling or wall light fixture**.

Both the outlets and/or the light must be working. Usually, a room will have sufficient lights or electrical appliances plugged into outlets to determine workability. Be sure light fixture does not fail just because the bulb is burned out.

Do not count any of the following items or fixtures as outlets/fixtures: Table or floor lamps (these are **not** permanent light fixtures); ceiling lamps plugged into socket; extension cords.

If the electric service to the unit has been temporarily turned off check "Inconclusive." Contact owner or manager after inspection to verify that electricity functions properly when service is turned on. Record this information on the checklist.

1.3 Electrical Hazards

Examples of what this means: broken wiring; non-insulated wiring; frayed wiring; improper types of wiring, connections or insulation; wires lying in or located near standing water or other unsafe places; light fixture hanging from electric wiring without other firm support or fixture; missing cover plates on switches or outlets; badly cracked outlets; exposed fuse box connections; overloaded circuits evidenced by frequently "blown" fuses (ask the tenant).

Check "Inconclusive" if you are uncertain about severity of the problem and seek expert advice.

1.4 Security

"Accessible to outside" means: doors open to the outside or to a common public hall; windows accessible from the outside (e.g. basement and first floor); windows or doors leading onto a fire escape, porch or other outside place that can be reached from the ground.

"Lockable" means: the window or door has a properly working lock, or is nailed shut, or the window is not designed to be opened. A storm window lock that is working properly is acceptable. Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.

1.5 Window Condition

Rate the windows in the room (including windows in doors).

"Severe deterioration" means that the window no longer has the capacity to keep out the wind and the rain or is a cutting hazard. Examples are: missing or broken-out panes; dangerously loose cracked panes; windows that will not close; windows that, when closed, do not form a reasonably tight seal.

If more than one window in the room is in this condition, give details in the space provided on the right of the form.

If there is only "moderate deterioration" of the windows the item should "Pass." "Moderate deterioration" means windows which are reasonably weather-tight, but show evidence of some aging, abuse, or lack of repair. Signs of deterioration are: minor crack in window pane; splintered sill; signs of some minor rotting in the window frame or the window itself; window panes loose because of missing window putty. Also for deteriorated and peeling paint see 1.9. If more than one window is in this condition, give details in the space provided on the right of the form.

1.6 Ceiling Condition

“Unsound or hazardous” means the presence of such serious defects that either a potential exists for structural collapse or that large cracks or holes allow significant drafts to enter the unit. The condition includes: severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint).

Pass ceilings that are basically sound but have some nonhazardous defects, including: small holes or cracks; missing or broken ceiling tiles; water stains; soiled surfaces; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

1.7 Wall Condition

“Unsound or hazardous” includes: serious defects such that the structural safety of the building is threatened, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration.

Pass walls that are basically sound but have some nonhazardous defects, including: small or shallow holes; cracks; loose or missing parts; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

1.8 Floor Condition

“Unsound or hazardous” means the presence of such serious defects that a potential exists for structural collapse or other threats to safety (e.g., stripping) or large cracks or holes allow substantial drafts from below the floor. The condition includes: severe buckling or major movements under walking stress; damaged or missing parts.

Pass floors that are basically sound but have some nonhazardous defects, including: heavily worn or damaged floor surface (for example, scratches or gouges in surface, missing portions of tile or linoleum, previous water damage). If there is a floor covering, also note the condition, especially if badly worn or soiled. If there is a floor covering, including paint or sealant, also note the conditions, specially if badly worn, soiled or peeling (for peeling paint, see 1.9).

1.9 Lead-Based Paint

Housing Choice Voucher Units If the unit was built January 1, 1978, or after, no child under age six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including mullions, sills, or frames and any other painted building component within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room or space, or more than 10% of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

1. Living Room

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
1.1 Living Room Present	Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>			
1.2 Electricity	Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
1.5 Window Condition	Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
1.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>			
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

2. Kitchen

2.1 Kitchen Area Present

Note: A kitchen is an area used for preparation of meals. It may be either a separate room or an area of a larger room (for example, a kitchen area in an efficiency apartment).

2.2 - 2.9 Explanation for these items is the same as that provided for "Living Room" with the following modifications:

2.2 Electricity

Note: The requirement is that at least one outlet and one permanent light fixture are present and working.

2.5 Window Condition

Note: The absence of a window does not fail this item in the kitchen. If there is no window, check "Pass."

2.10 Stove or Range with Oven

Both an oven and a stove (or range) with top burners must be present and working. If either is missing and you know that the owner is responsible for supplying these appliances, check "Fail." Put check in "Inconclusive" column if the tenant is responsible for supplying the appliances and he or she has not yet moved in. Contact tenant or prospective tenant to gain verification that facility will be supplied and is in working condition. Hot plates are not acceptable substitutes for these facilities.

An oven is not working if it will not heat up. To be working a stove or range must have all burners working and knobs to turn them off and on. Under "working condition," also look for hazardous gas hook-ups evidenced by strong gas smells; these should fail. (Be sure that this condition is not confused with an unlit pilot light -a condition that should be noted, but does not fail.)

If both an oven and a stove or range are present, but the gas or electricity are turned off, check "Inconclusive." Contact owner or manager to get verification that facility works when gas is turned on. If both an oven and a stove or range are present and working, but defects exist, check "Pass" and note these to the right of the form. Possible defects are marked, dented, or scratched surfaces; cracked burner ring; limited size relative to family needs.

A microwave oven may be substituted for a tenant-supplied oven and stove (or range).

A microwave oven may be substituted for an owner-supplied oven and stove (or range) if the tenant agrees and microwave ovens are furnished instead of ovens and stoves (or ranges) to both subsidized and unsubsidized tenants in the building or premises.

2.11 Refrigerator

If no refrigerator is present, use the same criteria for marking either "Fail" or "Inconclusive" as were used for the oven and stove or range.

A refrigerator is not working if it will not maintain a temperature low enough to keep food from spoiling over a reasonable period of time. If the electricity is turned off, mark "Inconclusive." Contact owner (or tenant if unit is occupied) to get verification of working condition.

If the refrigerator is present and working but defects exist, note these to the right of the form. Possible minor defects include: broken or missing interior shelving; dented or scratched interior or exterior surfaces; minor deterioration of door seal; loose door handle.

2.12 Sink

If a permanently attached kitchen sink is not present in the kitchen or kitchen area, mark "Fail." A sink in a bathroom or a portable basin will not satisfy this requirement. A sink is not working unless it has running hot and cold water from the faucets and a properly connected and properly working drain (with a "gas trap"). In a vacant apartment, the hot water may have been turned off and there will be no hot water. Mark this "Inconclusive." Check with owner or manager to verify that hot water is available when service is turned on.

If a working sink has defects, note this to the right of the item. Possible minor defects include: dripping faucet; marked, dented, or scratched surface; slow drain; missing or broken drain stopper.

2.13 Space for Storage, Preparation, and Serving of Food

Some space must be available for the storage, preparation, and serving of food. If there is no built-in space for food storage and preparation, a table used for food preparation and a portable storage cabinet will satisfy the requirement. If there is no built-in space, and no room for a table and portable cabinet, check "Inconclusive" and discuss with the tenant. The tenant makes the final determination as to whether or not this space is acceptable.

If there are some minor defects, check "Pass" and make notes to the right. Possible defects include: marked, dented, or scratched surfaces; broken shelving or cabinet doors; broken drawers or cabinet hardware; limited size relative to family needs.

2. Kitchen

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
2.1 Kitchen Area Present	Is there a kitchen?	<input type="checkbox"/>	<input type="checkbox"/>			
2.2 Electricity	Are there at least one working outlet and one working, permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3 Electrical Hazards	Is the kitchen free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
2.5 Window Condition	Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
2.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
2.10 Stove or Range with Oven	Is there a working oven, and a stove (or range) with top burners that work? If no oven and stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove (or range)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.11 Refrigerator	Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.12 Sink	Is there a kitchen sink that works with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.13 Space for Storage, Preparation, and Serving of Food	Is there space to store, prepare, and serve food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

3. Bathroom

3.1 Bathroom Present

Most units have easily identifiable bathrooms (i.e., a separate room with toilet, washbasin and tub or shower). In some cases, however, you will encounter units with scattered bathroom facilities (i.e., toilet, washbasin and tub or shower located in separate parts of the unit). At a minimum, there must be an enclosure around the toilet. In this case, count the enclosure around the toilet as the bathroom and proceed with 3.2-3.9 below, with respect to this enclosure. If there is more than one bathroom that is normally used, rate the one that is in best condition for Part 3. If there is a second bathroom that is also used, complete Part 4 of the checklist for this room. (See Inspection Manual for additional notes on rating the second bathroom.)

3.2 - 3.9 Explanation for these items is the same as that provided for "Living Room" with the following modifications:

3.2 Electricity

Note: The requirement is that at least one permanent light fixture is present and working

3.3 Electrical Hazards

Note: In addition to the previously mentioned hazards, outlets that are located where water might splash or collect are considered an electrical hazard.

3.5 Window Condition

Note: The absence of a window does not fail this item in the bathroom (see item 3.13, Ventilation, for relevance of window with respect to ventilation). If there is no window, but a working vent system is present, check "Pass."

3.7 Wall Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: broken or loose tile; deteriorated grouting at tub/wall and tub/floor joints, or tiled surfaces; water stains.

3.8 Floor Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: missing floor tiles; water stains.

3.10 Flush Toilet in Enclosed Room in Unit

The toilet must be contained within the unit, be in proper operating condition, and be available for the exclusive use of the occupants of the unit (i.e., outhouses or facilities shared by occupants of other units are not acceptable). It must allow for privacy.

Not working means: the toilet is not connected to a water supply; it is not connected to a sewer drain; it is clogged; it does not have a trap; the connections, vents or traps are faulty to the extent that severe leakage of water or escape of gases occurs; the flushing mechanism does not function properly. If the water to the unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that facility works properly when water is turned on.

Comment to the right of the form if the toilet is "present, exclusive, and working," but has the following types of defects: constant running; chipped or broken porcelain; slow draining.

If drain blockage is more serious and occurs further in the sewer line, causing backup, check item 7.6, "Fail," under the plumbing and heating part of the checklist. A sign of serious sewer blockage is the presence of numerous backed-up drains.

3.11 Fixed Wash Basin or Lavatory in Unit

The wash basin must be permanently installed (i.e., a portable wash basin does not satisfy the requirement). Also, a kitchen sink used to pass the requirements under Part 2 of the checklist (kitchen facilities) cannot also serve as the bathroom wash basin. The wash basin may be located separate from the other bathroom facilities (e.g., in a hallway).

Not working means: the wash basin is not connected to a system that will deliver hot and cold running water; it is not connected to a properly operating drain; the connectors (or vents or traps) are faulty to the extent that severe leakage of water or escape of sewer gases occurs. If the water to the unit or the hot water unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that the system is in working condition.

Comment to the right of the form if the wash basin is "present and working," but has the following types of minor defects: insufficient water pressure; dripping faucets; minor leaks; cracked or chipped porcelain; slow drain (see discussion above under 3.10).

3.12 Tub or Shower in Unit

Not present means that neither a tub nor shower is present in the unit. Again, these facilities need not be in the same room with the rest of the bathroom facilities. They must, however, be private.

Not working covers the same requirements detailed above for wash basin (3.11).

Comment to the right of the form if the tub or shower is present and working, but has the following types of defects: dripping faucet; minor leaks; cracked porcelain; slow drain (see discussion under 3.10); absent or broken support rod for shower curtain.

3.13 Ventilation

Working vent systems include: ventilation shafts (non-mechanical vents) and electric fans. Electric vent fans must function when switch is turned on. (Make sure that any malfunctions are not due to the fan not being plugged in.) If electric current to the unit has not been turned on (and there is no operable window), check "Inconclusive." Obtain verification from owner or manager that system works. Note: exhaust vents must be vented to the outside, attic, or crawlspace.

3. Bathroom

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
3.1 Bathroom Present (See description)	Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>			
3.2 Electricity	Is there at least one permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Electrical Hazards	Is the bathroom free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
3.5 Window Condition	Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
3.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.10 Flush Toilet in Enclosed Room in Unit	Is there a working toilet in the unit for the exclusive private use of the tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Fixed Wash Basin or Lavatory in Unit	Is there a working, permanently installed wash basin with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Tub or Shower	Is there a working tub or shower with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13 Ventilation	Are there operable windows or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Other Room Used for Living and Halls

Complete an "Other Room" checklist for as many "other rooms used for living" as are present in the unit and not already noted in Parts 1, 2, and 3 of the checklist. See the discussion below for definition of "used for living." Also complete an "Other Room" checklist for all entrance halls, corridors, and staircases that are located within the unit and are part of the area used for living. If a hall, entry and/or stairway are contiguous, rate them as a whole (i.e., as part of one space).

Additional forms for rating "Other Rooms" are provided in the check-list.

Definition of "used for living." Rooms "used for living" are areas of the unit that are walked through or lived in on a regular basis. Do not include rooms or other areas that have been permanently, or near permanently, closed off or areas that are infrequently entered. For example, do not include a utility room, attached shed, attached closed-in porch, basement, or garage if they are closed off from the main living area or are infrequently entered. Do include any of these areas if they are frequently used (e.g., a finished basement/play-room, a closed-in porch that is used as a bedroom during summer months). Occasional use of a washer or dryer in an otherwise unused room does not constitute regular use.

If the unit is vacant and you do not know the eventual use of a particular room, complete an "Other Room" checklist if there is any chance that the room will be used on a regular basis. If there is no chance that the room will be used on a regular basis, do not include it (e.g., an unfinished basement) since it will be checked under Part 5, All Secondary Rooms (Rooms not used for living).

4.1 Room Code and Room Location

Enter the appropriate room code given below:

Room Codes:

- 1 = Bedroom or any other room used for sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other

Room Location: Write on the line provided the location of the room with respect to the unit's width, length and floor level as if you were standing outside the unit facing the entrance to the unit:

right/left/center: record whether the room is situated to the right, left, or center of the unit.

front/rear/center: record whether the room is situated to the back, front or center of the unit.

floor level: identify the floor level on which the room is located.

If the unit is vacant, you may have some difficulty predicting the eventual use of a room. Before giving any room a code of 1 (bedroom), the room must meet all of the requirements for a "room used for sleeping" (see items 4.2 and 4.5).

4.2 - 4.9 Explanations of these items are the same as those provided for "Living Room" with the following modifications:

4.2 Electricity/Illumination

If the room code is not a "1," the room must have a means of natural or artificial illumination such as a permanent light fixture, wall outlet present, or light from a window in the room or near the room. If any required item is missing, check "Fail." If the electricity is turned off, check "Inconclusive."

4.5 Window Condition

Any room used for sleeping must have at least one window. If the windows in sleeping rooms are designed to be opened, at least one window must be operable. The minimum standards do not require a window in "other rooms." Therefore, if there is no window in another room not used for sleeping, check "Pass," and note "no window" in the area for comments.

4.6 Smoke Detectors

At least one battery-operated or hard-wired smoke detector must be present and working on each level of the unit, including the basement, but not the crawl spaces and unfinished attic.

Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Association Standard (NFPA) 74 (or its successor standards).

If the dwelling unit is occupied by any hearing-impaired person, smoke detectors must have an alarm system designed for hearing-impaired persons as specified in NFPA 74 (or successor standards).

If the unit was under HAP contract prior to April 24, 1993, owners who installed battery-operated or hard-wired smoke detectors in compliance with HUD's smoke detector requirements, including the regulations published on July 30, 1992 (57 FR 33846), will not be required subsequently to comply with any additional requirements mandated by NFPA 74 (i.e. the owner would not be required to install a smoke detector in a basement not used for living purposes, nor would the owner be required to change the location of the smoke detectors that have already been installed on the other floors of the unit). In this case, check "Pass" and note under comments.

Additional Notes

For staircases, the adequacy of light and condition of the stair rails and railings is covered under Part 8 of the checklist (General Health and Safety)

4. Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.
 _____ front/rear/center: the room is situated to the back, front or center of the unit.
 _____ floor level: the floor level on which the room is located.

Room Code

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

- _____ right/left/center: the room is situated to the right, left, or center of the unit.
 _____ front/rear/center: the room is situated to the back, front or center of the unit.
 _____ floor level: the floor level on which the room is located.

Room Code

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
 2 = Dining Room or Dining Area
 3 = Second Living Room, Family Room, Den, Playroom, TV Room
 4 = Entrance Halls, Corridors, Halls, Staircases
 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

- _____ right/left/center: the room is situated to the right, left, or center of the unit.
 _____ front/rear/center: the room is situated to the back, front or center of the unit.
 _____ floor level: the floor level on which the room is located.

Room Code

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
 2 = Dining Room or Dining Area
 3 = Second Living Room, Family Room, Den, Playroom, TV Room
 4 = Entrance Halls, Corridors, Halls, Staircases
 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

- _____ right/left/center: the room is situated to the right, left, or center of the unit.
 _____ front/rear/center: the room is situated to the back, front or center of the unit.
 _____ floor level: the floor level on which the room is located.

Room Code

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
 2 = Dining Room or Dining Area
 3 = Second Living Room, Family Room, Den, Playroom, TV Room
 4 = Entrance Halls, Corridors, Halls, Staircases
 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

5. All Secondary Rooms (Rooms not used for living)

5. Secondary Rooms (Rooms not used for living)

If any room in the unit did not meet the requirements for "other room used for living" in Part 4, it is to be considered a "secondary room (not used for living)." Rate all of these rooms together (i.e., a single Part 5 checklist for all secondary rooms in the unit).

Inspection is required of the following two items since hazardous defects under these items could jeopardize the rest of the unit, even if present in rooms not used for living: 5.2 Security, 5.3 Electrical Hazards. Also, be observant of any other potentially hazardous features in these rooms and record under 5.4

5.1 None

If there are no "Secondary Rooms (rooms not used for living)," check "None" and go on to Part 6.

5.2 - 5.4 Explanations of these items is the same as those provided for "Living Room"

Additional Note

In recording "other potentially hazardous features," note (in the space provided) the means of access to the room with the hazard and check the box under "Inconclusive." Discuss the hazard with the HA inspection supervisor to determine "Pass" or "Fail." Include defects like: large holes in floor, walls or ceilings; evidence of structural collapse; windows in condition of severe deterioration; and deteriorated paint surfaces.

6. Building Exterior

6.1 Condition of Foundation

"Unsound or hazardous" means foundations with severe structural defects indicating the potential for structural collapse; or foundations that allow significant entry of ground water (for example, evidenced by flooding of basement).

6.2 Condition of Stairs, Rails, and Porches

"Unsound or hazardous" means: stairs, porches, balconies, or decks with severe structural defects; broken, rotting, or missing steps; absence of a handrail when there are extended lengths of steps (generally four or more consecutive steps); absence of or insecure railings around a porch or balcony which is approximately 30 inches or more above the ground.

6.3 Condition of Roof and Gutters

"Unsound and hazardous" means: The roof has serious defects such as serious buckling or sagging, indicating the potential of structural collapse; large holes or other defects that would result in significant air or water infiltration (in most cases severe exterior defects will be reflected in equally serious surface defects within the unit, e.g., buckling, water damage). The gutters, downspouts and soffits (area under eaves) shows serious decay and have allowed the entry of significant air or water into the interior of the structure. Gutters and downspouts are, however, not required to pass. If the roof is not observable and there is no sign of interior water damage, check "Pass."

6.4 Condition of Exterior Surfaces

See definition above for roof, item 6.3.

6.5 Condition of Chimney

The chimney should not be seriously leaning or showing evidence of significant disintegration (i.e., many missing bricks).

6.6 Lead-Based Paint: Exterior Surfaces

Housing Choice Voucher Units If the unit was built January 1, 1978 or after, no child under age six will occupy or currently occupies, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead), check NA and do not inspect painted surfaces. Visual assessment for deteriorated paint applies to all exterior painted surfaces (building components) associated with the assisted unit including windows, window sills, exterior walls, floors, porches, railings, doors, decks, stairs, play areas, garages, fences or other areas if frequented by children under age six. All deteriorated paint surfaces **more than 20 sq. ft. on exterior surfaces** must be stabilized (corrected) in accordance with all safe work practice requirements. **If the painted surface is less than 20 sq. ft., only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities except for *de minimis level* repairs.

6.7 Manufactured Homes: Tie Downs

Manufactured homes must be placed on a site in a stable manner and be free from hazards such as sliding and wind damage. Manufactured homes must be securely anchored by a tie down device which distributes and transfers the loads imposed by the unit to appropriate ground anchors so as to resist wind overturning and sliding, unless a variation has been approved by the HUD Field Office.

5. All Secondary Rooms (Rooms not used for living) For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
5.1	None <input type="checkbox"/> Go to Part 6					
5.2	Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
5.3	Electrical Hazards Are all these rooms free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	Other Potentially Hazardous Features Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.0 Building Exterior						
6.1	Condition of Foundation Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.2	Condition of Stairs, Rails, and Porches Are all the exterior stairs, rails, and porches sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.3	Condition of Roof and Gutters Are the roof, gutters, and downspouts sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.4	Condition of Exterior Surfaces Are exterior surfaces sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.5	Condition of Chimney Is the chimney sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.6	Lead-Based Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
6.7	Manufactured Homes: Tie Downs If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

7. Heating and Plumbing

7.1 Adequacy of Heating Equipment

"Adequate heat" means that the heating system is capable of delivering enough heat to assure a healthy environment in the unit (appropriate to the climate). The HA is responsible for defining what constitutes a healthy living environment in the area of the country in which it operates. Local codes (city or state codes) should be instructive in arriving at a reasonable local definition. For example, for heat adequacy, local codes often require that the unit's heating facility be capable of maintaining a given temperature level during a designated time period. Portable electric room heaters or kitchen stoves or ranges with a built-in heat unit are not acceptable as a primary source of heat for units located in areas where climate conditions require regular heating.

"Directly or indirectly to all rooms used for living" means:

"Directly" means that each room used for living has a heat source (e.g., working radiator; working hot air register; baseboard heat)

"Indirectly" means that, if there is no heat source present in the room, heat can enter the room easily from a heated adjacent room (e.g. a dining room may not have a radiator, but would receive heat from the heated living room through a large open archway).

If the heating system in the unit works, but there is some question whether a room without a heat source would receive adequate indirect heat, check "Inconclusive" and verify adequacy from tenant or owner (e.g., unheated bedroom at the end of a long hallway).

How to determine the capability of the heating system: If the unit is occupied, usually the quickest way to determine the capability of the heating system over time is to question the tenant. If the unit is not occupied, or the tenant has not lived in the unit during the months when heat would be needed, check "Inclusive." It will be necessary to question the owner on this point after the inspection has been completed and, if possible, to question other tenants (if it is a multi-unit structure) about the adequacy of heat provided. Under some circumstances, the adequacy of heat can be determined by a simple comparison of the size of the heating system to the area to be heated. For example, a small permanently installed space heater in a living room is probably inadequate for heating anything larger than a relatively small apartment.

7.2 Safety of Heating Equipment

Examples of "unvented fuel burning space heaters" are: portable kerosene units; unvented open flame portable units.

"Other unsafe conditions" include: breakage or damage to heating system such that there is a potential for fire or other threats to safety; improper connection of flues allowing exhaust gases to enter the living area; improper installation of equipment (e.g., proximity of fuel tank to heat source, absence of safety devices); indications of improper use of equipment (e.g., evidence of heavy build-up of soot, creosote, or other substance in the chimney); disintegrating equipment; combustible materials near heat source or flue. See Inspection Manual for a more detailed discussion of the inspection of safety aspects of the heating systems.

If you are unable to gain access to the primary heating system in the unit check "Inconclusive." Contact the owner or manager for verification of safety of the system. If the system has passed a recent local inspection, check "Pass." This applies especially to units in which heat is provided by a large scale, complex central heating system that serves multiple units (e.g., a boiler in the basement of a large apartment building). In most cases, a large scale heating system for a multi-unit building will be subject to periodic safety inspections by a local public agency. Check with the owner or manager to determine the date and outcome of the last such inspection, or look for an inspection certificate posted on the heating system.

7.3 Ventilation and Adequacy of Cooling

If the tenant is present and has occupied the unit during the summer months, inquire about the adequacy of air flow. If the tenant is not present or has not occupied the unit during the summer months, test a sample of windows to see that they open (see Inspection Manual for instruction).

"Working cooling equipment" includes: central (fan) ventilation system; evaporative cooling system; room or central air conditioning.

Check "Inconclusive" if there are no operable windows and it is impossible, or inappropriate, to test whether a cooling system works. Check with other tenants in the building (in a multi-unit structure) and with the owner or manager for verification of the adequacy of ventilation and cooling.

7.4 Water Heater

"Location presents hazard" means that the gas or oil water heater is located in living areas or closets where safety hazards may exist (e.g., water heater located in very cluttered closet with cloth and paper items stacked against it). Gas water heaters in bedrooms or other living areas must have safety dividers or shields.

Water heaters must have a temperature- pressure relief valve and discharge line (directed toward the floor or outside of the living area) as a safeguard against build up of steam if the water heater malfunctions. If not, they are not properly equipped and shall fail.

To pass, gas or oil fired water heaters must be vented into a properly installed chimney or flue leading outside. Electric water heaters do not require venting.

If it is impossible to view the water heater, check "Inconclusive."

Obtain verification of safety of system from owner or manager.

Check "Pass" if the water heater has passed a local inspection. This applies primarily to hot water that is supplied by a large scale complex water heating system that serves multiple units (e.g., water heating system in large apartment building). Check in the same manner described for heating system safety, item 7.2, above.

7.5 Water Supply

If the structure is connected to a city or town water system, check "Pass." If the structure has a private water supply (usually in rural areas) inquire into the nature of the supply (probably from the owner) and whether it is approvable by an appropriate public agency.

General note: If items 7.5, 7.6, or 7.7 are checked "Inconclusive," check with owner or manager for verification of adequacy.

7.6 Plumbing

"Major leaks" means that main water drain and feed pipes (often located in the basement) are seriously leaking. (Leaks present at specific facilities have already been evaluated under the checklist items for "Bathroom" and "Kitchen.")

"Corrosion" (causing serious and persistent levels of rust or contamination in the drinking water) can be determined by observing the color of the drinking water at several taps. Badly corroded pipes will produce noticeably brownish water. If the tenant is currently occupying the unit, he or she should be able to provide information about the persistence of this condition. (Make sure that the "rusty water" is not a temporary condition caused by city or town maintenance of main water lines.) See general note under 7.5.

7.7 Sewer Connection

If the structure is connected to the city or town sewer system, check "Pass." If the structure has its own private disposal system (e.g., septic field), inquire into the nature of the system and determine whether this type of system can meet appropriate health and safety regulations.

The following conditions constitute "evidence of sewer back up": strong sewer gas smell in the basement or outside of unit; numerous clogged or very slow drains; marshy areas outside of unit above septic field. See general note under 7.5.

7. Heating and Plumbing

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
7.1 Adequacy of Heating Equipment	Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2 Safety of Heating Equipment	Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.3 Ventilation and Adequacy of Cooling	Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.4 Water Heater	Is the water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.5 Water Supply	Is the unit served by an approvable public or private sanitary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.6 Plumbing	Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.7 Sewer Connection	Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

8. General Health and Safety

8.1 Access to Unit

“Through another unit” means that access to the unit is only possible by means of passage through another dwelling unit.

8.2 Exits

“Acceptable fire exit” means that the building must have an alternative means of exit that meets local or State regulations in case of fire; this could include:

An openable window if the unit is on the first floor or second floor or easily accessible to the ground.

A back door opening on to a porch with a stairway leading to the ground.

Fire escape, fire ladder, or fire stairs.

“Blocked” means that the exit is not useable due to conditions such as debris, storage, door or window nailed shut, broken lock.

Important note: The HA has the final responsibility for deciding whether the type of emergency exit is acceptable, although the tenant should assist in making the decision.

8.3 Evidence of Infestation

“Presence of rats, or severe infestation by mice or vermin” (such as roaches) is evidenced by: rat holes; droppings; rat runs; numerous settings of rat poison. If the unit is occupied, ask the tenant,

8.4 Garbage and Debris

“Heavy accumulation” means large piles of trash and garbage, discarded furniture, and other debris (not temporarily stored awaiting removal) that might harbor rodents. This may occur inside the unit, in common areas, or outside. It usually means a level of accumulation beyond the capacity of an individual to pick up within an hour or two.

8.5 Refuse Disposal

“Adequate covered facilities” includes: trash cans with covers, garbage chutes, “dumpsters” (i.e., large scale refuse boxes with lids); trash bags (if approvable by local public agency). “Approvable by local public agency” means that the local Health and Sanitation Department (city, town or county) approves the type of facility in use. Note: During the period when the HA is setting up its inspection program, it will check with the local health and sanitation department to determine which types of facilities are acceptable and include this in the inspection requirements.

If the unit is vacant and there are no adequate covered facilities present, check “Inconclusive.” Contact the owner or manager for verification of facilities provided when the unit is occupied.

8.6 Interior Stairs and Common Halls

“Loose, broken, or missing steps” should fail if they present a serious risk of tripping or falling.

A handrail is required on extended sections of stairs (generally four or more consecutive steps). A railing is required on unprotected heights such as around stairwells.

“Other hazards” would be conditions such as bare electrical wires and tripping hazards.

Housing Choice Voucher Units If the unit was built January 1, 1978, or after, no child under six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings).

Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including

mullions, sills, or frames and any other painted building component within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room or space, or more than 10% of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

8.7 Other Interior Hazards

Examples of other hazards might be: a broken bathroom fixture with a sharp edge in a location where it represents a hazard; a protruding nail in a doorway.

8.8 Elevators

Note: At the time the HA is setting up its inspection program, it will determine local licensing practices for elevators. Inspectors should then be aware of these practices in evaluating this item (e.g., check inspection date). If no elevator check “Not Applicable.”

8.9 Interior Air Quality

If the inspector has any questions about whether an existing poor air quality condition should be considered dangerous, he or she should check with the local Health and Safety Department (city, town or county).

8.10 Site and Neighborhood Conditions

Examples of conditions that would “seriously and continuously endanger the health or safety of the residents” are:

other buildings on, or near the property, that pose serious hazards (e.g., dilapidated shed or garage with potential for structural collapse),

evidence of flooding or major drainage problems,

evidence of mud slides or large land settlement or collapse,

proximity to open sewage,

unprotected heights (cliffs, quarries, mines, sandpits),

fire hazards,

abnormal air pollution or smoke which continues throughout the year and is determined to seriously endanger health, and continuous or excessive vibration of vehicular traffic (if the unit is occupied, ask the tenant).

8.11 Lead-Based Paint: Owner Certification

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

8. General Health and Safety

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
8.1 Access to Unit	Can the unit be entered without having to go through another unit?	<input type="checkbox"/>	<input type="checkbox"/>			
8.2 Exits	Is there an acceptable fire exit from this building that is not blocked?	<input type="checkbox"/>	<input type="checkbox"/>			
8.3 Evidence of Infestation	Is the unit free from rats or severe infestation by mice or vermin?	<input type="checkbox"/>	<input type="checkbox"/>			
8.4 Garbage and Debris	Is the unit free from heavy accumulation of garbage or debris inside and outside?	<input type="checkbox"/>	<input type="checkbox"/>			
8.5 Refuse Disposal	Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.6 Interior Stairs and Common Halls	Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.7 Other Interior Hazards	Is the interior of the unit free from any other hazard not specifically identified previously?	<input type="checkbox"/>	<input type="checkbox"/>			
8.8 Elevators	Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
8.9 Interior Air Quality	Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	<input type="checkbox"/>	<input type="checkbox"/>			
8.10 Site and Neighborhood Conditions	Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	<input type="checkbox"/>	<input type="checkbox"/>			
8.11 Lead-Based Paint: Owner Certification	If the owner of the unit is required to correct any deteriorated paint or lead-based paint hazards at the property, has the Lead-Based Paint Owner's Certification been completed, and received by the PHA? If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check NA.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

TRUST HOUSE

Landlord Unit Information for Rent Reasonableness Determination

Client Name: _____

	Proposed Unit
Address	
Number of Bedrooms	
Square Feet	
Number of exposed walls to elements	
Type of Unit/Construction: (house, apartment, etc.)	
Handicap Accessibility	
Amenities: (maintenance, pool, appliances, other services, etc.)	
Neighborhood: (SW, SE, NW, NE)	
Building Age in Years	
Utilities Provided (type)	
Unit Rental Amount	

I CERTIFY THAT THE ABOVE INFORMATION FOR THE PROPOSED RENTAL UNIT IS COMPLETE AND ACCURATE.

LANDLORD PRINTED NAME: _____

LANDLORD SIGNATURE: _____ DATE: _____

TRUST HOUSE RENT REASONABLENESS CHECKLIST AND CERTIFICATION

Client Name: _____

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address				
Number of Bedrooms				
Square Feet				
Type of Unit/Construction: (house, apartment, etc.)				
Handicap Accessibility				
Amenities: (maintenance, pool, appliances, other services, etc.)				
Neighborhood: (SW, SE, NW, NE)				
Building Age in Years				
Utilities Provided (type)				
Unit Rent				

CERTIFICATION:

A. Average Rent of Comparable Units:

=

Unit #1
Unit #2
Unit #3
Average

B. Rent Reasonableness:

Maximum rent allowable based on unit comparison: _____ (+15% of comparison average).

Proposed unit rent: _____

Based upon a comparison of rents for comparable units, I have determined that the proposed rent for the unit is: Reasonable NOT Reasonable

Rent of proposed unit cannot be more than 15% of the average of the comparable unit comparison.

Staff Name:	Date:
Staff Signature:	

PSH MONTHLY RENT CALCULATION	
Date:	
Income Types	Monthly amount
Earned income (i.e., employment income)	
Unemployment Insurance	
Supplemental Security Income (SSI)	
Social Security Disability Income (SSDI)	
VA Service-Connected Disability Compensation	
VA Non-Service-Connected Disability Pension	
Private disability insurance	
Worker's Compensation	
Temporary Assistance for Needy Families (TANF)	
Retirement Income from Social Security	
Pension or retirement income from a former job	
Child support	
Alimony or other spousal support	
Other source	
Total Monthly Income	

BEST PRACTICES FOR SAFETY PROTOCOLS

Creating and maintaining a safe and protective environment that promotes safety of staff and patients is of utmost importance. This section is recommended to alert all staff to various safety concerns including but not limited to the potential for suicidal, homicidal, and high risk behavior concerns in patients, family members, or unfamiliar persons encountered in the community, home visits, or medical center settings. It provides suggestions for the safe management and treatment of these patients and for dealing with high risk situations.

EMERGENCY PROTOCOLS/PROCEDURES

In-Office Alert Call Procedure

If you are in your office with a client and have an emergency where you feel unsafe but don't want to alert the client, you are to:

- **Call a colleague/coworker and request they bring you File 13.** This alerts staff that you are in a crisis and need immediate assistance to your office.
- Those responding to File 13 please come with at least one other person to respond if possible:
 - **One person** to ask the staff member in the office to step out of office whenever possible or if this is not possible step into the office and assess the situation.
 - **One person** to stand by outside the office off to the side should additional supports be needed.
- If needed, the person in the hall to contact emergency response (call 911).

In-Field Procedure when the safety of a patient and/or staff are threatened

In the event of an emergency at work or off site in which the safety and security of a patient and/or staff are threatened, the staff member will get to a safe location and call 911 immediately.

In-Field Procedure when patient is at imminent risk of harm to self or others

In the event of a situation in the community in which a patient is judged to be at imminent risk of harm to self or others, the staff member will get to a safe location if deemed necessary and contact 911 to review the current situation for appropriate response from local law enforcement and other emergency supportive services. If the patient is unwilling to undergo further evaluation of safety and the local police do not issue an Emergency Custody Order (ECO) on the scene and patient is unable, unwilling, or unsafe to transport to the nearest Emergency Department (ED), the staff member will call or present to the local magistrate's office to request an ECO be issued by the magistrate.

Emergency Custody Orders (ECO) and Temporary Detention Orders (TDO)

An Emergency Custody Order (ECO) is a legal order by the court instructing law enforcement to take a person into custody for a mental health evaluation performed by a clinician at the local CSB. An ECO should be requested during a psychiatric crisis that presents a safety concern and the individual is refusing treatment. A psychiatric

crisis can include the following: suicidal or homicidal thinking and/or behavior, acute psychotic symptoms, acute intoxication and/or risk of harsh and life-threatening withdrawal symptoms and sudden changes in mental status.

Ways to obtain an Emergency Custody Order:

- Call 911 to request police intervention, which may involve transport to the nearest ER (paperless ECO).
- If the police decide the situation does not pose a threat, contact the local magistrate by phone or in person. If the magistrate determines the ECO is warranted, he/she will contact the police who will take the person into custody.
- Option: You can also contact Blue Ridge Behavioral Health Crisis Intervention Program (Emergency Services) at 981-9351 before requesting an ECO from the magistrate for suggestions/consultation about how to proceed.

After obtaining an Emergency Custody Order (ECO) and the individual is in custody, a clinician from Emergency Services will be contacted and has a four hour window to complete a mental health evaluation. Once the evaluation has been conducted, the magistrate reviews the evidence available to determine if issuing a Temporary Detention Order (TDO) is necessary. If so, the individual will receive immediate involuntary treatment.

A Temporary Detention Order (TDO) is a legal document requiring individuals to receive immediate hospitalization to obtain further evaluation and stabilization on an involuntary basis until a commitment hearing can be arranged to determine future treatment needs. If the magistrate does not issue a TDO, the individual will be released from custody.

PLEASE REMEMBER: Staff cannot force a patient to remain in any location and staff should never make any attempts to physically restrain or limit the patient's ability to leave.

Field Resource Guide:

It is recommended that community agencies create a Safety Quick Reference Guide to be carried with staff who conduct work with clients in the community, shelters, or in their homes. The guide is a safety information packet containing the following information that may be needed in a crisis while in the community:

- All agency staff contact information
- Important Medical Center points of contact
- Area shelters and contact information
- Local Police and Sheriff Departments contact information
- Local Emergency Receiving Facilities contact information
- Local Magistrates and ECO request contact information
- Instructions on how to obtain an ECO and/or TDO

PREVENTION PROTOCOLS/PROCEDURES

Prior to work in the community or home visits: Know the warning signs

Predisposing Risk Factors

- Poor Interpersonal Skills
- Poor self-care or hygiene
- Obsessed with weapons; fascinated by violence
- Alcohol or substance abuse
- Views world as hostile, suspicious of others
- Problems with authority figures & legal system
- Low frustration tolerance
- Financial stress, unemployment, homelessness
- Past history of violence or victimization
- Active paranoid delusions or hallucinations
- Impaired judgment, cognition, or dementia
- Loss of inhibition from SUD or brain injury
- Bad past experiences with visitors or your client
- Cultural or generational uniqueness

Warning Signs

- Hopelessness
- Feeling trapped-like there's no way out
- Dramatic changes in mood
- Anxiety, agitation, irritability
- No reason for living. No sense of purpose in life
- Threatening to hurt or kill themselves or others
- Looking for specific ways to harm themselves or others and seeking access to means such as pills, weapons, or other means
- Rage, anger, seeking revenge
- Acting reckless or engaging in risky activities
- Increasing alcohol or drug abuse
- Withdrawing from friends, family and society
- Unable to sleep or sleeping all the time
- Talking or writing about death, dying, revenge or suicide

Factors that Increase Risk (this is not an exclusive list)

- Current ideations, intent, plan, access to means
- Alcohol/Substance abuse
- Previous history of aggression
- Hopelessness
- Increase in stressors
- Family history of suicide/homicide
- Limited to no support network
- Age, gender, race (elderly, young, living alone)
- Co-morbid health problems, especially a newly diagnosed problem or worsening symptoms
- Previous suicide or homicide attempts
- Previous history of psychiatric diagnosis
- Impulsivity and poor self-control
- Recent losses (physical, financial, or personal)
- Recent discharge from an inpatient unit
- Same-sex sexual orientation
- History of abuse (victim or perpetrator) (physical, sexual or emotional)

Factors that Decrease Risk (Protective Factors)

- Positive social support
- Sense of responsibility to family
- Life satisfaction
- Positive coping skills
- Positive therapeutic relationship
- Motivation
- Spirituality
- Children in the home, pregnancy
- Reality testing ability
- Positive problem-solving skills
- Participation in therapeutic treatment
- In recovery

Pre-Home Visit Safety Screening (PHVSS): Staff will conduct a Pre-Home Visit Safety Screening with client by phone while scheduling first home visit or prior to scheduling of any home visit when deemed necessary. PHVSS consists of the following questions:

- Are there guns or other weapons in your home?
- If yes, do you agree to keep any weapons locked up when staff are in your home?
- Do you have any pets in your home?
- If so, do you agree to keep any dangerous pets out of the area where the staff will visit?
- Are there aggressive dogs in your immediate neighborhood?
- Do you or a household member smoke?
- If so, do you and all household members expected to be present during the visit agree not to smoke while staff is in your home?
- Do you or any household members currently have a cold, the flu, or gastrointestinal symptoms?
- Can you identify any hazards that might place staff at risk in your home or neighborhood (e.g. environmental hazards such as missing steps or behavioral issues of neighbors)?
- Other possible safety issues identified:
- Who will be in your home when staff member visits?

Buddy System: Staff can identify a colleague in their program as their Buddy to assist with the following safety protocol. This will be a reciprocal relationship.

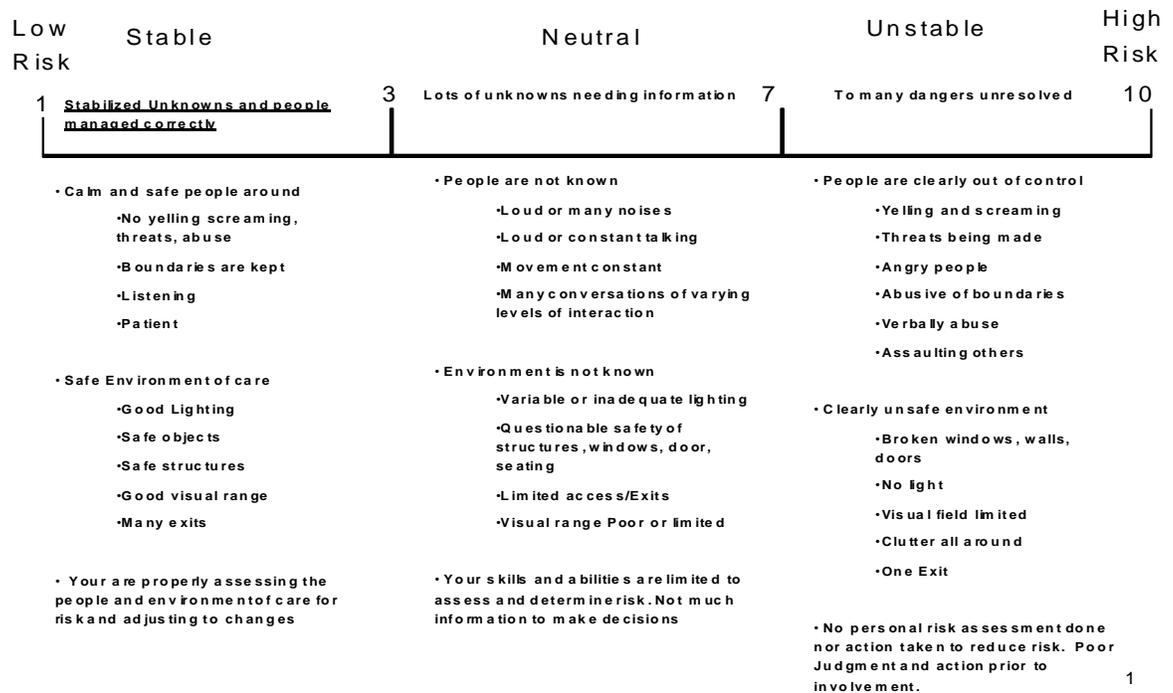
- All staff will notify their Buddy when leaving to conduct home visits or other work in the field of the following:
 - List of clients to be seen in the order to be seen
 - Locations of visits to be conducted
 - Notification that they have their cell phone on their person
- Upon completion of home visits/work in the field, the staff member will let their Buddy know that they are back for the day
- If a staff member cannot be located, law enforcement will be notified immediately

Safety Assessment Tools: Recommended as a resource in determining safe visit locations

- Staff will use the following listed safety assessment tools (“Know Yourself” Addendum A; “Know Your Surroundings & Environment” Addendum B; and, “Know Your Patient” Addendum C) as a resource to determine clinically appropriate visit locations based on the following scale criteria: 1. Home (Scale 1-3); 2. In the Community (Scale 3-7); or, 3. VA facility (Scale 7-10).

- Visit locations should be ultimately determined based on patient behavior history, clinical judgment/determination (informed by Addendum A, B, & C and Risk Management Continuum Scale Below)..
- The staff member will suspend residence/home and/or community visits when the staff member has concerns about their safety

Risk Management Continuum



Patient Residence/Home Environment: Residence/Home visits are completed by staff for the purposes of assessment and reassessment of the patient’s functioning in the community. Home visits allow for insight into the functioning of the patient in their own environment. The patient’s health and mental health status can be dynamic and variable, so staff are encouraged to use their professional judgment in determining location of visits.

- Staff safety must be a prime consideration in determining whether a patient will be visited at residence/home. When a patient's past behavior has been unsafe or unpredictable, staff may require the patient to come to the agency facility to meet in a supervised setting.
- The staff member will assess the patient’s living environment for signs of danger such as weapons, drugs, alcohol, etc. The staff member will leave the home immediately if a weapon is in sight, the patient or other residents are actively

drinking or under the influence of illegal substances, or any other concerns are present.

- The staff member will be aware of their surroundings in the home, including exits and other authorized occupants of the home.
- If the staff member feels unsafe at any time during the home visit, the staff member is to leave the premise immediately and call for assistance.
- Staff members should not remain during a domestic dispute. The staff member should immediately leave the home and contact their coordinator or direct supervisor and local law enforcement as needed.

Community Environment: Prepare for a wide variety of environments and conditions in the field. Be ready for conditions to change while you are there. Notify others of any changes to your itinerary so they can get assistance to you quickly if needed.

- Call ahead so that you are expected, whenever possible.
- Do not bring your purse or wear valuable jewelry into the community or patient's home. Limit the items brought to a pen, paper, and cell phone. Limit personal belongings to those that are essential, including a driver's license and cash for an emergency.
- Be alert to your surroundings at all times. Look confident. Trust your instincts and act on them. If you feel unsafe, leave the area immediately.
- Scan the area and know where you are at all times, i.e. cross streets, landmarks. This is important if you need to summon assistance on the cell phone.
- Upon arriving at your destination, check out the surrounding area before unlocking and leaving the vehicle.
- If you feel unsafe, do not exit the vehicle. Immediately drive away and call your buddy from a safe location.

Addendum A:

Know Yourself

Low Risk High Risk



- Good Judgment
- Information gathering
- Good clinical skills
- Not rushed
- Knows personal knowledge limits
- Controlled emotions
- Patient
- Wide vision field awareness
- Intuitive
- Willing to ask for help
- Reacts appropriately to risk
- Respectful
- Set and holds boundaries
- Cautious Attitude
- Well Rounded Knowledge of MH, SA, Criminals, Homeless
- Well utilized risk management skills
- Asserative
- Prepared
- Limited boundary skills
- Good body placement skills

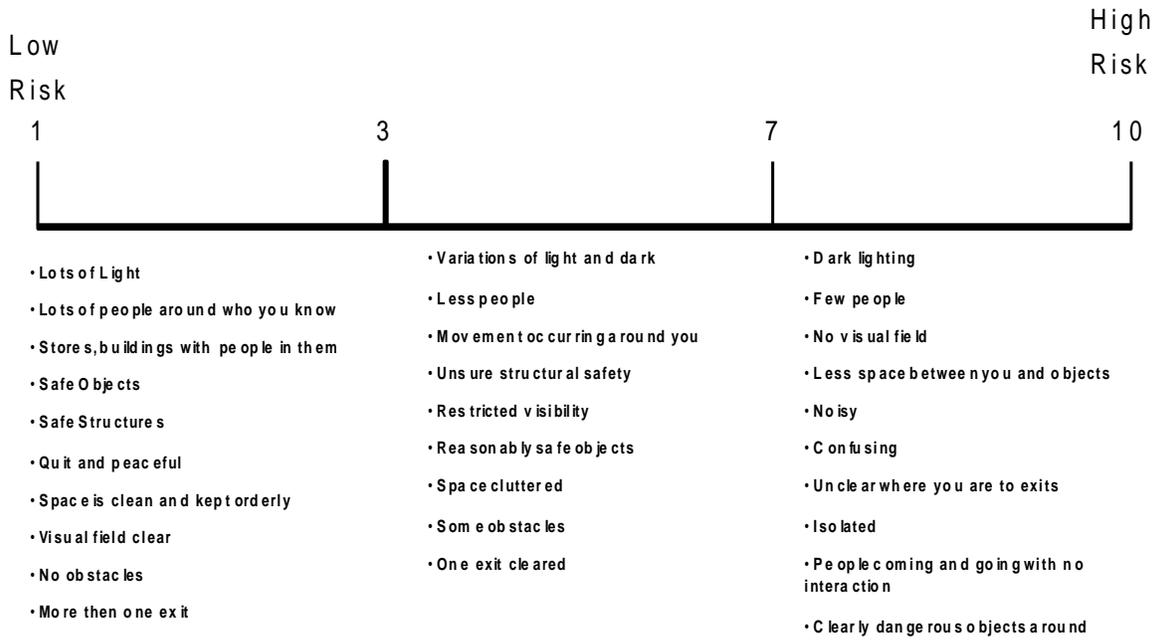
- Some Knowledge of Mental Illness
 - PTSD, Depression, Psychosis, Suicidal, Homicidal,
 - Borderlines, Schizophrenic, Bi-Polar
- Some Knowledge of Substance Abuse
 - Meth, Cocaine, LSD, Marijuana, etc., Treatment models, sites, Laws on committals
- Some Knowledge of Criminal Behaviors
 - Anti-social, sexual offenders, aggression, manipulation,
 - Legal regulations for ex-felons
- Unknown Knowledge of Homeless
 - Behaviors, camp rules, diseases, sites
- Limited or poor Low Risk Skills
- Unknown or limited Risk management skills
- Limited boundary skills
- Limited body placement skills

- No/Poor Knowledge of MH, SA, Criminal behaviors or Homeless
- Poor/Limited Judgment
- Impulsive
- Poor Clinical Skills
- Rushed
- Rambo mentality
- Poor memory
- Narrow vision field
- Limited or Emotion Control
- Easily manipulated
- limited and unused Risk management skills
- Overly trustworthy
- Poor boundaries
- Poor assertiveness
- Unprepared
- No body placement skills
- Poor Boundary skills

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Addendum B:

Know Your Surroundings & Environment



Addendum C:

Know Your Patient

