

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: VA-504 - Charlottesville CoC

1A-2. Collaborative Applicant Name: Thomas Jefferson Area Coalition for the Homeless

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Thomas Jefferson Area Coalition for the Homeless

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Nonexistent	No	No
5.	CoC-Funded Youth Homeless Organizations	Nonexistent	No	No
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
13.	Law Enforcement	Yes	No	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Yes	No	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Nonexistent	No	No
21.	Non-CoC-Funded Victim Service Providers	Yes	No	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	No	No
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	No	Yes
28.	Street Outreach Team(s)	Yes	No	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(limit 2,000 characters)

- 1) TJACH attends community meetings and Interagency Council meetings throughout the CoC service area with the purpose of engaging all potential partners. TJACH manages an expansive email distribution list containing contacts for any group or individual who has expressed interest previously. The Service Provider Council acts as the main way of incorporating these organizations and individuals into the CoC's homeless service system. TJACH solicits new members for the Service Provide Council on an ongoing basis primarily through its presence at and engagement with the numerous human service coalitions in the service area.
- 2) All materials that the Service Provider Council uses to solicit new membership is in PDF format for accessibility.
- 3) The Service Providers Council works with the Charlottesville Homeless Coalition, an advocacy group whose membership is made up of persons who are currently experiencing homelessness, to solicit ideas and feedback from homeless service system participants and those who have formerly experienced

homelessness. CoC staff attend Charlottesville Homeless Coalition meetings regularly.

4) Special outreach is employed to engage organizations providing services to underserved populations or highly vulnerable populations like unaccompanied and parenting youth, LGBTQ youth and elderly and disabled individuals. . .

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1) The Service Providers Council (SPC) of our CoC's Lead Agency, Thomas Jefferson Area Coalition for the Homeless (TJACH), provides a forum for organizations and individuals with an interest in ending or preventing homelessness to share ideas, provide feedback on the homeless service system, and collaborate in the provision of services. This group meets monthly and has the following subcommittees: Community Case Review Committee, PIT Count, HMIS Committee, and CES Committee.

2) The Service Provider Council meetings are open to the public with meeting dates, times, and locations listed online and publicized among social service providers in our area. All materials produced and released to the Service Provider Council are available as PDF files for accessibility.

3) SPC members solicit feedback on CoC policies and practices during monthly meetings and through each of the respective subcommittees, and during the annual revision of the Community Plan to End Homelessness. This Plan is updated annually to reflect current trends in homelessness and feedback from the Service Provider Council. Feedback is also gathered through online feedback surveys. This body elects a chair who sits on the TJACH governance board (CoC Board) who also provides feedback directly in board meetings.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:

1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

- 1) TJACH distributed a broad call for proposals to 71 existing and potential providers, municipal leadership and community advocates on 7/12/19. Interested organizations were encouraged to reach out for information and technical assistance in submitting proposals. Proposals were due to TJACH on 8/8/19 for review and scoring by the TJACH board's Project Evaluation Committee. The announcement was also posted on the TJACH website.
- 2) The announcement specifically detailed opportunities for new programs and new applications from any organization in the community, whether funded previously or not.
- 3) The announcement contained detailed instructions for how proposals would be submitted to the CoC Board's Project Selection Committee for review and approval.
- 4) The announcement contained the scoring rubric that would be used by the Project Selection Committee to review and score applications for inclusion in the consolidated application.
- 5) The announcement was downloadable as a PDF format to ensure accessibility for people with disabilities.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

- | | |
|----|--|
| 1. | select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or |
| 2. | select Nonexistent if the organization does not exist within your CoC’s geographic area. |

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,000 characters)

1) The Virginia Department of Housing and Community Development (DHCD) is the ESG recipient for the state and requires that all CoC Lead Agencies across the state act as collaborative applicant for ESG funding in each respective CoC, ensuring that we coordinated with local ESG sub-recipients. In addition, DHCD hosts an annual Virginia CoC Meeting with leadership from each CoC in the state to set ESG performance goals and funding priorities for the state.

2) DHCD also hosts quarterly conference calls with each CoC separately for local ESG performance goal setting and technical assistance. During the state CoC Meetings and quarterly conference calls, TJACH is able to consult with DHCD on its local ESG program performance and receive technical assistance for performance deficits. Once state ESG performance metrics are set in collaboration with sub-recipients, CoCs are required to submit quarterly ESG performance reports to DHCD for ongoing evaluation of local performance.

3) TJACH provides annual PIT Count data updates to our local Con Plan Jurisdictions through the Thomas Jefferson Planning District Commission.

4) TJACH provides annual homelessness data updates to each Consolidated Planning Jurisdiction in the service area for inclusion in each respective Consolidated Plan. The Thomas Jefferson Planning District Commission assists in the completion of each jurisdictions' Consolidated Plan and they ensure that each plan contains updated data from TJACH.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes

4. Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5. Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6. Other. (limit 150 characters)	

1C-4. CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.	
NOFO Section VII.B.1.d.	

Describe in the field below:
1. how your CoC collaborates with youth education providers;
2. your CoC's formal partnerships with youth education providers;
3. how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4. your CoC's formal partnerships with SEAs and LEAs;
5. how your CoC collaborates with school districts; and
6. your CoC's formal partnerships with school districts.

(limit 2,000 characters)

- 1) Our CoC enjoys excellent coordination and communication with school representatives from the City of Charlottesville and Albemarle County. Two staff from Albemarle County Public Schools attend the monthly Service Provider Council meetings regularly (CoC Meetings), and routinely attend the Community Case Review when there is a case involving school-aged children. A representative from Charlottesville schools attends Service Provider Council meetings regularly. A family homelessness program hosted by Albemarle Schools, Families in Crisis, serves as a subcontractor for our CoC Lead Agency, Thomas Jefferson Area Coalition for the Homeless (TJACH) providing housing navigation, coordinated entry, and emergency hotel/motel vouchers for families experiencing homelessness that are unable to identify a shelter bed. Monticello Area Community Action Agency (MACAA) is our local Head Start provider and representatives from MACAA regularly attend our Service Provider Meetings as well (CoC Meetings).
- 2) Schools participate in our coordinated entry system to ensure that any family who is facing homelessness is aware of educational services. Information sharing agreements are also in place with these school districts.
- 3)
- 4)
- 5) As detailed above, the youth homeless service providers and educators are embedded within the McKinney Vento programs at City of Charlottesville School and Albemarle County School districts. As such, our CoC collaborates with the school districts and youth education providers simultaneously.
- 6) Our CoC Maintains formal MOUs with Families in Crisis, a family homeless service provider and youth education provider embedded within the Albemarle County School system. This MOU details homeless shelter services that are provided by Families in Crisis as well as education services for youth.

1C-4a. CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

The CoC has written MOAs in place with all funded-homeless service providers that detail the requirement to inform individuals and families who are experiencing homelessness of their eligibility for education services. The director of Families in Crisis, operated by the Albemarle County Public Schools McKinney-Vento program, regularly attends the Service Provider Council (CoC Meetings) to inform attendees of the availability of education services for families experiencing homelessness.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1. Our CoC coordinates regularly with the local DV shelter, Shelter for Help in

Emergency (SHE), to stay abreast of best practices. SHE's project staff are trained to provide victim-centered support services through a voluntary services model to help clients plan for their safety and future, including stable housing options. SHE utilizes a Housing First approach as part of its trauma-informed services. Best practices include email communication that is limited to initials and prompts a phone call, as well as storing client files in locked cabinets in locked offices. New project staff at SHE are trained during onboarding, as are case managers at The Haven. SHE staff also receive in-house or third party training at least semi-annually to stay informed. TJACH will sponsor annual DV training in conjunction with SHE for all organizations in our CoC's Service Provider Council (SPC).

2. Our CoC uses best practices to support DV survivors by training all case managers on trauma-informed, client-centered coordinated intake and safety planning protocols. For example, when DV is identified at intake, regardless of the entry point, staff bring the client to a private space to talk and refer them to SHE. A referral to non-victim service providers can also be made if the client prefers. If there is concern about the immediate safety of the household, local police are contacted. If homelessness is reported at intake, the staff complete a coordinated entry packet and information-sharing agreement with the client so they can access other services within the CoC, like Rapid Re-Housing provided by The Haven. SHE trains its new staff during orientation, as well as new case managers at The Haven. SHE staff also receive in-house or third party training at least twice a year. With SHE's guidance, TJACH will sponsor annual DV training for all of the CoC's service providers.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

To assess the scope of community needs related to domestic violence, TJACH uses HMIS data collected during coordinated entry, street outreach, and in emergency shelters, as well as data from a comparable database system used by our local DV shelter, Shelter for Help in Emergency (SHE). SHE's program performance and outcome data is compiled and reported to the VAdata system managed by the Virginia Sexual and Domestic Violence Action Alliance, and includes an HMIS compatible database which allows for program reporting as required by HUD. SHE compiles aggregated and de-identified data about the occurrence of DV and how recently DV occurred. This data is used to assess the overall rate of households reporting DV and its overall impact on housing across the community.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1. Trauma-informed safety planning is an essential component of our CoC's support services to DV survivors. When DV is identified during coordinated intake, regardless of the entry point, case managers bring clients to a private space to talk and introduce them to services at our local DV shelter, Shelter for Help in Emergency (SHE). If there is concern for the immediate safety of the household, local police are contacted. Once the household's safety is established, if the household is interested in SHE shelter victim services, the Coordinated Entry staff will contact SHE to arrange transport of the individual to the hospital per SHE protocols for pick-up. Clients receive support services on a voluntary basis with no preconditions to entry.
2. Once a client is in shelter or housing, if they are concerned for safety and request moving to a different location, arrangements are made as best and as quickly as possible. Local police are contacted as necessary to assist with ensuring the ongoing safety of households fleeing DV. Our CoC's safety planning protocols are trauma-informed and incorporate SHE as an integral provider in the system.
3. Care is taken by all CoC service providers to ensure the confidentiality of DV survivors. For example, email communication is limited to initials and prompts a phone call. Client files are kept in locked cabinets, in locked offices. SHE uses a secure HMIS-compatible, HUD-compliant database called VAdata to compile and report survivor data.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	No
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Albemarle County Office of Housing	20%	Yes-HCV	No
Charlottesville Redevelopment and Housing Authority	23%	Yes-Public Housing	No

1C-7a. Written Policies on Homeless Admission Preferences with PHAs.	
NOFO Section VII.B.1.g.	

Describe in the field below:

1. steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

Since its inception, TJACH has focused on building relationships with the two largest housing authorities in our service area, Charlottesville Redevelopment and Housing Authority (CRHA) and Albemarle Office of Housing. As a result of this engagement, both entities have representatives that sit on the CoC Board and are very active in homeless service planning and collaboration. As a result of this engagement, a homeless preference was adopted for both Albemarle County Office of Housing's housing choice voucher program and CRHA's public housing program. Additionally, TJACH has adopted MOUs with both organizations for the EHV program. Both organizations are also active participants in the CoC's Service Provider Council.

1C-7b. Moving On Strategy with Affordable Housing Providers.	
Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	
2.	PHA	
3.	Low Income Tax Credit (LIHTC) developments	
4.	Local low-income housing programs	
	Other (limit 150 characters)	
5.		

You must select a response for elements 1 through 4 in question 1C-7b.

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
--	-----

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

- | | |
|----|---|
| 1. | how your CoC includes the units in its Coordinated Entry process; and |
| 2. | whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs. |

(limit 2,000 characters)

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
---	-----

1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

- | | |
|----|--|
| 1. | the type of joint project applied for; |
| 2. | whether the application was approved; and |
| 3. | how your CoC and families experiencing homelessness benefited from the coordination. |

(limit 2,000 characters)

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
This list contains no items

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	68
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	68
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

TJACH conducts annual monitoring visits with each of its grantees and with its CoC-funded grantee to ensure compliance with federal and state regulations, including adherence to the Housing First approach. During these monitoring visits, TJACH staff conduct an interview to determine how clients are evaluated

when referred from the Coordinated Entry System for supportive services and housing, to ensure that preconditions for enrollment are not a part of the program. Additionally, TJACH reviews program manuals and intake assessments. Performance data from HMIS is reviewed as well to determine how successfully the agency has been in rapidly placing clients into housing and ensuring stabilization. Deficiencies are identified and addressed, and if necessary performance improvement plans are developed and reviewed at subsequent monitoring visits.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

Describe in the field below:	
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,000 characters)

1. Our CoC has 2 PATH-funded street outreach staff who work in our CoC service area. Though centralized in Charlottesville, one works for the regional Community Services Board and is able to leverage their organization to engage the CoC’s rural communities. The other staff member is a peer support specialist with lived expertise. Outreach staff are available daily to travel to engage with unsheltered persons whenever and wherever a need is identified. Outreach staff regularly visit places to engage people who are less likely to request assistance on their own. Our CoC is reimplementing an outreach program called Homeless Outreach Street Team (HOST). This team will be interdisciplinary and include local police depts., Fire and EMS, PATH street outreach, and Adult Protective Services. The collaborative approach will help to leverage established relationships with unsheltered individuals, as well as bring new ideas and methods for building relationships.
2. Almost all the unsheltered homelessness in our service area is concentrated in the Charlottesville area. However, outreach staff work with each county’s local interagency council, police dept., and Dept. of Social Services to stay abreast of emerging homeless needs. Outreach team members are available daily to make on-site visits to unsheltered individuals when and wherever necessary.
3. TJACH’s Outreach Coverage Policy states that outreach staff will visit each known location where people live outside at least once every two weeks to maintain proper coverage and further relationship-building. Staff are also available daily to travel to unsheltered persons in need.

4. Our CoC makes an active effort to visit sites where unsheltered individuals are known to live in order to build relationships and make contact with those who are least likely to seek assistance on their own. Our HOST team in particular will focus outreach on individuals who have previously refused attempts to engage or move into housing when offered.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	30	30

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance—Information and Training.	
	NOFO Section VII.B.1.m	
	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:	
1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area;	
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;	
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and	
4.	providing assistance with the effective use of Medicaid and other benefits.	

(limit 2,000 characters)

- 1) Our CoC keeps program staff up to date regarding mainstream resources through the Service Providers Council (CoC Meetings). These meetings are held monthly and include representation from all homeless service providers in the area, along with human service providers whose clients might also experience homelessness. Any new opportunities or resources to assist agencies in helping their clients access mainstream resources are shared in person at the monthly meetings and through the email listserv. Our local DSS providers provide these updates directly for mainstream benefit programs they help administer.
- 2) Need more here...
- 3) CoC providers refer people experiencing homelessness to the TJACH-funded SOAR Specialist employed by The Haven to be screened for financial benefits. The University of Virginia holds a bi-monthly health clinic at The Haven (day shelter) and PACEM (emergency shelter) where students, residents, and doctors provide care for people experiencing homelessness. Before being seen by this clinic, students assist clients in submitting Medicaid enrollment applications. UVA is required to provide health care, regardless of ability to pay and offers emergent care and assignment of a primary care physician to manage their health care needs outside of an acute episode. Central Virginia Health Solutions opened a Primary Care, Dental & Behavioral Health office. These offer a sliding fee scale.
- 4) TJACH has funded a dedicated SOAR provider to help people who are homeless obtain their SSA benefits & local DSS staff are engaged at all levels of care to ensure that everyone applies for their SNAP and TANF benefits. VA Medicaid expansion began in January 2019, and the City of Charlottesville Dept. of Social Services and Albemarle County Dept. of Social Services partner in leading the Medicaid enrollment plan for our service area. TJACH funds the SOAR program locally and thus is the organization leading this effort.

1C-14.	Centralized or Coordinated Entry System—Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	
	Describe in the field below how your CoC’s coordinated entry system:	
1.	covers 100 percent of your CoC’s geographic area;	
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
3.	prioritizes people most in need of assistance; and	

4. ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

- 1) Our coordinated entry system has four main components, Access, Assessment, Referral, and Prioritization. Our system includes three main access points to ensure 100% coverage: street outreach, The Haven (physical access point), and the Homeless Assistance Line operated by the City of Charlottesville Dept. of Human Services (virtual phone access point). For our physical access point, coordinated entry is available at The Haven, a comprehensive day shelter that is available 7 days a week. The phone line is also available for people who cannot come in-person to The Haven and who might be living in more rural parts of our CoC. CES assessments are completed over the phone.
- 2) Street outreach is provided by our PATH-funded team at Region Ten CSB and On Our Own, and targets those households who are least likely to seek assistance on their own. Outreach staff work to identify people living unsheltered, engage with those individuals and begin to build relationships, and make connections to basic needs services and housing assistance. Outreach staff can complete the assessments needed for coordinated entry whenever an individual is willing to do so.
- 3) CES assessment forms include required HMIS data elements, a housing barrier assessment, and a vulnerability index. These assessments are all contained in the CES Packet which is available for download on TJACH’s website. Our CES prioritizes the most vulnerable persons informed by vulnerability assessments and length of time homeless. For participants who do not wish to complete an intake assessment, prioritization can still be possible using the experience and knowledge of staff who are well acquainted with those individuals.
- 4) As mentioned above, our CES prioritizes the most vulnerable using vulnerability assessments and length of time homeless. Decisions on who will be prioritized are made twice every month during our Community Case Review meeting to ensure that people who need assistance receive it as quickly as possible.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC’s most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
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2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	No
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	No
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

TJACH participated in HUD's first Racial Equity Demonstration from 2020 to

2021. The idea for a lived experience advisory council was born out of our involvement in the Demonstration. An AmeriCorps VISTA was brought on in 2021 to facilitate the creation of this council. The council, called the “People’s Caucus,” will comprise diverse individuals who are currently experiencing or have previously experienced homelessness. Council members will be recruited from our CoC’s day shelter as well as our non-congregate shelter. The council will also include members from a local, self-formed homeless advocacy group called the Charlottesville Coalition for the Homeless. Members will be brought together for quarterly meetings, where they will have open, free-form discussions about system-wide issues. The VISTA or other CoC staff member will be in attendance to guide the meetings, while still allowing the council to self-determine. The feedback received from the council will be used to identify issues in our system of care, particularly those related to racial equity and coordinated entry processes. Their input will be recorded and shared with the CoC’s Board of Directors and Service Provider Council to influence decision and policy making. We aim to have the first official meeting of this council before the end of calendar year 2021. Members will be compensated for their participation. Additionally, we ask all of our CoC partners to continually evaluate their programs and systems to ensure racial equity is being promoted and prioritized.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	48	40
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	2	0
3.	Participate on CoC committees, subcommittees, or workgroups.	48	40
4.	Included in the decisionmaking processes related to addressing homelessness.	2	0
5.	Included in the development or revision of your CoC’s local competition rating factors.	2	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC’s geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	
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2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	
3.	The CoC works with organizations to create volunteer opportunities for program participants.	
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	
6.	Other:(limit 500 characters)	

You must select a response for elements 1 through 5 in question 1C-17.

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

1) In April 2020, our CoC moved to providing non-congregate shelter in local hotels for people living unsheltered. TJACH contracted with a local hotel owner for use of their entire facility, 60 total rooms, for non-congregate shelter. Our CoC's low-barrier shelter provider, PACEM, provided shelter operations and case management services at this hotel, ensuring that clients understood and followed safety protocols including symptom checking, sanitization, mask wearing in public spaces, and no congregating in private rooms. This was available for both individuals and households with children.

2) At the onset of the pandemic, TJACH immediately began working with congregate shelter providers and our local Health Department to create safety protocols and procedures for staff and guests in congregate shelter spaces, obtain PPE and cleaning supplies, and post safety protocols in shelter spaces. Protocols with our Health Department and UVa hospital were developed for symptom checking, procedures for dealing with guests experiencing symptoms, including isolation, testing, and quarantine space in hotels as needed. In April 2020, TJACH contracted with a local hotel, as described above, for use of the hotel as non-congregate shelter. This allowed PACEM's shelter program to shift completely into the hotel and no longer need to provide congregate shelter.

3) Similar COVID safety protocols were developed in partnership with our local Health Department for our small, 4 household Transitional Housing program, operated by MACAA.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
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NOFO Section VII.B.1.q.

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

Working with our local Health Department, UVa Health System, and our homeless service providers in responding to the COVID-19 pandemic provided a plethora of opportunities to better our readiness to respond to public health emergencies in the future. Safety protocols were created and followed that would address safety concerns for an airborne illness like COVID-19 in shelter spaces including sanitization, symptom checking before entering public spaces, testing and isolation/quarantine protocols, and mask wearing in public spaces. To date, our community has not experienced an outbreak of COVID-19 in the homeless population, thanks in large part to the effectiveness of our safety protocols and ability to provide non-congregate shelter.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
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NOFO Section VII.B.1.q

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

- | | |
|----|--------------------------|
| 1. | safety measures; |
| 2. | housing assistance; |
| 3. | eviction prevention; |
| 4. | healthcare supplies; and |
| 5. | sanitary supplies. |

(limit 2,000 characters)

1) Our CoC Lead Agency, TJACH, coordinated closely with the Virginia Dept. of Housing and Community Development (ESG-CV recipient) in how best to address needs during COVID-19. They focused on the use of ESG-CV funds to address non-congregate shelter needs to ensure safety for people experiencing homelessness. TJACH was the sub-recipient of ESG-CV funds for our CoC and we thus used those funds to contract with local hotels for providing non-congregate emergency shelter and staffing for operations of that shelter project.
 2) Existing ESG and locally-funded housing assistance programs like Rapid Re-Housing were under-utilized for much of the pandemic, so ESG-CV funds were not made available to address Rapid Re-Housing. This was due in large part to the diminished affordable housing availability throughout the pandemic, and indeed that continues today.
 3) The VA Dept. of Housing and Community Development created a “Rent and Mortgage Relief program” to address eviction concerns during the pandemic, using CARES-Act funding. This program provided rent relief, back to April 2020, for people experiencing financial hardship due to COVID-19. Additionally, local government funding was allocated to this purpose to fill in gaps for community members that may not have been eligible for the Rent and Mortgage Relief Program. This provided good coverage locally for eviction prevention.
 4) Our local Health Department, UVa Health System, and local foundations, made significant funding available to secure PPE, cleaning supplies, and other healthcare supplies to address healthcare needs during the pandemic. This allowed ESG-CV funds to remain focused on addressing non-congregate

shelter needs.

5) As mentioned above, ESG-CV funds were not needed to address sanitary supplies as these were obtained adequately through the support of our local Health Department, UVa Health System, and foundations.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1) At the onset of COVID-19, TJACH partnered with our local Health Department and UVa Health System for guidance on how to develop effective safety protocols and procedures. Both entities participated directly in drafting, reviewing, and implementing safety protocols for congregate shelter spaces, non-congregate shelter, symptom checking and tracking, testing, and quarantine/isolation procedures. Our local Health Department provided signage that was posted in public shelter spaces promoting safety practices like sanitizations and mask wearing. When COVID-19 vaccines were made available, both the Health Department and UVa Health System closely partnered with our CoC and shelter providers to prioritize vaccines for all interested staff and clients. Vaccines were made available through this partnership for staff and clients in February 2021, and continue to be available free of charge on a weekly basis.

2) As mentioned above, our local Health Department and UVa Health System helped us created safety protocols, and when they were established, helped review and even train staff on them, focusing on sanitization, symptom checking, and quarantine/isolation protocols. COVID-19 testing events were scheduled on a monthly basis in partnership with our local Health Department and UVa Health for each of our shelter sites to test effectiveness of these safety protocols. To date, no outbreaks have occurred in the homeless population, thanks to these safety protocols and availability of non-congregate shelter.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

1) At the onset of the COVID-19 pandemic, TJACH immediately contacted all emergency shelters in the CoC to begin the creation of safety protocols and procedures for COVID-19, with the support and expertise of the local Health Department and UVa Health System. Phone, email, and in-person

communication continued until draft protocols were established for the CoC for use across all shelter spaces for staff and clients. These draft protocols were reviewed by the local Health Department and UVa Health System and updated as necessary.

2) The CoC board decided to change the CES policy on prioritization so that prioritizing using the VI-SPDAT was no longer required, with the intent of housing people as quickly as possible out of shelters and from unsheltered locations. This was communicated to all CoC providers via email and phone as soon as the CoC board made this decision. Additionally, shelter spaces had additional restrictions for accessing public shelter spaces by both staff and clients, including sanitization, symptom checking, social distancing, and mask wearing. Shelters that offered public meals required that meals be taken to-go to be consumed in outdoor spaces with proper air-ventilation and where proper social distancing could be maintained. These restrictions were communicated to guests through signage and in-person communication when entering shelter spaces.

3) TJACH worked closely with the local Health Department and UVa Health System in planning for administering the vaccine for people experiencing homelessness and homeless service provider staff far in advance of the vaccine being ready for distribution by hosting regular virtual planning meetings with homeless service provider staff and Health Department staff. Once plans were finalized, this information was shared with homeless service providers directly during virtual meetings, through email communication, and over the phone.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

TJACH worked closely with our local Health Department and UVa Health System in advance in planning for implementing the COVID-19 vaccines. Our local Health Department decided that all homeless service provider staff that worked directly with clients, and all people experiencing homelessness were prioritized in group "1B" for the vaccine roll-out, effectively being the second group prioritized for the vaccine. Because all people experiencing homelessness were eligible, we worked with the Health Department and UVa Health in creating on-site vaccination events for clients at all local shelters, including our day-shelter. The Health Department also allowed for same-day registration for the vaccine for people experiencing homelessness, allowing for greater accessibility. Information about the vaccine, the vaccination process, and how to access the vaccine was provided to clients and guests well in advance of the vaccine events. People simply needed to come on those days when the vaccine was being offered and they were able to access it.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

In 2020, calls to the local DV hotline increased an average of 40% each month compared to 2019, and as much as 100% some months. The call rate was highest during the strictest lock-down periods. During these same periods, the local DV shelter Shelter for Help in Emergency (SHE) had to adopt a hotel accommodation model. Though SHE had lower capacity to provide direct services to clients, they made every effort to match their 25-bed emergency shelter capacity with an equal number of hotel stays. Their DV hotline was able to handle the increased demand during the height of COVID-19 pandemic and was answered 24 hours a day, 7 days a week.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

Our CoC had to make quick and significant shifts in its' coordinated entry system (CES) to respond to the changes needs of the pandemic. The main shifts included:

- All TJACH-funded housing assistance could be administered without prioritizing using the VI-SPDAT score (to expedite housing placements)
- All intake appointments would be conducted over the phone to minimize unnecessary face-to-face contact.
- The phone intake line was shifted to a new number to ensure more immediate access

Anyone without their own phone was able to access a phone at The Haven (local day shelter) to call the intake phone line for a coordinated entry appointment. At the onset of the COVID-19 pandemic, the Community Resource Line (which doubled as the CoC homeless assistance intake line) operated by the City of Charlottesville Dept. of Human Services, became the community's COVID-19 emergency relief request phone line for rental assistance, food assistance, etc. This made the phone line quite backed up and in response, The Haven created a separate phone line just for homeless assistance calls so that those could be more quickly addressed.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen. NOFO Section VII.B.2.a. and 2.g.	
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1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/28/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/28/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below. NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
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Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:
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- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,000 characters)

In reviewing applications for funding, the Project Evaluation Committee awarded points to projects that employed the housing first approach in serving participants with particularly challenging barriers or experiences. Points were awarded to PSH projects that served 90% of participants with VI-SPDAT scores at the highest end of the PSH recommendation range, which is the highest range available for the VI-SPDAT. RRH projects were awarded points for serving 95% of participants with RRH or more intensive recommendation. Each of these measures indicate that the project is both accepting highly vulnerable participants referred from the coordinated entry process and following through with providing housing services to this group. 20 points out of 120 total points available were awarded to projects that met the measures above.

- | | | |
|-------|--|--|
| 1E-3. | Promoting Racial Equity in the Local Review and Ranking Process. | |
| | NOFO Section VII.B.2.e. | |

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications; |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

(limit 2,000 characters)

- | | | |
|-------|---|--|
| 1E-4. | Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below. | |
| | NOFO Section VII.B.2.f. | |

Describe in the field below:

- | | |
|----|---|
| 1. | your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed; |
| 2. | whether your CoC identified any projects through this process during your local competition this year; |
| 3. | whether your CoC reallocated any low performing or less needed projects during its local competition this year; |
| 4. | why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and |
| 5. | how your CoC communicated the reallocation process to project applicants. |

(limit 2,000 characters)

The CoC’s Project Reallocation Policy and Procedure document lays out the

process for reallocation during the CoC Program Competition. It describes two paths for reallocation, voluntary project reallocation and mandatory project reallocation. Voluntary project reallocation occurs when the grantee is interested in reallocating a portion of an existing grant for another project type. They submit a written request to the CoC for review and approval, and upon approval the grantee can submit a new project application during the next CoC Program Competition. Mandatory project reallocation occurs because of continued project performance deficiencies or lack of need for which the project provides services. The CoC conducts mandatory grantee monitoring visits annually and as a result of these monitoring visits, the CoC may decide to reallocate project funds if an organization is not performing as expected or if it is decided the CoC funds are better utilized in another area. A recommendation to reallocate funds can be made after a CoC monitoring visit. The recommendation for reallocation may be based on any one of the following HUD criteria: outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon; CoC monitoring finding(s) for which a response is overdue or unsatisfactory; history of inadequate financial management accounting practices; evidence of untimely expenditures on prior awards; history of major capacity issues that have significantly impacted the operation of the project; timeliness in reimbursing subrecipients; and history of service ineligible persons, expending funds on ineligible costs. The CoC communicated this policy to our one CoC Program grantee, Region Ten, directly both in person through the CoC Board meeting at which the policy was approved, and afterwards through email communication.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
NOFO Section VII.B.2.f.		

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
--	----

1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
NOFO Section VII.B.2.g.		

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.2.g.		

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	11/01/2021
---	------------

1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021
--	------------

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Pathways MISI
--	---------------

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
--	------------

2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
---	------------

2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

1. To assess the scope of community needs related to domestic violence, TJACH uses HMIS data collected during coordinated entry, street outreach, and in emergency shelters, as well as data from a comparable database system used by our local DV shelter, Shelter for Help in Emergency (SHE). SHE's program performance and outcome data is compiled and reported to the VAdata system managed by the Virginia Sexual and Domestic Violence Action Alliance, and includes an HMIS compatible database which allows for program reporting as required by HUD.

2. Shelter for Help in Emergency (SHE) compiles aggregated and de-identified data about the occurrence of DV and how recently DV occurred. This data is used to assess the overall rate of households reporting DV and its overall impact on housing across the community. TJACH uses this data in combination with data from HMIS.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	200	25	161	92.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	15	2	13	100.00%
4. Rapid Re-Housing (RRH) beds	30	0	30	100.00%
5. Permanent Supportive Housing	127	0	75	59.06%
6. Other Permanent Housing (OPH)	25	0	0	0.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

We are below 85% coverage in Permanent Supportive Housing due to the VASH program not being in HMIS. Our CoC has created a plan in partnership with our local VASH team to implement HMIS and work is currently underway to collect HMIS releases from each current VASH participant for inclusion in HMIS. All future VASH clients will also be entered into HMIS collaboratively by VASH staff and the CoC's executive director. We are also below 85% for Other Permanent Housing beds as these units for people with severe mental illness and the provider of this program has concerns over sharing this information with other providers also using HMIS. To overcome this barrier, we will discuss the available privacy and visibility settings in our HMIS with the program director,

Joe Ray. This should address concerns they have over confidentiality in HMIS and implementation can occur.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,000 characters)

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
--	-----

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

The CoC uses a phone line called the Community Resource Line, a low-barrier day shelter at The Haven (physical location), and street outreach provided by Region Ten as the entry points for the Coordinated Entry System (CES). The main factors that lead to participant's housing crises are identified by a screening and diversion assessment and recorded in HMIS whenever a call is received to the Community Resource Line. The main risk factors identified include lack of employment income or lack of enough total income, lack of family, friend, or social support networks, and living doubled up in crowded housing. Our strategy to address individuals and families facing homelessness includes administering homeless diversion screening assessment and homelessness prevention services when needed. The Haven receives ESG funding for homelessness prevention and these funds are focused on persons and families who are at the highest risk of becoming homeless as identified through a standardized assessment (PR VI-SPDAT) and who meet the criteria listed above. These persons are connected with prevention services available at The Haven when they are identified at any of the entry points to the coordinated entry system. While TJACH is leading the CoC's strategy to reduce the number of families experiencing homelessness for the first time, The Haven is the provider of all homelessness prevention services in our CoC and thus is carrying out the direct services related to this goal. Nancy Carpenter is the Homeless Prevention Specialist at The Haven.

2C-2.	Length of Time Homeless—Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

	Describe in the field below:
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

Our CoC's continued adherence to the Housing First approach throughout the homeless service system has helped reduce the average length of time spent homeless by 5 days, from 35 to 30 days. Our coordinated entry system works to quickly identify people experiencing homelessness through street outreach, a low-barrier day shelter, and the Community Resource phone line. Once identified, homeless service system staff complete a housing barrier assessment and housing plan with households and empower each household to quickly end their own homelessness through family or social support networks and available community services like housing navigation and/or employment services. If this is not possible, households are connected with lowbarrier RRH and PSH (available at The Haven and Region Ten respectively) to quickly end their homelessness. In addition, special prioritization for available housing services has been placed on those persons with the longest histories of homelessness. Special emphasis is placed on outreach conducted for participants with the longest histories of homelessness living unsheltered. TJACH is responsible for leading the CoC's strategy to reduce the length of time people experience homelessness while The Haven operates the Coordinated Entry System and RRH program and as such are responsible for carrying out the direct services related to this goal.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

To increase the rate at which people exit from ES, TH, and RRH to permanent housing, our CoC created (through private and local government funding) a new staff position one year ago to assist participants quickly end their own homelessness through housing barrier assessment and housing plan creation, creative problem solving and mediation, housing navigation, use of privately funded financial assistance for security deposits and/or rent, and through connection with available community support services. Previously, this type of assistance was not broadly available for participants not enrolled in federally funded Rapid Re-Housing or Permanent Supportive Housing programs. This staff person is employed by The Haven and as such, The Haven is responsible for overseeing this strategy. Additionally, our seasonal low-barrier emergency shelter, PACEM, created a housing assistance program called Secure Seniors to assist elderly shelter guests quickly move into housing with security deposits and first month's rent assistance. To increase the rate at which households

remain in or exit to permanent destinations from Permanent Housing programs other than RRH, our CoC required last year that our Permanent Supportive Housing provider, Region Ten, hire an additional housing case manager to better support their 38 participants in housing. This new housing case manager has now been in place with Region Ten for 6 months and has led to a significant decrease in the length of time between program enrollment and housing move in. Region Ten, is responsible for overseeing this strategy

2C-4.	Returns to Homelessness–CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

Describe in the field below:

1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC’s strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

Our CoC Lead Agency’s (TJACH) executive director uses HMIS reporting to identify common factors of participants who return to homelessness. We look across all the data available in HMIS to find commonalities among this population. Some of the most important factors identified are: length of time homeless (the longer a participant has experienced homelessness, the more likely they are to return to homelessness), existence of disabling conditions and co-occurring disorders, and living unsheltered prior to program enrollment. To reduce our rate of returns, we are identifying these factors early on and focusing additional support resources for these participants. Additionally, we look at the specific reasons that led to a participant returning to homelessness and try to mitigate these factors as much as possible on subsequent housing interventions. This may include suggesting a different housing option that more closely meets the desires or needs of the participant and/or assisting a client in budgeting for things not previously budgeted for like alcohol or cigarettes. As The Haven administers Rapid Re-Housing programming, they are overseeing this strategy.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC’s strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.

(limit 2,000 characters)

TJACH has a formal partnership with the Network2Work program at Piedmont Virginia Community College, an employment and training program designed to assist job-seekers with necessary training and credentials for specific jobs they are interested in. Through our Coordinated Entry System, participant

households can be referred directly to their services using their web-based tool. This web-based tool also includes a listing of available jobs in the community and the necessary training or credentials needed for these jobs. This resource is incredibly helpful in connecting homeless households with the skills necessary to increase their income. Network2Work also secures financial assistance for households to engage in necessary training programs, making access to higher paying jobs with very few financial barriers. Network2Work at Piedmont Virginia Community College is leading this strategy locally.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and |
| 2. | is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants. |

(limit 2,000 characters)

Network2Work at Piedmont Virginia Community College is a vital partner in helping households experiencing or formerly experiencing homelessness identify and access jobs that pay a living wage in the community. TJACH and Network2Work have a written MOU in place. Network2Work uses a web-based tool that lists available jobs in the community that pay a living wage and the necessary training or credentials needed in order to access each job. Additionally, Network2Work secures private and public funding to assist households pay for training and education courses necessary for particular jobs. They also assist with transportation and child care if needed. Network2Work employs professionals to outreach and network with employers in the community. This helps keep their online job listing up to date and accurate for job-seekers. They also employ peer specialists who work directly with job seekers, including homeless or formerly homeless households to walk alongside these households in their path towards better employment. The peer specialists help each household navigate the available jobs and their required training sessions, and help households access needed services along the way like child care, transportation, housing assistance, etc.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

- | | |
|----|--|
| 1. | your CoC's strategy to increase non-employment cash income; |
| 2. | your CoC's strategy to increase access to non-employment cash sources; and |
| 3. | provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income. |

(limit 2,000 characters)

One of TJACH's funding priorities is to improve and expand mainstream benefits assistance for households receiving housing assistance. We strive to ensure that mainstream benefit and SSDI applications are submitted for eligible

households as a matter of course. To this end, TJACH has supported training on the SOAR model for local homeless service staff and has secured private dollars to fund a full-time dedicated SOAR professional for this community. The SOAR specialist focuses on the most vulnerable households in our community using the By-Name List to generate all referrals for SOAR applications. TJACH leads this strategy and has excellent and coordinated working relationships with local depts. of social services which ensures that emergency financial services, APS, and SNAP benefits are provided to all who are eligible.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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 - 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
---	-----

3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	Yes
2.	State or local government	Yes
3.	Public Housing Agencies, including use of a set aside or limited preference	Yes
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	-----

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	

You must select a response for elements 1 and 2 in question 3A-2a.

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:	
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- | | |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act. |

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH/RRH Component	Yes

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	90
2.	Enter the number of survivors your CoC is currently serving:	45
3.	Unmet Need:	45

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1. The number of DV survivors was calculated from information in the VAdata system, based on the number of adults who were in need of housing assistance that came through the program at our CoC’s DV shelter, Shelter for Help in Emergency (SHE).
2. The data source was the VAdata system used by SHE. VAdata is an HMIS-compatible, HUD-compliant database managed by the Virginia Sexual and Domestic Violence Action Alliance.
3. Barriers to meeting the needs of DV survivors in our CoC include lack of affordable housing, as well as lack of rental assistance and subsidized housing. Additionally, the need to adopt a hotel accommodation model has limited SHE’s capacity to shelter survivors. Our CoC plans to use bonus funds to address these unmet needs.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Shelter for Help ...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2021 Priority Listing:

1.	Applicant Name	Shelter for Help in Emergency
2.	Rate of Housing Placement of DV Survivors–Percentage	50.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	

You must enter a response for elements 1 through 3 in question 4A-4.

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1. The rates were calculated from information in the VAdata system, based on the number of DV survivors who received housing placement assistance from our CoC’s DV shelter, Shelter for Help in Emergency’s (SHE) and also those who retained that housing.
2. The data source was the VAdata system used by SHE. VAdata is an HMIS-compatible, HUD-compliant database managed by the Virginia Sexual and Domestic Violence Action Alliance.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,000 characters)

1. Upon entry into Shelter for Help in Emergency’s (SHE’s) program, an assigned case manager completes a coordinated intake packet for a survivor in order to connect them with housing resources, as well as a signed client release form to facilitate direct conversations with other CoC service providers. SHE works closely with our CoC’s Rapid Re-Housing provider, The Haven, to move them quickly into affordable housing. SHE also has established relationships with several landlords in the area that are willing to provide safe, affordable housing to survivors on short notice.
2. During the coordinated intake process, SHE prioritizes clients based on a number of factors, including low income, housing need, if they have children, and if there is concern of immediate danger from their abuser or otherwise. Local police are also contacted if there is concern of danger. An emergency transfer plan is enacted when necessary for the wellbeing of the survivor.
3. When a survivor enters into SHE’s program, a case manager is assigned and a coordinated intake packet is completed to allow for direct problem-solving conversations with other CoC service providers, including The Haven and its Rapid Re-Housing services. SHE also provides its own supportive services, including trauma-informed supportive counseling, referral to health and mental health services, financial literacy education, finding employment and job training opportunities, social service benefits advocacy, education and parenting support, legal advocacy, and housing advocacy.
4. (Housing stability)

4A-4c.	Ensuring DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:	
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

1. All new Shelter for Help in Emergency (SHE) case managers receive extensive safety planning training during their on-boarding process. SHE also provides safety planning training for case managers at The Haven, our CoC’s Rapid Re-Housing service provider. SHE teaches a client-centered, trauma-informed approach to safety planning that allows the client to direct their own case.
2. There is a designated, closed intake space at SHE where survivors can speak with case managers safely and privately. At other intake locations in the CoC, if DV is identified by a client upon entry, every effort is made to provide a secure and private space for the survivor to meet with a case manager.
3. (Interviews)

4. SHE’s case managers use a trauma-informed, client-centered approach to safety planning with survivors. SHE staff walk clients through their options, including housing, and allow the client to make their own decision about what is best for their household.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

- | | |
|----|--|
| 1. | prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences; |
| 2. | establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials; |
| 3. | providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma; |
| 4. | emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations; |
| 5. | centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination; |
| 6. | providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and |
| 7. | offering support for parenting, e.g., parenting classes, childcare. |

(limit 5,000 characters)

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

- | | |
|----|---|
| 1. | supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and |
| 2. | provide examples of how the project applicant provided the supportive services to domestic violence survivors. |

(limit 5,000 characters)

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:	
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes		
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/08/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes		
1E-2. Project Review and Selection Process	Yes		
1E-5. Public Posting–Projects Rejected-Reduced	Yes		
1E-5a. Public Posting–Projects Accepted	Yes		
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Homeless Preference (Albemarle County, CRHA)

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

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Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/28/2021
1B. Inclusive Structure	11/12/2021
1C. Coordination	Please Complete
1C. Coordination continued	Please Complete
1D. Addressing COVID-19	11/12/2021
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	11/12/2021
2B. Point-in-Time (PIT) Count	11/08/2021
2C. System Performance	11/12/2021
3A. Housing/Healthcare Bonus Points	Please Complete
3B. Rehabilitation/New Construction Costs	11/08/2021

FY2021 CoC Application	Page 55	11/12/2021
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3C. Serving Homeless Under Other Federal Statutes

11/08/2021

4A. DV Bonus Application

Please Complete

4B. Attachments Screen

Please Complete

Submission Summary

No Input Required

Notes:

4A. DV Bonus Application list contains 1 incomplete item.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will use the following local preferences:

- **Homeless Preference:** This preference shall be limited to 20 households which are currently experiencing homelessness and/or previously experienced homelessness and are currently a client in a permanent supportive housing or rapid-rehousing project. Applicants MUST have been certified as meeting the criteria for this preference by the Thomas Jefferson Area Coalition for the Homeless Continuum of Care (CoC) Coordinated Entry System.
- **Residency Preference:** For families who live, work or have been hired to work in Albemarle County
- **Veteran's Preference:** This preference is available to current members of the U.S. Armed Forces, veterans who were discharged or released from service under conditions other than dishonorable or surviving spouses of veterans.
- **Victims of Domestic Violence:** For families that include victims of domestic violence, dating violence, sexual assault, or stalking who has either been referred by a partnering service agency or consortia or is seeking an emergency transfer under VAWA from other covered housing program operated by this PHA. The PHA will work with the following partnering service agencies: Shelter for Help and Emergency, Sexual Assault Resource Agency, and Albemarle County Victim/Witness Program. The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval.
- **Disability Preference:** This preference is extended to disabled persons or families with a disabled member as defined in this plan.

Each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicant's place on the waiting list.

- Homeless Preference – 10 points (limited)
- Residency Preference – 10 points
- Veteran’s Preference – 2 points
- Victims of Domestic Violence – 2 points
- Disability Preference – 1 point

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA’s fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low-income families admitted to the program that are “continuously assisted” under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

PHA Policy

The PHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families based on local preferences according to the date and time of application or by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

PHA Policy

Families will be selected from the HCV waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the PHA’s hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected by a system generated random sort performed prior to each selection process. Documentation will be maintained by the PHA as to whether families on the list qualify for and are interested in targeted funding.

Families will be selected from the Project-Based and/or Moderate Rehabilitation waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the PHA’s hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected according to the date of application.

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to reside in public housing, the family must submit an application that provides the CRHA with the information needed to determine the family's eligibility. HUD requires the CRHA to place all eligible families that apply for public housing on a waiting list. When a unit becomes available, the CRHA must select families from the waiting list in accordance with HUD requirements and CRHA policies as stated in its Admissions and Continued Occupancy Policy (ACOP) and its annual plan.

The CRHA is required to adopt a clear approach to accepting applications, placing families on the waiting list, and selecting families from the waiting list, and must follow this approach consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the CRHA to receive preferential treatment.

HUD regulations require that the CRHA comply with all equal opportunity requirements and it must affirmatively further fair housing goals in the administration of the program [24 CFR 960.103, PH Occ GB p. 13]. Adherence to the selection policies described in this chapter ensures that the CRHA will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and CRHA policies for accepting applications, managing the waiting list and selecting families from the waiting list. The CRHAs policies for assigning unit size and making unit offers are contained in Chapter 5. Together, Chapters 4 and 5 of the ACOP comprise the CRHA's Tenant Selection and Assignment Plan (TSAP).

The policies outlined in this chapter are organized into three sections, as follows:

Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how the CRHA will handle the applications it receives.

Part II: Managing the Waiting List. This part presents the policies that govern how the CRHA's waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for public housing. It also discusses the process the CRHA will use to keep the waiting list current.

Part III: Tenant Selection. This part describes the policies that guide the CRHA in selecting families from the waiting list as units become available. It also specifies how in-person interviews will be used to ensure that the CRHA has the information needed to make a final eligibility determination.

PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the policies that guide the CRHA's efforts to distribute and accept applications, and to make preliminary determinations of applicant family eligibility that affect placement of the family on the waiting list. This part also describes the CRHA's obligation to ensure the accessibility of the application process.

4-I.B. APPLYING FOR ASSISTANCE

Any family that wishes to reside in public housing must apply for admission to the program [24 CFR 1.4(b)(2)(ii), 24 CFR 960.202(a)(2)(iv), and PH Occ GB, p. 68]. HUD permits the CRHA to determine the format and content of its applications, as well how such applications will be made available to interested families and how applications will be accepted by the CRHA. However, the CRHA must include Form HUD-92006, Supplement to Application for Federally Assisted Housing, as part of the CRHA's application [Notice PIH 2009-36].

CRHA Policy

CRHA will utilize Yardi Rent Café Applicant Portal to accept applications to the Public Housing waiting lists.

Families who are not able to utilize the electronic applications may obtain application forms from the CRHA's office during normal business hours. Families may also request – by telephone or by mail – that an application form be sent to the family via first class mail.

Completed applications must be returned to the CRHA by mail, electronically, by fax, or submitted in person during normal business hours or at a designated drop off area owned by CRHA. Applications must be filled out completely in order to be accepted by the CRHA for processing. If an application is incomplete, the CRHA will notify the family of the additional information required.

4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

The CRHA must take a variety of steps to ensure that the application process is accessible to those people who might have difficulty complying with the standard CRHA application process.

Disabled Populations [24 CFR 8; PH Occ GB, p. 68]

The CRHA must provide reasonable accommodation as needed for persons with disabilities to make the application process fully accessible. The facility where applications are accepted and the application process must be fully accessible, or the CRHA must provide an alternate approach that provides equal access to the program. Chapter 2 provides a full discussion of the CRHA's policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

CRHAs are required to take reasonable steps to ensure meaningful access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on the CRHA's policies related to ensuring access to people with limited English proficiency (LEP).

4-I.D. PLACEMENT ON THE WAITING LIST

The CRHA must review each completed application received and make a preliminary assessment of the family's eligibility. Applicants for whom the waiting list is open must be placed on the waiting list unless the CRHA determines the family to be ineligible. Where the family is determined to be ineligible, the CRHA must notify the family in writing [24 CFR 960.208(a); PH Occ GB, p. 41].

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list.

Ineligible for Placement on the Waiting List

CRHA Policy

All completed applications will be placed on the Waiting List. Incomplete applications will not be accepted electronically and will be returned if submitted manually.

Placement on the waiting list does not indicate that the family is, in fact, eligible for admission. When the family is selected from the waiting list, the CRHA will verify any preference(s) claimed and determine eligibility and suitability for admission to the program.

Eligible for Placement on the Waiting List

CRHA Policy

The CRHA will send written notification of the preliminary of eligibility to be placed on the waiting list within 10 business days of receiving a completed application. If applicable, the notice will also indicate the waiting list preference(s) for which the family appears to qualify. This notice will be automatically sent via email if application is submitted electronically and via US First Class mail if the application is submitted manually.

Applicants will be placed on the waiting list according to CRHA preference(s) and the date and time their complete application is received by the CRHA.

The CRHA will assign families on the waiting list according to the bedroom size for which a family qualifies as established in its occupancy standards (see Chapter 5). Families may request to be placed on the waiting list for a unit size smaller than designated by the occupancy guidelines (as long as the unit is not overcrowded according to CRHA standards and local codes). However, in these cases, the family must agree not to request a transfer for two years after admission, unless they have a change in family size or composition.

Placement on the waiting list does not indicate that the family is, in fact, eligible for admission. When the family is selected from the waiting list, the CRHA will verify any preference(s) claimed and determine eligibility and suitability for admission to the program.

PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

The CRHA must have policies regarding the type of waiting list it will utilize as well as how the waiting list will be organized and managed. This includes policies on notifying the public on the opening and closing of the waiting list to new applicants, updating family information, purging the list of families that are no longer interested in or eligible for public housing, and conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how the CRHA may structure its waiting list and how families must be treated if they apply for public housing at a CRHA that administers more than one assisted housing program.

4-II.B. ORGANIZATION OF THE WAITING LIST

The CRHA's public housing waiting list must be organized in such a manner to allow the CRHA to accurately identify and select families in the proper order, according to the admissions policies described in this ACOP.

CRHA Policy

The waiting list will contain the following information for each applicant listed:

Name and social security number of head of household

Unit size required (number of family members)

Amount and source of annual income

Accessibility requirement, if any

Date and time of application or application number

Household type (family, elderly, disabled)

Admission preference, if any

Race and ethnicity of the head of household

The CRHA may adopt one community-wide waiting list or site-based waiting lists. The CRHA must obtain approval from HUD through submission of its Annual Plan before it may offer site-based waiting lists. Site-based waiting lists allow families to select the development where they wish to reside and must be consistent with all applicable civil rights and fair housing laws and regulations [24 CFR 903.7(b)(2)].

CRHA Policy

The CRHA will maintain one single community-wide waiting list for its general population developments.

The CRHA will maintain one single waiting list for its elderly/disabled community (Crescent Halls).

The CRHA will not adopt site-based waiting lists.

HUD requires that public housing applicants must be offered the opportunity to be placed on the waiting list for any tenant-based or project-based voucher or moderate rehabilitation program that the CRHA operates if 1) the other programs' waiting lists are open, and 2) the family is qualified for the other programs [24 CFR 982.205(a)(2)(i)].

HUD permits, but does not require, that CRHAs maintain a single merged waiting list for their public housing, Section 8, and other subsidized housing programs [24 CFR 982.205(a)(1)].

CRHA Policy

The CRHA will not merge the public housing waiting list with the waiting list for any other program the CRHA operates.

4-II.C. OPENING AND CLOSING THE WAITING LIST

Closing the Waiting List

The CRHA is permitted to close the waiting list, in whole or in part, if it has an adequate pool of families to fully lease units in all of its developments. The CRHA may close the waiting list completely, or restrict intake by preference, type of project, or by size and type of dwelling unit. [PH Occ GB, p. 31].

CRHA Policy

The CRHA will close the waiting list when the estimated waiting period for housing applicants on the list reaches 36 months for the most current applicants. Where the CRHA has particular preferences or other criteria that require a specific category of family, the CRHA may elect to continue to accept applications from these applicants while closing the waiting list to others.

Reopening the Waiting List

If the waiting list has been closed, it may be reopened at any time. The CRHA should publish a notice announcing the opening of the waiting list in local newspapers of general circulation, minority media, and other suitable media outlets. Such notice must comply with HUD fair housing requirements. The CRHA should specify who may apply, and where and when applications will be received.

CRHA Policy

The CRHA will announce the reopening of the waiting list at least 10 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice. The notice will specify where, when, and how applications are to be received.

The CRHA will give public notice by publishing the relevant information in suitable outlets including, but not limited to:

NBC 29

Newsplex 19

Cville Today

Daily Progress

CRHA Facebook page

CRHA Website

PHAR

Legal Aid Justice Center

TJACH/Haven

Department of Social Services

Neighboring PHAs

Housing HUB

4-II.D. FAMILY OUTREACH [24 CFR 903.2(d); 24 CFR 903.7(a) and (b)]

The CRHA should conduct outreach as necessary to ensure that the CRHA has a sufficient number of applicants on the waiting list to fill anticipated vacancies and to assure that the CRHA is affirmatively furthering fair housing and complying with the Fair Housing Act.

Because HUD requires the CRHA to admit a specified percentage of extremely low income families, the CRHA may need to conduct special outreach to ensure that an adequate number of such families apply for public housing.

CRHA outreach efforts must comply with fair housing requirements. This includes:

- Analyzing the housing market area and the populations currently being served to identify underserved populations
- Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program
- Avoiding outreach efforts that prefer or exclude people who are members of a protected class

CRHA outreach efforts must be designed to inform qualified families about the availability of units under the program. These efforts may include, as needed, any of the following activities:

- Submitting press releases to local newspapers, including minority newspapers
- Developing informational materials and flyers to distribute to other agencies
- Providing application forms to other public and private agencies that serve the low income population
- Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

CRHA Policy

The CRHA will monitor the characteristics of the population being served and the characteristics of the population as a whole in the CRHA's jurisdiction. Targeted outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

CRHA Policy

While the family is on the waiting list, the family must inform the CRHA, within 10 business days, of changes in family size or composition, preference status, or contact information, including current residence, mailing address, and phone number. The changes can be submitted directly to the Yardi Rent Café Applicant Portal if the applicant is a registered user, if not the changes must be submitted in writing.

Changes in an applicant's circumstances while on the waiting list may affect the family's qualification for a particular bedroom size or entitlement to a preference. When an applicant reports a change that affects their placement on the waiting list, the waiting list will be updated accordingly.

4-II.F. UPDATING THE WAITING LIST

HUD requires the CRHA to establish policies that describe the circumstances under which applicants will be removed from the waiting list [24 CFR 960.202(a)(2)(iv)].

Purging the Waiting List

The decision to remove an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to the CRHA's request for information or updates because of the family member's disability, the CRHA must, upon the family's request, reinstate the applicant family to their former position on the waiting list as a reasonable accommodation [24 CFR 8.4(a), 24 CFR 100.204(a), and PH Occ GB, p. 39 and 40]. See Chapter 2 for further information regarding reasonable accommodations.

CRHA Policy

The waiting list will be updated as needed to ensure that all applicant information is current and timely.

To update the waiting list, the CRHA will send an update request via email to each family registered to the Yardi Rent Café Portal or first class mail to each family not, who are on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the registered email address or the last mailing address that the CRHA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

The family's response must be completed in writing and may be delivered in person, by mail, by email, or by fax. Responses should be postmarked or received by the CRHA not later than 15 business days from the date of the CRHA letter/email.

If the family fails to respond within 15 business days, the family will be removed from the waiting list without further notice.

If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.

If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 15 business days to respond from the date the letter was re-sent. If the family fails to respond within this time frame, the family will be removed from the waiting list without further notice.

When a family is removed from the waiting list during the update process for failure to respond, no informal hearing will be offered. Such failures to act on the part of the applicant prevent the CRHA from making an eligibility determination; therefore no informal hearing is required.

If a family is removed from the waiting list for failure to respond, the CRHA may reinstate the family if the lack of response was due to CRHA error, or to circumstances beyond the family's control.

Removal from the Waiting List

CRHA Policy

The CRHA will remove an applicant from the waiting list upon request by the applicant family. In such cases no informal hearing is required.

If the CRHA determines that the family is not eligible for admission (see Chapter 3) at any time while the family is on the waiting list the family will be removed from the waiting list.

If a family is removed from the waiting list because the CRHA has determined the family is not eligible for admission, a notice will be sent to the family's address of record as well as to any alternate address provided on the initial application. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal hearing regarding the CRHA's decision (see Chapter 14) [24 CFR 960.208(a)].

PART III: TENANT SELECTION

4-III.A. OVERVIEW

The CRHA must establish tenant selection policies for families being admitted to public housing [24 CFR 960.201(a)]. The CRHA must not require any specific income or racial quotas for any developments [24 CFR 903.2(d)]. The CRHA must not assign persons to a particular section of a community or to a development or building based on race, color, religion, sex, disability, familial status or national origin for purposes of segregating populations [24 CFR 1.4(b)(1)(iii) and 24 CFR 903.2(d)(1)].

The order in which families will be selected from the waiting list depends on the selection method chosen by the CRHA and is impacted in part by any selection preferences that the family qualifies for. The availability of units also may affect the order in which families are selected from the waiting list.

The CRHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the CRHA's selection policies [24 CFR 960.206(e)(2)]. The CRHA's policies must be posted any place where the CRHA receives applications. The CRHA must provide a copy of its tenant selection policies upon request to any applicant or tenant. The CRHA may charge the family for providing a copy of its tenant selection policies [24 CFR 960.202(c)(2)].

CRHA Policy

When an applicant or resident family requests a copy of the CRHA's tenant selection policies, the CRHA will provide copies to them free of charge.

4-III.B. SELECTION METHOD

CRHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the CRHA will use.

Local Preferences [24 CFR 960.206]

CRHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the CRHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the CRHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

CRHA Policy

The CRHA will use the following local preferences:

Live or work in the City of Charlotteville

Homeless

Elderly or Disabled Family

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40 percent of the families admitted to public housing during the CRHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher [*Federal Register* notice 6/25/14]. To ensure this requirement is met, the CRHA may skip non-ELI families on the waiting list in order to select an ELI family.

If a CRHA also operates a housing choice voucher (HCV) program, admissions of extremely low-income families to the CRHA's HCV program during a CRHA fiscal year that exceed the 75 percent minimum target requirement for the voucher program, shall be credited against the CRHA's basic targeting requirement in the public housing program for the same fiscal year. However, under these circumstances the fiscal year credit to the public housing program must not exceed the lower of: (1) ten percent of public housing waiting list admissions during the CRHA fiscal year; (2) ten percent of waiting list admissions to the CRHA's housing choice voucher program during the CRHA fiscal year; or (3) the number of qualifying low-income families who commence occupancy during the fiscal year of CRHA public housing units located in census tracts with a poverty rate of 30 percent or more. For this purpose, qualifying low-income family means a low-income family other than an extremely low-income family.

CRHA Policy

The CRHA will monitor progress in meeting the ELI requirement throughout the fiscal year. ELI families will be selected ahead of other eligible families on an as-needed basis to ensure that the income targeting requirement is met.

Mixed Population Developments [24 CFR 960.407]

A mixed population development is a public housing development or portion of a development that was reserved for elderly families and disabled families at its inception (and has retained that character) or the CRHA at some point after its inception obtained HUD approval to give preference in tenant selection for all units in the development (or portion of a development) to elderly and disabled families [24 CFR 960.102]. Elderly family means a family whose head, spouse, cohead, or sole member is a person who is at least 62 years of age. Disabled family means a family whose head, spouse, cohead, or sole member is a person with disabilities [24 CFR 5.403]. The CRHA must give elderly and disabled families equal preference in selecting these families for admission to mixed population developments. The CRHA may not establish a limit on the number of elderly or disabled families that may occupy a mixed population development. In selecting elderly and disabled families to fill these units, the CRHA must first offer the units that have accessibility features for families that include a person with a disability and require the accessibility features of such units. The CRHA may not discriminate against elderly or disabled families that include children (Fair Housing Amendments Act of 1988).

Units Designated for Elderly or Disabled Families [24 CFR 945]

The CRHA may designate projects or portions of a public housing project specifically for elderly or disabled families. The CRHA must have a HUD-approved allocation plan before the designation may take place.

Among the designated developments, the CRHA must also apply any preferences that it has established. If there are not enough elderly families to occupy the units in a designated elderly development, the CRHA may allow near-elderly families to occupy the units [24 CFR 945.303(c)(1)]. Near-elderly family means a family whose head, spouse, or cohead is at least 50 years old, but is less than 62 [24 CFR 5.403].

If there are an insufficient number of elderly families and near-elderly families for the units in a development designated for elderly families, the CRHA must make available to all other families any unit that is ready for re-rental and has been vacant for more than 60 consecutive days [24 CFR 945.303(c)(2)].

The decision of any disabled family or elderly family not to occupy or accept occupancy in designated housing shall not have an adverse affect on their admission or continued occupancy in public housing or their position on or placement on the waiting list. However, this protection does not apply to any family who refuses to occupy or accept occupancy in designated housing because of the race, color, religion, sex, disability, familial status, or national origin of the occupants of the designated housing or the surrounding area [24 CFR 945.303(d)(1) and (2)].

This protection does apply to an elderly family or disabled family that declines to accept occupancy, respectively, in a designated project for elderly families or for disabled families, and requests occupancy in a general occupancy project or in a mixed population project [24 CFR 945.303(d)(3)].

CRHA Policy

The CRHA does have designated elderly or designated disabled housing at Crescent Halls.

Deconcentration of Poverty and Income-Mixing [24 CFR 903.1 and 903.2]

The CRHA's admission policy must be designed to provide for deconcentration of poverty and income-mixing by bringing higher income tenants into lower income projects and lower income tenants into higher income projects. A statement of the CRHA's deconcentration policies must be included in its annual plan [24 CFR 903.7(b)].

The CRHA's deconcentration policy must comply with its obligation to meet the income targeting requirement [24 CFR 903.2(c)(5)].

Developments subject to the deconcentration requirement are referred to as 'covered developments' and include general occupancy (family) public housing developments. The following developments are not subject to deconcentration and income mixing requirements: developments operated by a CRHA with fewer than 100 public housing units; mixed population or developments designated specifically for elderly or disabled families; developments operated by a CRHA with only one general occupancy development; developments approved for demolition or for conversion to tenant-based public housing; and developments approved for a mixed-finance plan using HOPE VI or public housing funds [24 CFR 903.2(b)].

Steps for Implementation [24 CFR 903.2(c)(1)]

To implement the statutory requirement to deconcentrate poverty and provide for income mixing in covered developments, the CRHA must comply with the following steps:

Step 1. The CRHA must determine the average income of all families residing in all the CRHA's covered developments. The CRHA may use the median income, instead of average income, provided that the CRHA includes a written explanation in its annual plan justifying the use of median income.

CRHA Policy

The CRHA will determine the average income of all families in all covered developments on an annual basis.

Step 2. The CRHA must determine the average income (or median income, if median income was used in Step 1) of all families residing in each covered development. In determining average income for each development, the CRHA has the option of adjusting its income analysis for unit size in accordance with procedures prescribed by HUD.

CRHA Policy

The CRHA will determine the average income of all families residing in each covered development (not adjusting for unit size) on an annual basis.

Step 3. The CRHA must then determine whether each of its covered developments falls above, within, or below the established income range (EIR), which is from 85% to 115% of the average family income determined in Step 1. However, the upper limit must never be less than the income at which a family would be defined as an extremely low-income family (federal poverty level or 30 percent of median income, whichever number is higher).

Step 4. The CRHA with covered developments having average incomes outside the EIR must then determine whether or not these developments are consistent with its local goals and annual plan.

Step 5. Where the income profile for a covered development is not explained or justified in the annual plan submission, the CRHA must include in its admission policy its specific policy to provide for deconcentration of poverty and income mixing.

Depending on local circumstances the CRHA's deconcentration policy may include, but is not limited to the following:

- Providing incentives to encourage families to accept units in developments where their income level is needed, including rent incentives, affirmative marketing plans, or added amenities
- Targeting investment and capital improvements toward developments with an average income below the EIR to encourage families with incomes above the EIR to accept units in those developments
- Establishing a preference for admission of working families in developments below the EIR

- Skipping a family on the waiting list to reach another family in an effort to further the goals of deconcentration
- Providing other strategies permitted by statute and determined by the CRHA in consultation with the residents and the community through the annual plan process to be responsive to local needs and CRHA strategic objectives

A family has the sole discretion whether to accept an offer of a unit made under the CRHA's deconcentration policy. The CRHA must not take any adverse action toward any eligible family for choosing not to accept an offer of a unit under the CRHA's deconcentration policy [24 CFR 903.2(c)(4)].

If, at annual review, the average incomes at all general occupancy developments are within the EIR, the CRHA will be considered to be in compliance with the deconcentration requirement and no further action is required.

CRHA Policy

For developments outside the EIR the CRHA will take the following actions to provide for deconcentration of poverty and income mixing:

The CRHA will offer available apartments in the development to applicants with the appropriate income range to be in compliance with the deconcentration requirements.

Order of Selection [24 CFR 960.206(e)]

The CRHA system of preferences may select families either according to the date and time of application or by a random selection process.

CRHA Policy

Families will be selected from the waiting list based on preference. Among applicants with the same preference, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the CRHA.

When selecting applicants from the waiting list, the CRHA will match the characteristics of the available unit (unit size, accessibility features, unit type) to the applicants on the waiting lists. The CRHA will offer the unit to the highest ranking applicant who qualifies for that unit size or type, or that requires the accessibility features.

By matching unit and family characteristics, it is possible that families who are lower on the waiting list may receive an offer of housing ahead of families with an earlier date and time of application or higher preference status.

Factors such as deconcentration or income mixing and income targeting will also be considered in accordance with HUD requirements and CRHA policy.

4-III.C. NOTIFICATION OF SELECTION

When the family has been selected from the waiting list, the CRHA must notify the family [24 CFR 960.208].

CRHA Policy

The CRHA will notify the family by email or first class mail when it is selected from the waiting list.

The notice will inform the family of the following:

Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview

Who is required to attend the interview

Documents that must be provided at the interview to document the legal identity of household members, including information about what constitutes acceptable documentation

Documents that must be provided at the interview to document eligibility for a preference, if applicable

Other documents and information that should be brought to the interview

If a notification letter is returned to the CRHA with no forwarding address, the family will be removed from the waiting list without further notice. Such failure to act on the part of the applicant prevents the CRHA from making an eligibility determination; therefore no informal hearing will be offered.

4-III.D. THE APPLICATION INTERVIEW

HUD recommends that the CRHA obtain the information and documentation needed to make an eligibility determination through a private interview. Being invited to attend an interview does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if the CRHA determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by the CRHA [Notice PIH 2018-24].

Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability [24 CFR 8.4(a) and 24 CFR 100.204(a)].

CRHA Policy

Families selected from the waiting list are required to participate in an eligibility interview.

The head of household and the spouse/cohead will be strongly encouraged to attend the interview together. However, either the head of household or the spouse/cohead may attend the interview on behalf of the family. Verification of information pertaining to adult members of the household not present at the interview will not begin until signed release forms are returned to the CRHA.

The interview will be conducted only if the head of household or spouse/cohead provides appropriate documentation of legal identity (Chapter 7 provides a discussion of proper documentation of legal identity). If the family representative does not provide the required documentation, the appointment may be rescheduled when the proper documents have been obtained.

Pending disclosure and documentation of social security numbers, the CRHA will allow the family to retain its place on the waiting list for ten business days. **If not all household members have disclosed their SSNs at the next time a unit becomes available, the CRHA will offer a unit to the next eligible applicant family on the waiting list.**

If the family is claiming a waiting list preference, the family must provide documentation to verify their eligibility for a preference (see Chapter 7). If the family is verified as eligible for the preference, the CRHA will proceed with the interview. If the CRHA determines the family is not eligible for the preference, the interview will not proceed and the family will be placed back on the waiting list according to the date and time of their application.

The family must provide the information necessary to establish the family's eligibility, including suitability, and to determine the appropriate amount of rent the family will pay. The family must also complete required forms, provide required signatures, and submit required documentation. If any materials are missing, the CRHA will provide the family with a written list of items that must be submitted.

Any required documents or information that the family is unable to provide at the interview must be provided within 10 business days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of Social Security numbers and eligible noncitizen status). If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (see Chapter 3).

An advocate, interpreter, or other assistant may assist the family with the application and the interview process.

Interviews will be conducted in English. For limited English proficient (LEP) applicants, the CRHA will provide translation services in accordance with the CRHA's LEP plan.

If the family is unable to attend a scheduled interview, the family should contact the CRHA in advance of the interview to schedule a new appointment. In all circumstances, if a family does not attend a scheduled interview, the CRHA will send another notification letter with a new interview appointment time. Applicants who fail to attend two scheduled interviews without CRHA approval will have their applications made inactive based on the family's failure to supply information needed to determine eligibility. The second appointment letter will state that failure to appear for the appointment without a request to reschedule will be interpreted to mean that the family is no longer interested and their application will be made inactive. Such failure to act on the part of the applicant prevents the CRHA from making an eligibility determination, therefore the CRHA will not offer an informal hearing.

4-III.E. FINAL ELIGIBILITY DETERMINATION [24 CFR 960.208]

The CRHA must verify all information provided by the family (see Chapter 7). Based on verified information related to the eligibility requirements, including CRHA suitability standards, the CRHA must make a final determination of eligibility (see Chapter 3).

When a determination is made that a family is eligible and satisfies all requirements for admission, including tenant selection criteria, the applicant must be notified of the approximate date of occupancy insofar as that date can be reasonably determined [24 CFR 960.208(b)].

CRHA Policy

The CRHA will notify a family in writing of their eligibility within 10 business days of the determination and will provide the approximate date of occupancy insofar as that date can be reasonably determined.

The CRHA will expedite the administrative process for determining eligibility to the extent possible for applicants who are admitted to the public housing program as a result of an emergency transfer from another PHA program.

The CRHA must promptly notify any family determined to be ineligible for admission of the basis for such determination, and must provide the applicant upon request, within a reasonable time after the determination is made, with an opportunity for an informal hearing on such determination [24 CFR 960.208(a)].

CRHA Policy

If the CRHA determines that the family is ineligible, the CRHA will send written notification of the ineligibility determination within 10 business days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal hearing (see Chapter 14).

If the CRHA uses a criminal record or sex offender registration information obtained under 24 CFR 5, Subpart J, as the basis of a denial, a copy of the record must precede the notice to deny, with an opportunity for the applicant to dispute the accuracy and relevance of the information before the CRHA can move to deny the application. See Section 3-III.G for the CRHA's policy regarding such circumstances.

The CRHA must provide the family a notice of VAWA rights (form HUD-5380) as well as the HUD VAWA self-certification form (form HUD-5382) in accordance with the Violence against Women Act of 2013, and as outlined in 16-VII.C, at the time the applicant is provided assistance or at the time the applicant is denied assistance. This notice must be provided in both of the following instances: (1) when a family actually begins receiving assistance (lease execution); or (2) when a family is notified of its ineligibility.