

## **Article XI. QUORUM, VOTING, AND CONFLICT OF INTEREST POLICY**

### **Section 11.01 Quorum**

A quorum for the CoC, HMIS Administrators Council, and Standing Committees shall constitute fifty percent plus one (50% + 1) of members, organizations, persons, etc. present and without a conflict of interest. A quorum for the BOG shall be fifty percent plus one (50% + 1) of voting members present without a conflict of interest.

### **Section 11.02 Voting**

At all meetings of the HMIS Administrators Council and Standing Committees, all duly authorized organization members and community-at-large members shall vote in person. Each organization and each community-at-large member shall have only one vote for any one motion, as per stated in the Charter. A vote may be made by proxy for any agenda item, however said proxy must state the time that the proxy applies to and is only valid for that specific item. A vote of fifty percent plus one (50+1%) of a quorum shall be required to carry a motion.

### **Section 11.03 Conflict of Interest**

All members must declare any conflict of interest they or their organizations have on any voting issue. Members declaring a conflict shall not be counted towards determining a quorum for that particular action item. Organizations and Community-at-Large members are required to excuse themselves from voting on any issue in which they, or their organization, may have a financial interest.

## **Article XII. PARLIAMENTARY PROCEDURE**

Robert's Rules of Order-Revised (2004) shall be the authority for all questions of procedure at all meetings.

## **Article XIII. MISCELLANEOUS**

### **Section 13.01 Designation of Collaborative Applicant**

The CoC designates Riverside County Department of Public Social Services as the Collaborative Applicant.

### **Section 13.02 Designation of the HMIS Lead Agency**

The CoC designates Riverside County Department of Public Social Services as the HMIS Lead Agency.

### **Section 13.03 Fiscal Year**

The fiscal year of the CoC shall be July 1st through June 30th.

### **Section 13.04 Amendment of the Charter**

The Charter may be amended upon approval by fifty percent plus one (50%+1) of a quorum of the CoC members. The Collaborative Applicant shall mail or email to the full CoC a copy of any proposed Charter Amendment at least seven (7) days prior to the meeting at which Charter Amendment is to be considered for approval.

### **Section 13.05 Effective Charter Date**

This Charter shall be effective on July 1, 2015, upon approval by the CoC.

CERTIFICATE

This is to certify that the foregoing is a true and original copy of the Amended Charter of the County of Riverside Continuum of Care named in the title thereto and that such Charter is duly adopted by the CoC on the 22 day of April, 2015.

Dated: April 22, 2015

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

County of Riverside  
Department of Public Social Services, Homeless Programs  
Collaborative Applicant for HUD CoC Programs



Name \_\_\_\_\_ VI-SPDAT \_\_\_\_\_



**VI-SPDAT Screener and Match Initiation Consent Form**

**Authorization to Share Protected Health information and Participate in Survey**

Participant Last Name	Participant First Name	DOB (mm/dd/yyyy)
Unique Client Identifier (UCI) Does not have to be filled in at time of initial survey	UCI:	Social Security Number (or last 4 digits)
Street Name/Nickname	Contact Phone	Contact email

We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you questions about your health and housing for about 20-30 minutes. Participation in either/both of these surveys is completely voluntary. If you feel uncomfortable or upset during the interviews, you may ask the interviewer to take a break, skip any of the questions, or stop the surveys. At any time you can request that your information be removed from the database by contacting the Department of Social Services Homeless Unit. No one will be upset or angry if you decide not to be interviewed today.

Please **initial below** if you agree with the following statements:

\_\_\_\_\_ I agree to allow my responses to this survey or these surveys to be disclosed and received by the organizations that participate in the **Home Connect** system, which include but are not limited to:

- Valley Re Start Shelter
- Path of Life
- Coachella Valley Rescue Mission
- Veteran-service providers\*
- Riverside County Departments\*
- Supportive Housing providers of Riverside\*
- Affiliated Service Providers\*
- RUHS Departments\*
- Veterans Administration
- Housing Authority - County of Riverside

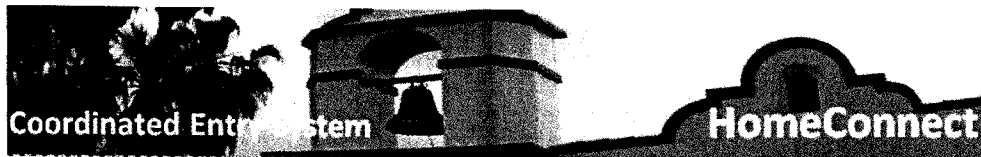
\*For a complete list of participating agencies, please contact Home Connect at 800-498-8847

Initials

\_\_\_\_\_ I understand that the information from this survey will be entered into a data information System and Performance Management database for **Home Connect**, as well as the countywide HMIS database. My personal information will be kept in accordance with all federal, state and local laws and regulations related to protecting personal information.

\_\_\_\_\_ I understand that the following information can be shared with participating agencies in Riverside County as needed to help me find appropriate housing and services:

- Name
- Birth Date
- Gender
- Photo (optional)
- Housing and homelessness history
- Medical and/or Mental Health Treatment history
- Income
- Contact Information
- Additional information used strictly for matching me with suitable housing and/or services



## VI-SPDAT Screener and Match Initiation Consent Form

### Initials

\_\_\_\_\_ I allow my case manager or outreach worker to enter my responses to the interview survey questions into a secure database – the **Home Connect/HMIS** system. My signature below signifies my permission.

\_\_\_\_\_ I, or my outreach worker/case manager, can be contacted about my survey.

\_\_\_\_\_ I understand that the information I provide will be used to determine if I am eligible for participating housing, services or related programs.

\_\_\_\_\_ I understand that participating in the **Home Connect/HMIS** system does not guarantee that I will be called for a housing program.

\_\_\_\_\_ I understand that the **Home Connect/HMIS** system will act as the agency that matches my information against eligibility requirements of housing that becomes available for which I may be eligible.

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### **Important Rights and Other Required Statements You Should Know**

- You may revoke this authorization at any time. All participating organizations of the Home Connect/HMIS system agree to use information provided to only link clients with housing or supportive service options.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it.

### **SIGN BELOW IF AGREEING TO BE INTERVIEWED**

Your signature (or mark) below indicates that you have read (or have been read) the information provided above, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

\_\_\_\_\_ Date                      \_\_\_\_\_ Signature (or Mark) of Participant                      \_\_\_\_\_ Printed Name of Participant

\_\_\_\_\_ I agree to have my photo taken (by initial or mark)

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City & Location where I sleep/stay (example: City of XXXXX, camp by 3<sup>rd</sup> & Main St.)

# Homeless Management Information System (HMIS)

## CONSENT FOR RELEASE OF INFORMATION

As of \_\_\_\_\_ (Day/Mo./Yr) I, \_\_\_\_\_ (Head of Household Name)

And (All Household Members Names) \_\_\_\_\_,

\_\_\_\_\_

authorize \_\_\_\_\_ (Organization Name) to share the following  
information with participating Contributory Homeless Management Information System (HMIS)

Organizations or CHO's:

- Last Name
- Birth Date
- Social Security Number
- Veteran Status
- Middle Initial
- Client Age
- Marital Status
- Ethnicity
- First Name
- Gender
- Relationship to Head of Household
- Race

The purpose of this disclosure is to coordinate with the County's participating homeless assistance/prevention network members excluding confidential care.

**I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time except to the extent that action has already been taken to comply with it. Unless revoked in writing, this release of information is valid. Once service provision is provided, re-disclosure of my records by those receiving the above authorized information may not be provided without my further written consent.**

\_\_\_\_\_  
SIGNATURE OF CLIENT OR GUARDIAN

\_\_\_\_\_  
SIGNATURE OF SPOUSE OR PARTNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Individuals

**GENERAL INFORMATION/CONSENT**

1. Interviewer's First Name		2. Interviewer's Last Name	
3. Interviewer's Email		4. Interviewer's Phone Number	
5. When was this survey conducted? _____ / _____ / _____ Time: _____		6. Referring Agency: <i>If applicable</i>	
7. Location of Survey:			
1. In what language do you feel best able to express yourself?			
2. Unique Client Identifier			
How old are you?		3. Birth Month/Year: ( <i>The 1<sup>st</sup> of the month has been selected as a proxy DOB</i> ) _____ / <u>1</u> / _____	
If 60 years or older, then score 1.			Prescreen Score
<b>PRE-SCREEN GENERAL INFORMATION SUBTOTAL</b>			



**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
Prescreen for Individuals

**A. HISTORY OF HOUSING & HOMELESSNESS**

QUESTIONS			
	RESPONSE	REFUSED	Prescreen Score
If the person has experienced 24 or more cumulative months of homelessness, and/or 4+ episodes of homelessness, then score 1.			
1. How many months have you lived on the streets, in shelters or in a Safe Haven?		<input type="checkbox"/>	
2. In the past three years, how many separate times have you been homeless and then housed again?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more <input type="checkbox"/> Doesn't know	<input type="checkbox"/>	
<b>PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL</b>			
3. In the past three years, what is the total number of months you have been homeless (living on the street, in Emergency Shelters or Safe Haven)?		<input type="checkbox"/>	
4. During the last three years, have you been continuously homeless for at least a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know	<input type="checkbox"/>	

**B. RISKS**

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

QUESTIONS				
	RESPONSE		REFUSED	Prescreen Score
If the total number of interactions across questions 1, 2, 3, 4 and 5 is equal to or greater than 4, then score 1.				
1. In the past six months, how many times have you been to the emergency department/room?			<input type="checkbox"/>	
2. In the past six months, how many times have you had an interaction with the police?			<input type="checkbox"/>	
3. In the past six months, how many times have you been taken to the hospital in an ambulance?			<input type="checkbox"/>	
4. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?			<input type="checkbox"/>	
5. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?			<input type="checkbox"/>	
If YES to questions 6 or 7, then score 1.	YES	NO	REFUSED	Prescreen Score
6. Have you been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you threatened to or tried to harm themselves or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 8, then score 1.	YES	NO	REFUSED	Prescreen Score





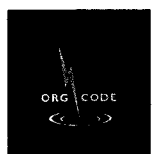
## Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)

### Prescreen for Individuals

8. Do you have any legal stuff going on right now that may result in being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 9 or 10; OR if respondent provides any answer <i>OTHER THAN</i> "Shelter" in question 11, then score 1.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
9. Does anybody force or trick you to do things that they do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):			
<b>PRE-SCREEN RISKS SUBTOTAL</b>				

### C. SOCIALIZATION & DAILY FUNCTIONS

QUESTIONS				
	YES	NO	REFUSED	Prescreen Score
If YES to question 12 or NO to questions 13 or 14, score 1.				
12. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Do you have any money coming in on a regular basis, through a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Do you have enough money to meet all expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If NO to question 15, score 1.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
15. Do you have planned activities each day other than just surviving that bring happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 16 or 17, score 1.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
16. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVE ONLY. DO NOT ASK! If YES, score 1.	<b>YES</b>	<b>NO</b>		<b>Prescreen Score</b>
18. Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PRE-SCREEN SOCIALIZATION &amp; DAILY FUNCTIONS SUBTOTAL</b>				



**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
Prescreen for Individuals

**D. WELLNESS**

QUESTIONS				
If Does Not Go For Care, score 1.	<b>RESPONSE</b>			<b>Prescreen Score</b>
1. Where do you usually go for healthcare when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care			
For EACH YES response in questions 2 through 5 (Medical Conditions), score 1.				
<b>Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Medical Conditions</b>
2. Kidney disease/End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 6 to 14, then mark "X" in Other Medical Condition column.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Other Medical Conditions</b>
6. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b>	<input type="checkbox"/>	<input type="checkbox"/>		
14. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>	<input type="checkbox"/>		



**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Individuals

If any response is YES in questions 15 through 21, score 1 in the Substance Use column.	YES	NO	REFUSED	Substance Use
15. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Have you consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Have you ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Have you blacked out because of alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b> 21. Surveyor, do you observe signs or symptoms or problematic alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 22 through 28, score 1 in the Mental Health Column.	YES	NO	REFUSED	Mental Health
22. Have you ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Have you ever gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Have you spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of mental health – whether that was voluntary or because someone insisted that it be done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Have you had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Have you ever been told you have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Do you have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b> 28. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
<i>If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity.</i>				Tri-Morbidity

If YES to question 29, score 1.	YES	NO	REFUSED	Prescreen Score
29. Have you had any medicines prescribed by a doctor that were not taken, sold, stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 50, score 1.	YES	NO	REFUSED	Prescreen Score
30. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma which help was not sought for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN WELLNESS SUBTOTAL</b>				



**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Individuals

**SCORING SUMMARY**

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

**E. DEMOGRAPHIC INFORMATION**

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

1. What is your race?	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
2. What is your ethnicity?	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
3. What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
4. Do you have any children under 18 who are living with you now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
5. Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
6. Have you ever been in jail or prison during the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
7. Have you ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<i>If yes, which war/war era?</i>	<input type="checkbox"/> Theatre of Operations: World War II (1940-45) <input type="checkbox"/> Theatre of Operations: Korean War (June 1950-January 1955) <input type="checkbox"/> Theatre of Operations: Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Theatre of Operations: Persian Gulf (August 1991-Present) <input type="checkbox"/> Theatre of Operations: Afghanistan (2001-Present) <input type="checkbox"/> Theatre of Operations: Iraq (2003-Present) <input type="checkbox"/> Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify)
<i>If yes, was your active duty status before 1980?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, how many consecutive months were you on active duty?</i>	



**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Individuals

If yes, what was the character of the discharge?	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under Other than Honorable (OTH) <input type="checkbox"/> Dishonorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Still on Active Duty <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify) _____
1. Where did you live prior to becoming homeless?	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the State <input type="checkbox"/> Somewhere else (specify) _____
2. Do you have a permanent physical disability that limits mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
3. What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained through COBRA <input type="checkbox"/> State Health Insurance for Adults (use local name) <input type="checkbox"/> None <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify): _____

**F. CONTACT INFORMATION**

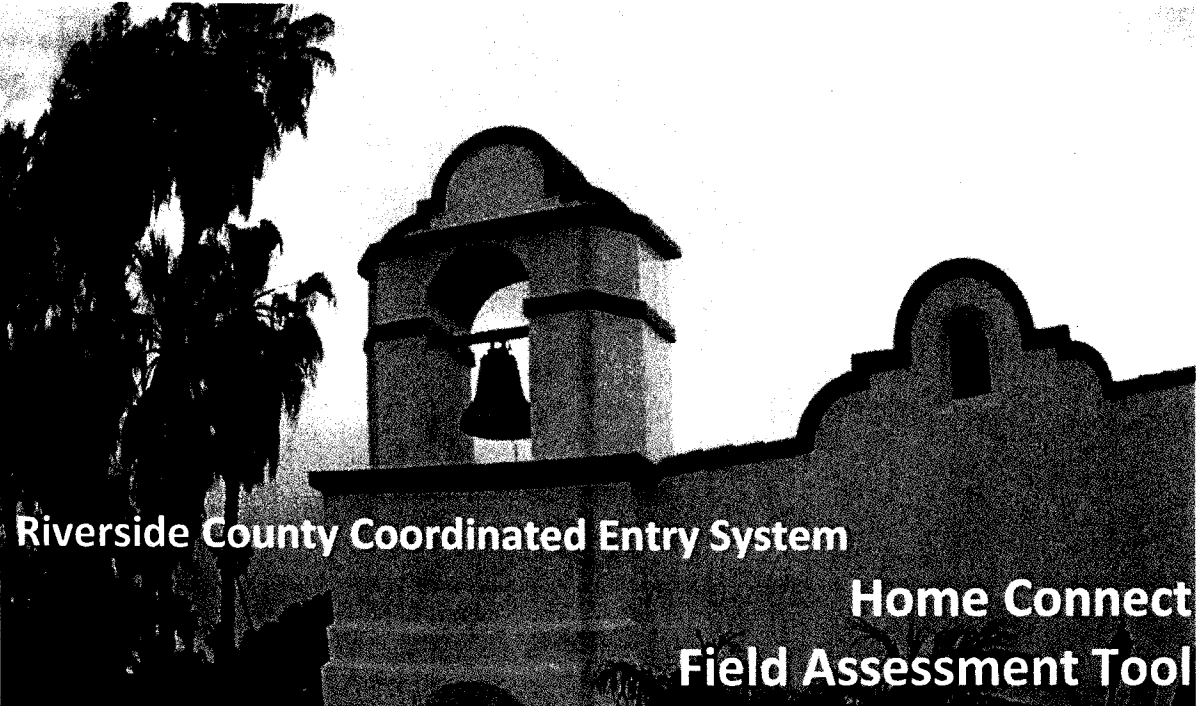
1. Do you work with a case manager or outreach worker that you trust and can serve as your housing navigator – be able to find you easily, help collect housing documents and accompany you to housing application appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
2. If yes, what is his/her name?	
3. What agency do they work for?	
4. What is their phone number?	
5. What is their email address?	
6. To finish, may I take your picture so that we can better find you if housing turns up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
7. SURVEYOR: Any final notes that you'd like to convey?	

**100,000  
HOMES**

For 100,000 homeless  
individuals and families

**POWERED BY COMMUNITY SOLUTIONS**



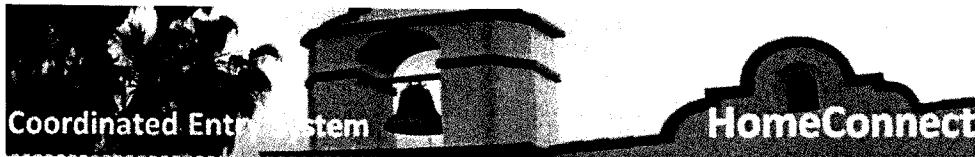


**Riverside County Coordinated Entry System**

**Home Connect  
Field Assessment Tool**

**Family**

Name \_\_\_\_\_ VI-SPDAT \_\_\_\_\_



## VI-SPDAT Screener and Match Initiation Consent Form

### Authorization to Share Protected Health information and Participate in Survey

Participant Last Name	Participant First Name	DOB (mm/dd/yyyy)
Unique Client Identifier (UCI) Does not have to be filled in at time of initial survey)	UCI:	Social Security Number (or last 4 digits)
Street Name/Nickname	Contact Phone	Contact email

We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you questions about your health and housing for about 20-30 minutes. Participation in either/both of these surveys is completely voluntary. If you feel uncomfortable or upset during the interviews, you may ask the interviewer to take a break, skip any of the questions, or stop the surveys. At any time you can request that your information be removed from the database by contacting the Department of Social Services Homeless Unit. No one will be upset or angry if you decide not to be interviewed today.

Please **initial below** if you agree with the following statements:

\_\_\_\_\_ I agree to allow my responses to this survey or these surveys to be disclosed and received by the organizations that participate in the **Home Connect** system, which include but are not limited to:

- Valley Re Start Shelter
- Supportive Housing providers of Riverside\*
- Path of Life
- Affiliated Service Providers\*
- Coachella Valley Rescue Mission
- RUHS Departments\*
- Veteran-service providers\*
- Veterans Administration
- Riverside County Departments\*
- Housing Authority - County of Riverside

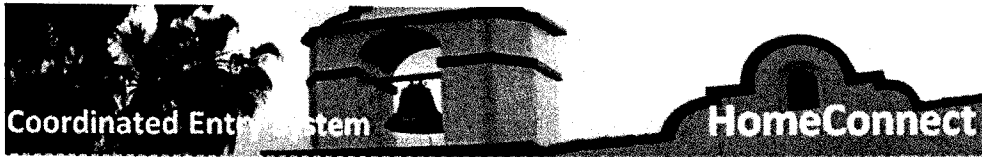
\*For a complete list of participating agencies, please contact Home Connect at 800-498-8847

Initials

\_\_\_\_\_ I understand that the information from this survey will be entered into a data information System and Performance Management database for **Home Connect**, as well as the countywide HMIS database. My personal information will be kept in accordance with all federal, state and local laws and regulations related to protecting personal information.

\_\_\_\_\_ I understand that the following information can be shared with participating agencies in Riverside County as needed to help me find appropriate housing and services:

- Name
- Housing and homelessness history
- Contact Information
- Birth Date
- Medical and/or Mental Health Treatment history
- Additional information used strictly for matching me with suitable housing and/or services
- Gender
- Income
- Photo (optional)



## VI-SPDAT Screener and Match Initiation Consent Form

Initials

\_\_\_\_\_ I allow my case manager or outreach worker to enter my responses to the interview survey questions into a secure database – the **Home Connect/HMIS** system. My signature below signifies my permission.

\_\_\_\_\_ I, or my outreach worker/case manager, can be contacted about my survey.

\_\_\_\_\_ I understand that the information I provide will be used to determine if I am eligible for participating housing, services or related programs.

\_\_\_\_\_ I understand that participating in the **Home Connect/HMIS** system does not guarantee that I will be called for a housing program.

\_\_\_\_\_ I understand that the **Home Connect/HMIS** system will act as the agency that matches my information against eligibility requirements of housing that becomes available for which I may be eligible.

---

### Important Rights and Other Required Statements You Should Know

- You may revoke this authorization at any time. All participating organizations of the Home Connect/HMIS system agree to use information provided to only link clients with housing or supportive service options.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it.

### SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or have been read) the information provided above, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature (or Mark) of Participant

\_\_\_\_\_ Printed Name of Participant

\_\_\_\_\_ I agree to have my photo taken (by initial or mark)

---

City & Location where I sleep/stay (example: City of XXXXX, camp by 3<sup>rd</sup> & Main St.)



# Homeless Management Information System (HMIS)

## CONSENT FOR RELEASE OF INFORMATION

As of \_\_\_\_\_ (Day/Mo./Yr) I, \_\_\_\_\_ (Head of Household Name)

And (All Household Members Names) \_\_\_\_\_,

\_\_\_\_\_

authorize \_\_\_\_\_ (Organization Name) to share the following  
information with participating Contributory Homeless Management Information System (HMIS)

Organizations or CHO's:

- Last Name
- Birth Date
- Social Security Number
- Veteran Status
- Middle Initial
- Client Age
- Marital Status
- Ethnicity
- First Name
- Gender
- Relationship to Head of Household
- Race

The purpose of this disclosure is to coordinate with the County's participating homeless assistance/prevention network members excluding confidential care.

**I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time except to the extent that action has already been taken to comply with it. Unless revoked in writing, this release of information is valid. Once service provision is provided, re-disclosure of my records by those receiving the above authorized information may not be provided without my further written consent.**

\_\_\_\_\_  
SIGNATURE OF CLIENT OR GUARDIAN

\_\_\_\_\_  
SIGNATURE OF SPOUSE OR PARTNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
 Prescreen for Families

**GENERAL INFORMATION/CONSENT**

1. Interviewer's First Name		2. Interviewer's Last Name	
3. Interviewer's Email		4. Interviewer's Phone Number	
5. When was this survey conducted? ____/____/____ Time: _____		6. Referring Agency: <i>If applicable</i>	
7. Location of Survey:			
<b>HEAD OF HOUSEHOLD 1</b>			
1. In what language do you feel best able to express yourself?			
2. Unique Client Identifier			
How old are you?		3. Birth Month/Year: <i>(The 1<sup>st</sup> of the month has been selected as a proxy DOB)</i> ____ / 1 / ____	
<b>HEAD OF HOUSEHOLD 2 (when applicable)</b>			
1. In what language do you feel best able to express yourself?			
2. Unique Client Identifier			
How old are you?		3. Birth Month/Year: <i>(The 1<sup>st</sup> of the month has been selected as a proxy DOB)</i> ____ / 1 / ____	
If either head of household is 60 years or older, then score 1.			Prescreen Score
<b>PRE-SCREEN GENERAL INFORMATION SUBTOTAL</b>			

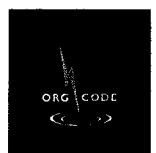


**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
Prescreen for Families

<b>CHILDREN</b>			
Total number of children under the age of 18 that are currently with the head(s) of household		RESPONSE	REFUSED <input type="checkbox"/>
How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?		RESPONSE	REFUSED <input type="checkbox"/>
Last Name	First Name	How old?	Date of Birth
<b>Only ask the following question when there is at least one female head of household, and/or if there is at least one female child 13 years of age or older:</b> Is any member of the family currently pregnant?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Single Parent Family: If there are two or more children, or any child 11 years of age or older, and/or it is a female single parent that is pregnant, score 1.		Prescreen Score	
Two Parent Family: If there are three or more children, or any child 6 years of age or younger, and/or there is a female head of household that is pregnant, score 1.			
<b>PRE-SCREEN GENERAL &amp; FAMILY SIZE INFORMATION SUBTOTAL</b>			

**A. HISTORY OF HOUSING & HOMELESSNESS**

<b>QUESTIONS</b>			
If at least one head of household AND at least one child has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.	RESPONSE	REFUSED	Prescreen Score
1. What is the total length of time you and your family have lived on the streets or in shelters?		<input type="checkbox"/>	
2. In the past three years, how many times have you and your family been housed and then homeless again?		<input type="checkbox"/>	
<b>PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL</b>			
3. In the past three years, what is the total number of months you have been homeless (living on the street, in Emergency Shelters or Safe Haven)?		<input type="checkbox"/>	
4. During the last three years, have you been continuously homeless for at least a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know	<input type="checkbox"/>	



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
Prescreen for Families

**B. RISKS**

**SCRIPT:** I am going to ask some questions about all the times you and other members of your family have had interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

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



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
 Prescreen for Families

**C. SOCIALIZATION & DAILY FUNCTIONS**

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



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
Prescreen for Families

**D. WELLNESS**

QUESTIONS				
If Does Not Go For Care, score 1.	<b>RESPONSE</b>			<b>Prescreen Score</b>
21. Where do you and other family members usually go for healthcare when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care			
For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.				
<b>Do you or any family member have now, ever had, or had a healthcare provider ever told you that you have any of the following medical conditions:</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Medical Conditions</b>
22. Kidney disease/End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Other Medical Conditions</b>
26. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b>	<input type="checkbox"/>	<input type="checkbox"/>		
34. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>	<input type="checkbox"/>		



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
Prescreen for Families

If any response is YES in questions 35 through 42, score 1 in the Substance Use column.	YES	NO	REFUSED	Substance Use
35. Have you or any member of the family ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have you or any family member consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you or any family member ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you or any family member ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you or any family member used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Have you or any family member blacked out because of alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Has any family member under the legal drinking age consumed alcohol four or more times in the last month or used drugs at any point in time during the last month – including marijuana or prescription pills to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b>				
42. Surveyor, do you observe signs or symptoms or problematic alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 43 through 49, score 1 in the Mental Health Column.	YES	NO	REFUSED	Mental Health
43. Have you or any family member ever been taken to a hospital against their will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Have you or any family member ever gone to the emergency room because they weren't feeling 100% well emotionally or because of their nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Have your or any member of your family spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of mental health – whether that was voluntary or because someone insisted that it be done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Have your or any member of your family had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Have you or any member of your family ever been told they have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Do you or any member of your family have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b>				
49. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
<b><i>If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X – AND IT IS ALL RELATED TO THE SAME FAMILY MEMBER, then score 1 additional point for tri-morbidity.</i></b>				<b>Tri-Morbidity Prescreen Score</b>
<b>ASK THIS QUESTION ONLY WHEN THERE WAS 1 in Substance Use AND 1 in Mental Health, and at least 1 in the Medical Conditions OR an X.</b>				
50. You indicated in your responses that there is a medical condition, experience with mental health services and experience with substance use. Is that the same member of the family in all of those instances?				



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

### Prescreen for Families

If YES to question 51, score 1.	YES	NO	REFUSED	Prescreen Score
51. Have you or any member of the family had any medicines prescribed by a doctor that were not take, sold, stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 52, score 1.	YES	NO	REFUSED	Prescreen Score
52. Yes or No – Have you or any member of your family experienced any emotional, physical, psychological, sexual or other type of abuse or trauma which help was not sought for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN WELLNESS SUBTOTAL</b>				

### **E. FAMILY UNIT**

QUESTIONS				
If YES to question 53 or 54, score 1.	YES	NO	REFUSED	Prescreen Score
53. Do any of your children spend two or more hours per day when you don't know where they are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. On most days, do any children do tasks that adults would normally do like preparing meals, getting other children ready for bedtime, shopping, cleaning the apartment, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If either 55 or 56 are 3 or more, score 1.	RESPONSE		REFUSED	Prescreen Score
55. What is the total number of times adults in the family have changed in the family over the past year because of things like new relationships or a breakdown in the relationship, prison, military deployment, or anything like that?			<input type="checkbox"/>	
56. What is the total number of times that children have been separated from the family or returned to the family over the past year?			<input type="checkbox"/>	
If either 57 or 58 are 3 or more, score 1.	YES	NO	REFUSED	Prescreen Score
57. Are there any school-aged children that are not enrolled in school or missing more days of school than they are attending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58. Right now or at any point in the last six months have any of your children been separated from you to live with a family member or friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to either question 59 or 60, score 1.	YES	NO	REFUSED	Prescreen Score
59. Has there been any involvement with any member of your family and child protective services in the last six months – even if it was resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60. Have you had anything in family court over the past six months or anything currently being considered in family court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN FAMILY UNIT SUBTOTAL</b>				

**100,000  
HOMES**

For 100,000 homeless  
individuals and families

**POWERED BY COMMUNITY SOLUTIONS**





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

Prescreen for Families

### SCORING SUMMARY

DOMAIN	SUBTOTAL	<p>If the Pre-Screen Total is equal to or greater than 12, the family is recommended for a Permanent Supportive Housing/Housing First Assessment.</p> <p>If the Pre-Screen Total is 6, 7, 8, 9, 10, or 11 the family is recommended for a Rapid Re-Housing Assessment.</p> <p>If the Pre-Screen Total is 0, 1, 2, 3, 4 or 5, the family is not recommended for a Housing and Support Assessment at this time.</p>
GENERAL INFORMATION		
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
E. FAMILY UNIT		
<b>PRE-SCREEN TOTAL</b>		

### E. DEMOGRAPHIC INFORMATION

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

1. What is your race?	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
2. What is your ethnicity?	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
3. What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
4. Do you have any children under 18 who are living with you now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
5. Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
6. Have you ever been in jail or prison during the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
7. Have you ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<i>If yes, which war/war era?</i>	<input type="checkbox"/> Theatre of Operations: World War II (1940-45) <input type="checkbox"/> Theatre of Operations: Korean War (June 1950-January 1955) <input type="checkbox"/> Theatre of Operations: Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Theatre of Operations: Persian Gulf (August 1991-Present) <input type="checkbox"/> Theatre of Operations: Afghanistan (2001-Present) <input type="checkbox"/> Theatre of Operations: Iraq (2003-Present) <input type="checkbox"/> Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify)
<i>If yes, was your active duty status before 1980?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

**100,000  
HOMES**

For 100,000 homeless  
individuals and families

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**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
 Prescreen for Families

<i>If yes, how many consecutive months were you on active duty?</i>	
<i>If yes, what was the character of the discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under Other than Honorable (OTH) <input type="checkbox"/> Dishonorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Still on Active Duty <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify) _____
1. Where did you live prior to becoming homeless?	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the State <input type="checkbox"/> Somewhere else (specify) _____
2. Do you have a permanent physical disability that limits mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
3. What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained through COBRA <input type="checkbox"/> State Health Insurance for Adults (use local name) <input type="checkbox"/> None <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify): _____

**F. CONTACT INFORMATION**

1. Do you work with a case manager or outreach worker that you trust and can serve as your housing navigator – be able to find you easily, help collect housing documents and accompany you to housing application appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
2. If yes, what is his/her name?	
3. What agency do they work for?	
4. What is their phone number?	
5. What is their email address?	
6. To finish, may I take your picture so that we can better find you if housing turns up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
7. SURVEYOR: Any final notes that you'd like to convey?	



EXHIBIT H

**May 2015**

# System Performance Measures

An introductory guide to understanding system-level performance measurement



**Version 2**

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## Guidebook changes

Version	Date	Change
1	July 2014	Initial Release
2	May 2015	Updates to the Appendix, including: <ol style="list-style-type: none"><li>1. expanding Measure 4 to include two additional metrics that reflects total income change, and</li><li>2. Clarifying that Measure 5's client universe is limited to those <i>entering</i> the applicable project types during the reporting period</li></ol>

## I. Introduction

In 2009, the McKinney-Vento Homeless Assistance Act (Act) was amended by the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act). Among other changes, the amended Act consolidated three separate HUD homeless assistance programs (Supportive Housing Program, Shelter Plus Care program, and Section 8 Moderate Rehabilitation Single Room Occupancy program) into a single grant program, known as the Continuum of Care (CoC) Program. Additionally, the Emergency Shelter Grants program was revised and renamed the Emergency Solutions Grants (ESG) Program. The amended Act also codified into law the CoC planning process, a longstanding part of HUD's CoC application process to assist persons experiencing homelessness by providing greater coordination in responding to their needs.

CoCs are charged with designing a local "system" to assist sheltered and unsheltered people experiencing homelessness and providing the services necessary to help them access housing and obtain long-term stability. More broadly, CoCs are to promote community-wide planning and strategic use of resources to address homelessness; enhance coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness; and improve data collection and performance measurement.

A critical aspect of the amended Act is a focus on viewing the local homeless response as a coordinated system of homeless assistance options as opposed to homeless assistance programs and funding sources that operate independently in a community. To facilitate this perspective the Act now requires communities to measure their performance as a coordinated system, in addition to analyzing performance by specific projects or project types. Section 427 of the Act established selection criteria for HUD to use in awarding CoC funding that require CoCs to report to HUD their system-level performance. The intent of these selection criteria are to encourage CoCs, in coordination with ESG Program recipients and all other homeless assistance stakeholders in the community, to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD. CoCs also play an integral role in jurisdictions' Consolidated Plan (Con Plan) process. CoCs are required to provide the jurisdictions with the information necessary to complete the section in the Con Plan(s) on homeless assistance provided to persons within the Con Plan jurisdictions' geographic area, including data on performance measures. HUD will use the system-level performance information as a competitive element in its annual CoC Program Competition and to gauge the state of the homeless response system nationally.

The purpose of this introductory guide is to help CoCs understand how HUD expects CoCs to calculate and use these system-level performance measures as the established selection criteria for awarding CoC Program projects and to evaluate system performance. This introductory guide will be supplemented by detailed programming specifications to assist HMIS administrators and vendors program these measures for both the CoC Program Competition and Con Plan jurisdiction reporting purposes. HUD does not expect communities to fully implement these measures until such detailed specifications are issued.

## Key Terms

The following key terms are used throughout this introductory guide.

**Continuum of Care (CoC)** means the group organized to carry out the responsibilities of the CoC established under 24 CFR part 578 and that is composed of representatives of organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

**Continuum projects** are projects, which may or may not be funded by HUD, that provide services and/or lodging, and whose primary purpose is to meet the specific needs of people who are homeless or at risk of homelessness within the CoC's geography. All ESG and CoC Program-funded projects are continuum projects, but the system should also include all non-ESG Program and non-CoC Program funded projects dedicated to serving people who are homeless.

**Consolidated Plan (Con Plan) Jurisdictions** include States, local governments, and territories that receive one or more of the following HUD formula grants: ESG, Community Development Block Grants (CDBG), HOME Investment Partnership (HOME), and/or Housing Opportunities for People With AIDS (HOPWA) formula funding.

**Independent living destination** means **permanent housing destination**.

**Permanent housing destination** comprises the following response categories that may be selected at client project exit for the HMIS data element "Destination:"

- Moved from one HOPWA funded project to HOPWA PH
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH)
- Rental by client, no ongoing housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with other ongoing housing subsidy
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure

## II. The McKinney-Vento Act Selection Criteria

### A. Performance-Based Selection Criteria

The following selection criteria are outlined in Section 427 of the Act to measure the performance of applicants' homeless assistance systems:

- **The length of time individuals and families remain homeless.** Meeting this criterion will be based on demonstrating a reduction of the average and median length of time persons enrolled in emergency shelter, transitional housing, or safe haven projects experience homelessness.

- **The extent to which individuals and families who leave homelessness experience additional spells of homelessness.** Meeting this criterion will be based on demonstrating a reduction in the percent of persons who have left homelessness (i.e., exited continuum projects into permanent housing destinations) who return to homelessness (i.e., return to continuum projects for which homelessness is an eligibility criterion).
- **The thoroughness of grantees in reaching homeless individuals and families.** Meeting this criterion will be based on narrative question(s) about the community's coordinated entry system, the geographic coverage of continuum projects, and the community's street outreach efforts. This introductory guide does not include any quantitative measures for this criterion, but HUD may establish measures in the future.
- **Overall reduction in the number of homeless individuals and families.** Meeting this criterion will be based on demonstrating a reduction in the number of homeless individuals and families identified in the Point-in-Time (PIT) sheltered and unsheltered counts and annual sheltered data within the CoC over time.
- **Jobs and income growth for homeless individuals and families.** Meeting this criterion will be based on demonstrating that the percent of homeless adults being served in CoC Program projects increase their earned (i.e., employment) income and/or other income between their enrollment in the system and their exit (or follow-up assessment).
- **Success at reducing the number of individuals and families who become homeless.** Meeting this criterion will be based on demonstrating a reduction in the number of persons experiencing homelessness for the first time.
- For CoCs that have been approved by HUD to serve families with children and youth defined as homeless under paragraph (3) of HUD's homeless definition, as found in *Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Homeless,"* success in:
  - a. **Preventing homelessness among this subset of families and youth; or**
  - b. **Achieving independent living in permanent housing among this subset.**

Meeting these criteria will be based on demonstrating an increase in the percent of persons served in continuum projects that exit to or retain permanent housing destinations; and, a reduction in the percent of persons who have left homelessness who returned to continuum projects for which homelessness is an eligibility criterion.

In addition, HUD supplemented the statutory performance measures with two additional criteria:

- **Successful placement from street outreach.** Meeting this criterion will be based on demonstrating an increase in the percent of persons served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.
- **Successful housing placement to or retention in a permanent housing destination.** Meeting this criterion will be based on demonstrating an increase in the percent of persons served in emergency shelter, safe haven, transitional housing, or rapid re-housing projects exit to permanent housing destinations and persons served in permanent housing projects who retain permanent housing or exit to permanent housing destinations.



Con Plan jurisdictions are also required to report on several of the system performance measures as part of their Con Plan Homeless Needs Assessment and Consolidated Annual Performance and Evaluation Reports (CAPER). Specific requirements will be provided in supplementary guidance for Con Plan jurisdictions.

An overview of how each performance measure is calculated is provided in the appendix of this introductory guide.

## **B. Developing and Implementing Performance Measures**

HUD recognizes that communities are interested in further developing system-level performance measures, and using the statutory selection criteria as a basis for establishing metrics. The measures will be reported to HUD through various vehicles, including the CoC Program Competition and the Con Plan (for Con Plan jurisdictions). HUD will continuously evaluate the way to measure performance over time and will consider making changes if reevaluation shows that there are better ways of understanding performance. For instance, when coordinated entry is more fully implemented, HUD will consider how better to incorporate the coordinated entry data into the performance measures.

In further defining and operationalizing the performance-based selection criteria, HUD sought to find a balance between developing meaningful, comprehensive performance measures and limiting additional burden for CoCs, continuum projects, and HMIS Lead agencies.

Accordingly, each measure detailed in this introductory guide has been crafted to maximize the information available through universal data elements established in HUD's HMIS Data Standards, which all continuum projects in HMIS should be collecting as HMIS participants. HUD believes these measures best reflect the performance measures as stated in the Act, while limiting additional data collection and reporting burdens at the local level.

## **C. Implementation Timeline**

The Act requires HUD to use data from the performance measures as part of its selection criteria for awarding grants under the CoC Program. HUD's annual Notice of Funding Availability (NOFA) for its CoC Program Competition will provide more detail regarding how CoCs will report performance measures data to HUD. In cases where more than one measurement approach is provided (e.g., an average and a median) or multiple metrics, HUD will specify which approach and which metric(s) it will use for scoring purposes in the CoC Program NOFA. HUD may also establish performance targets (e.g., 80 percent of transitional housing leavers exit to permanent housing) as part of a specific CoC Program NOFA. Narrative questions addressing these selection criteria may be included as part of the annual CoC Program Competition until HUD believes it can request communities to provide numerical data on system-level performance measures.

Con Plan regulations, at 24 CFR 91.205(c)(1)(i) and 91.305(c)(1)(i), already require Con Plan jurisdictions to provide an estimate of some of these performance measures. HUD will provide updated instructions for developing and reporting these estimates for the Con Plan Homeless Needs Assessments and CAPER as the data from these performance measures become available in HMIS.

HUD does not expect or anticipate that CoCs will implement these measures without appropriate programming specifications for calculating CoC- or Con Plan jurisdiction-level measures. These specifications are anticipated to be released in the Spring of 2015. CoC stakeholders, including

HMIS Leads, service providers, and Con Plan jurisdictions, should use this introductory guide to become familiar with the performance measures in the time period between the release of this introductory guide and the specifications.

In the period leading up to the submission of system-level performance data, CoCs, together with their collaborative applicant and HMIS Lead, should begin the process of evaluating their system readiness for measuring system-level data. HUD recommends that CoCs take the following key action steps:

1. Become familiar with the selection criteria and process for measuring them outlined in this introductory guide;
2. Discuss the selection criteria and measurement process with the CoC Board (or current equivalent) and appropriate committees;
3. Work with the HMIS Lead and software provider to ensure they are familiar with the selection criteria and have established a plan for implementation of the performance measures consistent with the programming specifications when released;
4. Review the HUD HMIS Data Standards (updated in 2014) and work with the HMIS Lead and HMIS software provider to ensure the new requirements are implemented per HUD direction;
5. Upon release, review the programming specifications and ensure the HMIS Lead and software provider are implementing their plan to program the new measures;
6. Review and test preliminary performance measure output to ensure the results are accurate and share the results with the CoC.

#### **D. High Performing Communities**

The Act provides specific targets for some of the performance measures for CoCs seeking designation as High Performing Communities (HPCs). This introductory guide provides the building blocks necessary for CoCs interested in becoming HPCs to calculate the data for applying for HPC status. HUD will publish a Notice that will address the specific performance measure requirements for HPCs.

### III. System Performance Measurement Parameters

#### A. Data Sources

There are two primary data sources CoCs will use to collect system-level performance measures:

1. Sheltered and unsheltered PIT count data reported through HUD’s Homelessness Data Exchange (HDX).
2. Client-level outcome information based on data collected in HMIS and unduplicated across all continuum projects that contribute data to HMIS within the CoC.

#### B. Project Type Applicability

Each of the system performance measures applies to persons served in continuum projects, depending on the federal funding source (e.g., CoC Program) and provider project type. Measures applicable to the sheltered homeless population, for example, only apply to persons in emergency shelter, safe haven, and transitional housing projects because the definition of sheltered homelessness is limited to persons in these project types. Residents of permanent housing projects are, by definition, formerly homeless. All permanent housing project types (i.e., project types with the PH prefix) included are expected to have “homelessness” as a criterion for admission. If the CoC uses the permanent housing project types to also include non-homeless housing those projects serving non-homeless clients must be excluded from all measures which identify permanent housing as the project type.

The table below lists all HMIS project types included in the 2014 HMIS Data Dictionary. The tables in the appendix identify the specific project types included in each measure, using the abbreviations in the table below.

Abbreviation	Project Types
ES	Emergency Shelter
TH	Transitional Housing
SH	Safe Haven
PH-RRH	PH - Rapid Re-housing
PH-PSH	PH - Permanent Supportive Housing (disability required for entry)
PH	PH – Housing Only
	PH – Housing with Services (no disability required for entry)
SO	Street Outreach
SSO	Services Only
HP	Homelessness Prevention
<b>Non Applicable Project Types for Performance Measurement</b>	
	Day Shelter
	Coordinated Assessment
	Other

#### C. Reporting Period

HUD has established the reporting period for system performance measures to be consistent with the federal fiscal year (October 1 through September 30), with the exception of PIT count data collected according to HUD specifications during the fiscal year (or the prior year for

communities conducting their unsheltered counts biennially). The reporting period establishes the universe of clients for which the measures are calculated, but often the data collection period extends beyond the reporting period, depending on the measure. For example, to report on persons who become homeless for the first time, CoCs need to look back in the system to determine if a person was in the HMIS prior to the reporting period.

#### **D. Client Universe**

Measuring performance at a system level requires communities to look at patterns of project use differently than when measuring performance at the project level. At the project level we refer to the unduplicated number of persons who exit the project during the operating period (i.e., leavers) and the unduplicated number of persons who remain in the project at the end of the reporting period (i.e., stayers). For system-level performance measures it is helpful to continue to use the concept of leavers and stayers; however, CoCs must look at data from the entire system or across all continuum projects of a specific project type, as opposed to individual projects, to determine the unduplicated number of system leavers and system stayers. System leavers are persons who were in the system during the operating year but had exited from all applicable continuum project types being measured at the end of the reporting period. System stayers are persons who were in one of the applicable continuum project types being measured at the end of the reporting period, including persons who were continuously enrolled (i.e., had an open HMIS record during the entire reporting period).

The universe of clients is determined by looking at the continuum projects for project types specified in the measure and the time period the CoC must use to determine who is included in the measure. Project types will vary depending on the measure (please see the appendix to reference which project types are included in each measure). CoCs should include homeless persons in all of the projects of the project types identified for each measure unless the measure narrows the project types further by funding source. Similarly, CoCs should assume that when HUD refers to “persons” or “adults” in a measure that both system stayers and system leavers should be included in the calculation unless there is language that clearly limits the measure to only system stayers or system leavers.

#### **E. Setting Local Performance Targets**

HUD will require CoCs to report their data on the performance measures as part of the annual CoC Program Competition. HUD intends to use the performance measures data to establish national targets and for other national comparative purposes. System performance targets are intended to reflect performance across multiple projects of a given type (e.g., ES) or across a range of projects and project types (e.g., length of time homeless) and subpopulations. CoCs should be mindful that performance targets for the overall system represent performance of all applicable projects for all populations. HUD traditionally sets targets by averaging data for all projects, which generally accounts for differences in performance between different project types and subpopulations.

HUD expects CoCs to also establish appropriate local targets. HUD encourages CoCs to use the national performance targets as benchmarks for which the entire CoC, as a coordinated system, should aspire to achieve, while setting local targets that account for the unique needs of the homeless population and subpopulations and other circumstances within their communities. HUD recognizes, for example, that projects that serve homeless youth may have permanent housing placement rates that are lower than projects serving other populations. Similarly,

projects specifically focusing on persons who are chronically homeless may have lower employment or income performance than the system as a whole. Therefore, CoCs are encouraged to consider these types of factors when setting local performance targets so that projects serving certain populations are not penalized but still have performance targets that they should be striving to meet. HUD will not be measuring performance by subpopulations or subsystems, so it is important that as CoCs target these components, they carefully consider whether the performance is appropriate within that context or can be improved over time.

#### **F. HMIS Bed Coverage and Data Quality**

The effectiveness and usefulness of local data is very dependent on both HMIS project type coverage and data quality. It is critical that a CoC include as many of the homeless service providers in the community in their HMIS as possible. To the extent homeless service providers are not contributing data to HMIS, there are critical information gaps regarding who is being served, the nature of the services, the performance of individual projects, and the performance of the overall system.

It is also important that the data submitted to CoCs (both in the PIT and HIC process as well as in HMIS) is high quality. Data quality refers to timeliness, completeness, and accuracy of the data. Collecting and entering high quality data are necessary to produce reports with reliable performance measures. In some cases, data collection consistent with HUD's previous HMIS Data Standards (updated March 2010) is adequate to produce benchmarks for the performance measures. In other cases, the calculation requires data be consistent with the most recent HMIS Data Standards (updated 2014).

CoCs should work with their HMIS Lead to ensure that data quality is regularly monitored and assessed, including evaluating that:

1. Project staff collects required information at entry, exit and any applicable interim data collection points for each client;
2. Project staff records information into the HMIS in a timely fashion following client entry into the project and client exit from the project;
3. Projects and CoCs have clear policies and procedures related to data quality and the project staff consistently applies the policies; and
4. HMIS Leads understand how to perform deduplication procedures within their system and utilize those procedures on a regular basis and always before system measurement report generation.

More broadly, high data quality is critical to producing performance data that accurately reflect the work of the entire CoC. HUD will require CoCs to submit information on HMIS bed coverage and data quality as part of the process for collecting performance measures. HUD expects all communities to collect and submit data as requested through the CoC application regardless of data quality or bed coverage. However, data that do not meet certain thresholds for HMIS bed coverage and data quality, as determined by HUD, may not be considered accurate representations of CoC performance and may affect a CoC's competitiveness in the annual CoC Program Competition.

## **Appendix: Performance Measures Descriptions**

The purpose of this appendix is to take an in-depth look at each performance measure by identifying HUD's desired outcome, the client universe, and the basic calculation for each of them. HUD recognizes that the information in this introductory guide is insufficient for communities or HMIS vendors to program the measures in their HMIS. HUD's intent is to use this document to describe the performance measures and then to release programming specifications for HMIS administrators and vendors to create HMIS reports that will allow CoCs to consistently and accurately retrieve data from HMIS and report it to HUD. For some of the performance measures, HUD plans to calculate the data in a few different ways. This appendix does not necessarily reflect the variations, but HUD will provide that level of information with the programming specifications.

Each measure will have a specific timeframe associated with it. As stated earlier in this document, HUD will use the federal fiscal year (October 1 to September 30) for its reporting periods. HUD recognizes that CoCs' HMIS and data collection systems vary in terms of development and capacity. To create a uniform standard for CoCs and their HMIS, HUD has established a baseline year during and after which all CoCs are expected to be able to report data consistently. The baseline year is October 1, 2012 through September 30, 2013. In other words, for measures that require CoCs to look at past client records in HMIS, HUD will not require CoCs to report data on persons who were in their systems before October 1, 2012. For example, to determine which persons are experiencing homelessness for the first time, HUD will only require CoCs to look at persons who were in the system on October 1, 2012 or later, even if the HMIS contains valid and reliable data from prior periods. HUD encourages communities with longer histories of reliable HMIS data to use data prior to the October 1, 2012 for their own internal analysis, but HUD will not request that data to be submitted as part of its official performance measures submission to HUD.

For certain measures, CoCs will simply provide HUD data for the report period as a benchmark with no comparison to prior periods. In subsequent years, HUD will generally compare data from year-to-year as well as data from past years. HUD intends to bring forward data reported in the past so that CoC's will not have to recalculate data from the past each year. While HUD plans to continue to use the federal fiscal year (i.e., October 1 through September 30) as its annual period, HUD may change the baseline in the future to ensure the measurement best reflects the efforts of the homeless system.

## Measure 1: Length of Time Persons Remain Homeless

Desired Outcome		
Reduction in the average and median length of time persons remain homeless		
<b>Metrics</b>	<b>Metric 1.1:</b> Change in the average and median length of time persons are homeless in ES and SH projects	<b>Metric 1.2:</b> Change in the average and median length of time persons are homeless in ES, SH, and TH projects
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• in ES and SH project types</li> <li>• during the current reporting period</li> </ul>	Persons . . . <ul style="list-style-type: none"> <li>• in ES, SH, and TH project types</li> <li>• during the current reporting period</li> </ul>
<b>Calculation</b>	1. Using HMIS data, calculate the number of days each person in the client universe (i.e., persons in <b>ES and SH</b> ) during the reporting period was homeless  2. Calculate average and median of the client universe  Average = Total days divided by the total persons homeless during the reporting period	1. Using HMIS data, calculate the number of days each person in the client universe (i.e., persons in <b>ES, SH, and TH</b> ) during the reporting period was homeless  2. Calculate average and median of the client universe  Average = Total days divided by the total persons homeless during the reporting period

**Measure 2a: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness within 6 to 12 Months**

<b>Desired Outcome</b>	<b>Reduction in the percent of persons who return to homelessness</b>	
<b>Metrics</b>	<b>Metric 2a.1:</b> Returns to SO, ES, SH, and TH projects after exits to permanent housing destinations	<b>Metric 2a.2:</b> Returns to SO, ES, SH, TH, and PH projects after exits to permanent housing destinations
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• in SO, ES, SH, TH, and any PH project type</li> <li>• who exited (i.e., system leavers) to permanent housing destinations</li> <li>• during the previous reporting period</li> </ul>	
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe</li> <li>2. Of this client universe, add those persons who were also recorded in <b>SO, ES, SH, and TH</b> projects in HMIS at both 6 and 12 months after their date of exit to permanent housing destinations</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who return to homelessness within 6 and 12 months, respectively</li> </ol>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe</li> <li>2. Of this client universe, add those persons who were also recorded in <b>SO, ES, SH, TH, and all PH</b> projects in HMIS at both 6 and 12 months after their date of exit to permanent housing destinations</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who return to homelessness within 6 and 12 months, respectively</li> </ol>



**Measure 2b: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness within 2 Years**

<b>Desired Outcome</b>		
<b>Reduction in the percent of persons who return to homelessness</b>		
<b>Metrics</b>	<b>Metric 2b.1:</b> Returns to SO, ES, SH, and TH projects after exits to permanent housing destinations	<b>Metric 2b.2:</b> Returns to SO, ES, SH, TH, and PH projects after exits to permanent housing destinations
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• in SO, ES, SH, TH, and any PH project type</li> <li>• who exited (i.e., system leavers) to permanent housing destinations</li> <li>• during the fiscal year two years prior to the current reporting period (e.g., if the current reporting period is FY 2015 then look back to persons who exited to permanent housing destinations in FY 2013)</li> </ul>	
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe</li> <li>2. Of this client universe, add those persons who were also recorded in <b>SO, ES, SH, and TH</b> projects in HMIS within 24 months after their date of exit to permanent housing destinations</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who return to homelessness within 24 months</li> </ol>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe</li> <li>2. Of this client universe, add those persons who were also recorded in <b>SO, ES, SH, TH, and all PH</b> projects in HMIS within 24 months after their date of exit to permanent housing destinations</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who return to homelessness within 24 months</li> </ol>

### Measure 3: Number of Homeless Persons

Desired Outcome		
Reduction in the number of persons who are homeless		
<b>Metrics</b>	<b>Metric 3.1:</b> Change in PIT counts of sheltered and unsheltered homeless persons	<b>Metric 3.2:</b> Change in annual counts of sheltered homeless persons in HMIS
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• counted as sheltered and unsheltered in the PIT count</li> <li>• conducted during the reporting period</li> </ul>	Persons . . . <ul style="list-style-type: none"> <li>• in ES, SH, and TH project types</li> <li>• during the reporting period</li> </ul>
<b>Calculation</b>	Using PIT data, add the number of persons in the client universe	Using HMIS data, <ul style="list-style-type: none"> <li>• add the number of persons in the client universe by project type</li> <li>• add the overall unduplicated number of people in the client universe</li> </ul>

## Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Desired Outcome	Increase in the percent of adults who gain or increase employment or non-employment cash income over time					
Metrics	Metric 4.1: Change in employment income during the reporting period for system stayers	Metric 4.2: Change in non-employment cash income during the reporting period for system stayers	Metric 4.3: Change in total cash income during the reporting period for system stayers	Metric 4.4: Change in employment income from entry to exit for system leavers	Metric 4.5: Change in non-employment cash income from entry to exit for system leavers	Metric 4.6: Change in total cash income from entry to exit for system leavers
<b>Client Universe</b>	Adults . . . <ul style="list-style-type: none"> <li>• in CoC Program-funded SH, TH, PH-RRH, and PH-PSH project types</li> <li>• who have been in HMIS for at least a year and are still in the system at the end of the reporting period</li> </ul> during the reporting period			Adults . . . <ul style="list-style-type: none"> <li>• in CoC Program-funded SH, TH, PH-RRH, and PH-PSH project types</li> <li>• who exited (i.e., system leavers) during the reporting period</li> </ul>		
<b>Calculation</b>	1. Using HMIS data, add the number of adults in the client universe  2. Of this client universe, add the number of adults who gained or increased earned (i.e., employment) income during the reporting period  3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the	1. Using HMIS data, add the number of adults in the client universe  2. Of this client universe, add the number of adults who gained or increased non-employment cash income during the reporting period  3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who increase or	1. Using HMIS data, add the number of adults in the client universe  2. Of this client universe, add the number of adults who gained or increased total cash income during the reporting period  3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the	1. Using HMIS data, add the number of adults in the client universe  2. Of this client universe, add the number of adults who gained or increased earned (i.e., employment) income from system entry to system exit  3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who	1. Using HMIS data, add the number of adults in the client universe  2. Of this client universe, add the number of adults who gained or increased non-employment cash income from system entry to system exit  3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who increase or	1. Using HMIS data, add the number of adults in the client universe  2. Of this client universe, add the number of adults who gained or increased total cash income from system entry to system exit  3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of

	percent of persons who increase or gain in employment income	gain in non-employment cash income	percent of persons who increase or gain in total cash income	increase or gain in employment income from system entry to system exit	gain in non-employment cash income from system entry to system exit	persons who increase or gain in total cash income from system entry to system exit
--	--	------------------------------------	--	--	---	--

### Measure 5: Number of Persons who Become Homeless for the First Time

Desired Outcome		Reduction in the number of persons who become homeless for the first time	
<b>Metric</b>	<b>Metric 5.1:</b> Change in the number of homeless persons in ES, SH, and TH projects with no prior enrollments in HMIS	<b>Metric 5.2:</b> Change in the number of persons in ES, SH, TH, and PH projects with no prior enrollments in HMIS	
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• in ES, SH, and TH project types</li> <li>• who entered during the current reporting period</li> </ul>	Persons . . . <ul style="list-style-type: none"> <li>• in ES, SH, TH, and any PH project types</li> <li>• who entered during the current reporting period</li> </ul>	
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe</li> <li>2. Using HMIS data, calculate the number of persons who were also recorded in <b>ES, SH, TH, and all PH</b> projects in HMIS 24 months prior to their entry during the reporting year (i.e., those who were homeless)</li> <li>3. Subtract the total from step 2 by the total from step 1 (i.e., client universe) to calculate the number of persons experiencing homelessness for the first time</li> </ol>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe</li> <li>2. Using HMIS data, calculate the number of persons who were also recorded in <b>ES, SH, TH, and all PH</b> projects in HMIS 24 months prior to their entry during the reporting year (i.e., those who were homeless)</li> <li>3. Subtract the total from step 2 by the total from step 1 (i.e., client universe) to calculate the number of persons experiencing homelessness for the first time</li> </ol>	

**Measure 6: Homelessness Prevention and Housing Placement of Persons Defined by Category 3 of HUD's Homeless Definition in CoC Program-funded Projects**

Only CoC applicants that have exercised the authority and been approved by HUD to serve families with children and youth defined as homeless under other federal laws are required to complete Measures 6a, 6b, and 6c.

**Measure 6a: Preventing Returns to Homelessness within 6 and 12 Months Among This Subset of Families and Youth**

<b>Desired Outcome</b>	<b>Reduction in the percent of persons defined as homeless under Category 3 of HUD's homeless definition who return to homelessness</b>
<b>Metric</b>	<b>Metric 6a.1:</b> Returns to SO, ES, SH, TH, and PH projects after exits to permanent housing destinations
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• defined as Category 3 under HUD's homeless definition</li> <li>• in CoC Program-funded SH, TH, PH-RRH, and PH-PSH project types</li> <li>• who exited (i.e., system leavers) to permanent housing destinations</li> <li>• during the previous reporting period</li> </ul>
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons from the client universe</li> <li>2. Of this client universe, add those persons who were also recorded in <b>SO, ES, SH, TH, and all PH</b> projects in HMIS at both 6 and 12 months after their date of exit to permanent housing destinations</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who return to homelessness within 6 and 12 months, respectively</li> </ol>

**Measure 6b: Preventing Returns to Homelessness within 24 Months Among  
This Subset of Families and Youth**

<b>Desired Outcome</b>	<b>Reduction in the percent of persons defined as homeless under Category 3 of HUD's homeless definition who return to homelessness</b>
<b>Metric</b>	<b>Metric 6b.1:</b> Returns to SO, ES, SH, TH, and PH projects after exits to permanent housing destinations
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• defined as Category 3 under HUD's homeless definition</li> <li>• in CoC Program-funded SH, TH, PH-RRH, and PH-PSH project types</li> <li>• who exited (i.e., system leavers) to permanent housing destinations</li> <li>• during the fiscal year two years prior to the current reporting period (e.g., if the current reporting period is FY 2015 then look back to persons who exited to permanent housing destinations in FY 2013)</li> </ul>
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons from the client universe</li> <li>2. Of this client universe, add those persons who were also recorded in <b>SO, ES, SH, TH, and all PH</b> projects in HMIS within 24 months after their date of exit to permanent housing destinations</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who return to homelessness within 24 months</li> </ol>

## Measure 6c: Successful Housing Placement Among This Subset of Families and Youth

Desired Outcome		
Increase in the percent of persons who exit to or retain permanent housing		
Metrics	Metric 6c.1:	Metric 6c.2:
	Change in exits to permanent housing destinations	Change in exit to or retention of permanent housing
Client Universe	Persons . . . <ul style="list-style-type: none"> <li>• defined as Category 3 under HUD's homeless definition</li> <li>• in CoC Program-funded SH, TH, and PH-RRH project types</li> <li>• who exited (i.e., system leavers)</li> <li>• during the current reporting period</li> </ul>	Persons . . . <ul style="list-style-type: none"> <li>• defined as Category 3 under HUD's homeless definition</li> <li>• in a CoC-funded PH-PSH project type</li> <li>• during the current reporting period</li> </ul>
Calculation	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the client universe</li> <li>2. Of the client universe, add up those persons in CoC Program-funded <b>SH, TH, and PH-RRH</b> projects who exited to permanent housing destinations during the current reporting period</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of successful exits to permanent housing destinations</li> </ol>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the client universe</li> <li>2. Of the client universe, add up those persons who:               <ul style="list-style-type: none"> <li>• Remained in CoC Program-funded <b>PH-PSH</b> projects (i.e., system stayers) and</li> <li>• exited to permanent housing destinations (i.e., system leavers) during the current reporting period</li> </ul> </li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of successful exits to or retention of permanent housing</li> </ol>

### Measure 7a: Successful Placement from Street Outreach

Desired Outcome	Increase in the percent of persons who exit to an ES, SH, TH, or permanent housing destination
<b>Metric</b>	<b>Metric 7a.1:</b> Change in placements to permanent housing destinations, temporary destinations (except for a place not meant for human habitation), and some institutional destinations
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• in SO project types</li> <li>• who exited from SO</li> <li>• during the current reporting period</li> </ul>
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe (i.e., persons who exited from an SO project during the current reporting period)</li> <li>2. Of the client universe, add the number of persons who exited to permanent housing destinations, temporary destinations (except for a place not meant for human habitation), and some institutional destinations during the reporting period</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of successful exits from SO</li> </ol>



## Measure 7b: Successful Placement in or Retention of Permanent Housing

Desired Outcome: Increase in the percent of persons who exit to or retain permanent housing		
Metrics	Metric 7b.1: Change in exits to permanent housing destinations	Metric 7b.2: Change in exit to or retention of permanent housing
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• in ES, SH, TH, and PH-RRH project types</li> <li>• who exited (i.e., system leavers)</li> <li>• during the current reporting period</li> </ul>	Persons . . . <ul style="list-style-type: none"> <li>• in all PH project types except PH-RRH</li> <li>• during the current reporting period</li> </ul>
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the client universe</li> <li>2. Of the client universe, add up those persons in <b>ES, SH, TH, and PH-RRH</b> projects who exited to permanent housing destinations during the current reporting period</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of successful exits to permanent housing destinations</li> </ol>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the client universe</li> <li>2. Of the client universe, add up those persons who:               <ul style="list-style-type: none"> <li>• Remained in <b>all PH projects except PH-RRH</b> projects (i.e., system stayers) and</li> <li>• exited to permanent housing destinations (i.e., system leavers) during the current reporting period</li> </ul> </li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of successful exits to or retention of permanent housing</li> </ol>



Submitted/Updated by: _____	Date: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Reviewed by: _____	Date: _____

**Riverside County Community Services Directory**  
**AGENCY INFORMATION FORM**

Information on this form should pertain to the agency only.  
Please use the Program Information form to add or change program details.

Agency Name: \_\_\_\_\_

List Aliases/ known abbreviations/ other names: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Confidential location:  Yes  No

Handicap accessible?  Yes  No

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ TDD/TYY: \_\_\_\_\_

Hotline: \_\_\_\_\_ Other: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Legal Status**

- Private, non-profit       Public-County       Public-State       Public-Federal  
 Faith Based       For Profit       Other \_\_\_\_\_

Tax Classification: \_\_\_\_\_

Year of Incorporation: \_\_\_\_\_

Office Days and Hours: \_\_\_\_\_

Eligibility/ Target Population: \_\_\_\_\_

Agency Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

Fees

- No Cost
- Low Cost
- Sliding Fee
- Donation
- Vary
- Other \_\_\_\_\_

Method of Payment

- Medi-Cal
- Cash
- Credit Cards
- Personal Check

Personnel

Agency Director: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any additional Information you would like us to be aware of?

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Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_

Date : \_\_\_\_\_



Volunteer Center of Riverside

Please enclose your brochure and return to  
 2-1-1 Riverside County  
 P.O Box 5376  
 Riverside, CA 92517-5376  
 Phone: (800) 464-1123  
 or (951) 686-4402 Ext. 751  
 Fax: (951) 686-7417



Submitted/Updated by: _____	Date: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Reviewed by: _____	Date: _____

### Riverside County Community Services Directory

#### PROGRAM INFORMATION FORM

This form is to submit the program's details, additions or changes.

Please submit a separate form for each program.

Additional copies can be made of this form as needed.

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

List Aliases/ known abbreviations/ other names: \_\_\_\_\_

Program Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Confidential location:  Yes  No

Handicap accessible?  Yes  No

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Program Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ TDD/TYY: \_\_\_\_\_

Hotline: \_\_\_\_\_ Other: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail: \_\_\_\_\_

Program Days and Hours: \_\_\_\_\_

Program Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eligibility/Target Population: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intake/Application Procedure:

- Phone       Appointment required       Walk-in       Referral needed
- Mail       Other \_\_\_\_\_

Documents Required: \_\_\_\_\_

Areas Served: (Please indicate specific areas program services)

Regions

- All Riverside County     West County       Central County     Southwest County
- East County       Coachella Valley     Other

Cities: \_\_\_\_\_

Zip Codes: \_\_\_\_\_

Fees:

- No Cost       Low Cost       Sliding Fee       Donation
- Vary       Other \_\_\_\_\_

Method of Payment

- Medi-Cal     Cash       Credit Cards     Personal Check

Languages spoken other than English: \_\_\_\_\_

Personnel

Program Director: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any additional Information you would like us to be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_



Please enclose your brochure and return to  
 2-1-1 Riverside County  
 P.O Box 5376  
 Riverside, CA 92517-5376  
 Phone: (800) 464-1123  
 or (951) 686-4402 Ext. 160  
 Fax: (951) 686-7417

**ASSURANCE OF COMPLIANCE WITH  
THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS**

\_\_\_\_\_  
NAME OF ORGANIZATION  
(HEREINAFTER CALLED THE "CONTRACTOR")

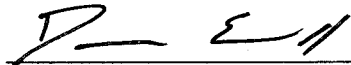
HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; Government Code (GC) Section 11135, as amended; California Code of Regulations (CCR) Title 22 Section 98000 – 98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act; Section 1808 Removal of Barriers to Inter Ethnic Adoption Act of 1996 and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of race, color, national origin, political affiliation, religion, marital status, sex, age, or disability be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE CONTRACTOR HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the CONTRACTOR agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-39, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the CONTRACTOR directly or through contract, license, or other provider services, as long as it receives federal or state assistance; and shall be submitted with the required Civil Rights Plan Update.

4/6/17  
Date

  
Director's Signature

1240 Palmyra, Ste A, Riverside, CA 92507  
Address of CONTRACTOR

**EMERGENCY SOLUTIONS GRANTS  
PROGRAM  
(ESG)  
ELIGIBLE EXPENSE GUIDE**



**DECEMBER 2016**



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Emergency Solutions Grants Program (ESG) funds may only reimburse costs related to the following ESG eligible expenditure program components/Activities:

1. **Street Outreach**
2. **Emergency Shelter**
3. **Homelessness Prevention**
4. **Rapid Re-housing**
5. **Homeless Management Information System (HMIS)**
6. **Administrative Activities**

Subrecipients may consult the federal and state ESG regulations at the HCD website:  
<http://www.hcd.ca.gov/fa/esg/>

1. **Street Outreach** – Unsheltered individuals and families, meaning those who qualify under 24 CFR § 91.5 paragraph (1)(i) of the definition of “homelessness”. Essential Services to eligible participants provided on the street or in parks, abandoned buildings, bus stations, campgrounds, and in other such settings where unsheltered persons are staying. Staff salaries related to carrying out street outreach activities are eligible.

### **1.1 Essential Services**

**1.1 Essential Services** – Services necessary to reach out to unsheltered homeless people; connect them with emergency shelters, housing, or critical services; and provide urgent, nonfacility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

- **Engagement** – activities to locate, identify, and build relationships with unsheltered homeless people for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.
  - Initial assessment of needs and eligibility
  - Providing crisis counseling
  - Addressing urgent physical needs
  - Actively connecting and providing information and referral
  - Cell phone costs of outreach workers

- **Case Management** – assessing housing and service needs, and arranging/coordinating/ monitoring the delivery of individualized services.
  - Using the centralized or coordinated assessment system
  - Initial evaluation/verifying and document eligibility
  - Counseling
  - Developing/Securing/Coordinating Services
  - Helping obtain Federal, state, and local benefits
  - Monitoring/evaluating participant progress
  - Providing information and referral to other providers
  - Developing an individualized housing/service plan
  
- **Emergency Health Services** – Outpatient treatment of urgent medical conditions by licensed medical professionals in community-based settings (e.g. streets, parks, and campgrounds) to those eligible participants unwilling or unable to access emergency shelter or an appropriate healthcare facility. ESG funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area.
  - Assessing participants' health problems and developing treatment plans
  - Assisting participants to understand their health needs
  - Providing or helping participants obtain appropriate emergency medical treatment
  - Providing medication and follow-up services
  
- **Emergency Mental Health Services** – Outpatient treatment of urgent mental health conditions by licensed professionals in community-based settings (e.g. streets, parks, and campgrounds) to those eligible participants unwilling or unable to access emergency shelter or an appropriate healthcare facility. ESG funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area.
  - Crisis Intervention
  - Prescription of psychotropic medications
  - Explain the use and management of medications
  - Combinations of therapeutic approaches to address multiple problems

- **Transportation** – Travel by outreach workers, social workers, medical professionals or other service providers during the provision of eligible street outreach services.
  - Transporting unsheltered people to emergency shelters or other service facilities
  - Cost of a participant's travel on public transit
  - Mileage allowance for outreach workers to visit participants
  - Purchasing or leasing a vehicle for use in conducting outreach activities, including the cost of gas, insurance, taxes, and maintenance for the vehicle
  - Costs of staff to accompany or assist participant to use public transportation
  
- **Services to Special Populations** – Otherwise eligible Essential Services that have been tailored to address the special needs of homeless youth, victims of domestic violence, and related crimes/threats, and/or people living with HIV/AIDS who are literally homeless. See all eligible expenses above under Street Outreach (1)

2. **Emergency Shelter** – eligible participants are individuals and families who are homeless. Essential Services to persons in emergency shelters, and operating emergency shelters are eligible costs. Staff costs related to carrying out emergency shelter activities are also eligible.

**2.1 Essential Services**

**2.2 Rehabilitation and Renovation**

**2.3 Shelter Operations**

**2.4 Assistance Required under Uniform Relocation Assistance (URA)**

**2.1 Essential Services** – Services provided to individuals and families who are in an emergency shelter:

- **Case Management** – Assessing, arranging, coordinating, and monitoring individualized services.
  - Using the centralized or coordinated assessment system
  - Initial evaluation including verifying and documenting eligibility
  - Counseling
  - Developing, securing and coordinating services including Federal, State, and local benefits
  - Monitoring and evaluating program participant progress
  - Providing information and referrals to other providers
  - Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking
  - Developing an Individualized Housing and Service Plan
- **Child Care** – “Licensed” child care for program participants with children under the age of 13 or disabled children under the age of 18.
  - Child care costs
  - Meals and snacks
  - Comprehensive and coordinated sets of appropriate developmental activities
- **Education Services** – Instruction or training to enhance participants’ ability to obtain and maintain housing: literacy, English literacy, GED, consumer education, health education, and substance abuse prevention.
  - Educational services/skill-building

- Screening, assessment, and testing
  - Individual or group instruction
  - Tutoring
  - Provision of books, supplies and instructional material
  - Counseling
  - Referral to community resources
- **Employment Assistance and Job Training** – Services assisting participants secure employment and job training programs.
    - Classroom, online, and/or computer instruction
    - On the-job instruction
    - Job finding, skill-building
    - Reasonable stipends in employment assistance and job training programs
    - Books and instructional material
    - Employment screening, assessment, or testing
    - Structured job-seeking support
    - Special training and tutoring, including literacy training and pre-vocational training
    - Counseling or job coaching
    - Referral to community resources
- **Outpatient Health Services** – Direct outpatient treatment of medical conditions provided by licensed medical professionals.
    - Assessing health problems and developing a treatment plan
    - Assisting program participants to understand their health needs
    - Providing or helping participants obtain appropriate medical treatment, preventive medical care, and health maintenance services, including emergency medical services
    - Providing medication and follow-up services
    - Providing preventive and non-cosmetic dental care
- **Legal Services** – Necessary legal services regarding matters that interfere with the program participant's ability to obtain and retain housing.
    - Hourly fees for legal advice and representation by licensed attorneys and certain other fees-for-service
    - Client intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling

- Filing fees and other necessary court costs
- **Legal Representation** – Legal representation and advice to resolve legal problems that prevent participants from obtaining or retaining permanent housing.
  - Child support
  - Guardianship
  - Paternity
  - Emancipation
  - Legal separation
  - Resolution of outstanding criminal warrants
  - Appeal of veterans and public benefit claim denials
  - Orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking
- **Life Skills Training** – Critical life management skills necessary to assist the program participant to function independently in the community.
  - Budgeting resources
  - Managing money
  - Managing household
  - Resolving conflict
  - Shopping for food and needed items
  - Improving nutrition
  - Using public transportation
  - Parenting
- **Mental Health Services** – Direct outpatient treatment of mental health conditions by licensed professionals.
  - Crisis intervention
  - Individual, family, or group therapy sessions
  - Prescription of psychotropic medications or explanations about the use and management of medications
  - Combinations of therapeutic approaches to address multiple problems
- **Substance Abuse Treatment Services** – Substance abuse treatment provided by licensed or certified professionals, designed

to prevent, reduce, eliminate or deter relapse of substance abuse or addictive behaviors.

- Client intake and assessment
- Outpatient treatment for up to thirty days
- Group and individual counseling
- Drug testing
- **Transportation** – Costs of travel by program participants to and from medical care, employment, child care, or other facilities that provide eligible essential services; and cost of staff travel to support provision of essential services.
  - Cost of program participant's travel on public transportation
  - Mileage allowance for service workers to visit participants
  - Purchasing or leasing a vehicle used for transport of participants and/or staff serving participants, including the cost of gas, insurance, taxes, and maintenance for the vehicle
  - Travel costs of staff to accompany or assist program participants to use public transportation
- **Services for Special Populations** – Otherwise eligible essential services tailored to address the special needs of homeless youth, victims of domestic violence, and related crimes/threats, and people living with HIV/AIDS in emergency shelters.
  - See all eligible expenses above under Essential Services (2.1)

**2.2 Rehabilitation and Renovation** – State ESG funds shall not be used for renovation, conversion, or major rehabilitation activities.

**2.3 Shelter Operations** – Costs to operate and maintain emergency shelter activities and also provide other emergency lodging when appropriate. \*

- Rent
- Security
- Fuel
- Insurance
- Utilities
- Food
- Furnishings
- Supplies necessary for the operation of emergency shelter activities
- Hotel and motel voucher for family or individuals\*

- Equipment - Equipment means tangible, nonexpendable, personal property having a useful life of more than one year). HCD pre-approval and completion of an Equipment Request form is required for all equipment purchases \$1,000 and higher for non-profit organizations.
- Maintenance – Does not materially add to the value of the building/property; does not appreciably prolong the useful life of the building/property; and does not adapt the building/property to new uses. Examples of maintenance activities could include activities such as:
  - Cleaning;
  - Minor or routine repairs of furnishings, equipment, and fixtures;
  - Protective or preventative measures to keep a building, its systems, and its grounds in working order.
  - Replacing a few shingles on a leaky roof;
  - Patching leaking pipes or plumbing;
  - Replacing a broken window;
  - Fixing a crack in a sidewalk;
  - Filling potholes in a parking lot; and
  - Repairing portions of a fence.

*\*Hotel or motel vouchers are only eligible when no appropriate emergency shelter is available*



2. **Homelessness Prevention** – individuals and families who are at imminent risk or at risk of homelessness, meaning those who qualify under 24 CFR § 576.2 paragraph (1) of the homeless definition or those who qualify as at risk of homelessness. Individuals and families must have an income below 30% of AMI. Short and medium-term rental assistance and housing relocation and stabilization services are eligible activities. Staff salaries related to carrying out homelessness prevention activities are also eligible.

Pursuant to 25 CCR Section 8408, no subpopulation targeting will be permitted in homelessness prevention activities unless the following documentation is provided to the Department prior to the award of funds:

- Evidence of an unmet need for the subpopulation proposed for targeting; and
- Evidence of existing funding in the CoC Service Area for programs that address the needs of all of the excluded populations.

### **3.1 Housing Relocation and Stabilization Services**

### **3.2 Short and Medium-Term Rental Assistance**

#### **3.1 Housing Relocation and Stabilization Services**

##### **▪ Financial Assistance**

- **Moving Costs** – moving costs, such as truck rental or hiring a moving company, including certain temporary storage fees.
- **Rent Application Fees** – application fee that is charged by the owner to all applicants.
- **Security Deposit** – equal to no more than 2 months' rent.
- **Last Month's Rent** – paid to the owner of housing at the time security deposit and first month's rent are paid.
- **Utility Deposit** – standard utility deposit required by the utility company for all customers (i.e. gas, electric, water/sewage).
- **Utility Payments** – up to 24 months of utility payments per participant per service (i.e. gas, electric, water/sewage), including a 1 time payment up to 6 months of arrearages, per service.

##### **▪ Services**

##### **○ Housing Search and Placement**

- Assessment of housing barriers, needs and preferences

- Development of an action plan for locating housing
  - Housing search and outreach to and negotiation with owner
  - Assistance with submitting rental applications and understanding leases
  - Assessment of housing for compliance with ESG requirements for habitability, lead based paint, and rent reasonableness
  - Assistance with obtaining utilities and making moving arrangements
  - Tenant counseling
- **Housing Stability Case Management** – Assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability
    - Using the centralized or coordinated assessment system conduct the initial evaluation and re-evaluation
    - Counseling
    - Developing, securing, and coordinating services including Federal, state, and local benefits
    - Monitoring and evaluating program participant progress
    - Providing information and referrals to other providers
    - Developing an Individualized Housing and Service Plan
- **Mediation** – Mediation between the program participant and the owner or person(s) with whom the program participant is living, to prevent the program participant from losing permanent housing in which they currently reside.
    - Time and/or services associated with mediation activities
- **Legal Services** – legal services that are necessary to resolve a legal problem that prohibits the program participant from obtaining or maintaining permanent housing.
    - Hourly fees for legal advice and representation

- Fees based on the actual service performed (i.e. fee for service), but only if the cost would be less than the cost of hourly fees
  - Client intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling
  - Filing fees and other necessary court costs
  - Subrecipient's employees' salaries and other costs necessary to perform the series, if the subrecipient is a legal services provider and performs the services itself
- **Legal Representation may be provided for:**
    - Landlord/tenant matters
    - Child support
    - Guardianship
    - Paternity
    - Emancipation
    - Legal Separation
    - Resolution of outstanding criminal warrants
    - Orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking
    - Appeal of veterans and public benefit claim denials
  - **Credit Repair** – services necessary to assist program participants with critical skills related to household budgeting, managing money, accessing a free personal credit report, and resolving personal credit problems\*
    - Credit counseling
    - Other related Services

*\* Assistance cannot include the payment or modification of a debt.*

### **3.2 Short and Medium-Term Rental Assistance**

- **Short-Term Rental Assistance** - up to 3 months
- **Medium-Term Rental Assistance** – 4 to 24 months
- **Payment of Rental Arrears** – Onetime payment up to 6 months, including any late fees on those arrears

- **Any Combination of the Three Types of Rental Assistance Above** – Total not to exceed 24 months during any 3 year period, including any payment for last month's rent.

3. **Rapid Re-Housing** – individuals and families who are literally homeless, meaning those who qualify under 401(1) McKinney-Vento Act of the definition of homeless. Short and medium-term rental assistance and housing relocation and stabilization services are eligible activities. Staff salaries related to carrying out Rapid Re-Housing activities are also eligible.

Pursuant to 25 CCR Section 8408, no subpopulation targeting will be permitted in homelessness prevention activities unless the following documentation is provided to the Department prior to the award of funds:

- Evidence of an unmet need for the subpopulation proposed for targeting; and
- Evidence of existing funding in the CoC Service Area for programs that address the needs of all of the excluded populations.

**4.1 Housing Relocation and Stabilization Services - See 3.1 Housing Relocation and Stabilization Services above.**

**4.2 Short and Medium-Term Rental Assistance – See 3.2 Short and Medium-Term Rental Assistance above.**

5. **HMIS** – the HEARTH Act makes HMIS participation a statutory requirement for ESG subrecipients. Victim service providers cannot and Legal Services Organizations may choose not to, participate in HMIS. Providers that do not participate in HMIS must use a comparable database that produces unduplicated, aggregate reports instead. Activities funded under this component must comply with HUD’s standards on participation, data collection and reporting under a local HMIS. A maximum of 10% of all funds awarded within each CoC service area may be used for HMIS activities.

**5.1 Hardware, Equipment and Software Costs**

**5.2 Staffing: Paying salaries for operating HMIS**

**5.3 Training and Overhead**

**5.1 Hardware, Equipment and Software Costs**

- Purchasing or leasing computer software
- Purchasing software or software licenses
- Purchasing or leasing equipment, including telephones, faxes, and furniture

**5.2 Staffing: Paying salaries for operating HMIS, including:**

- Data collection
- Completing data entry
- Monitoring and reviewing data quality
- Completing data analysis
- Reporting to the HMIS Lead
- Training staff on using the HMIS or comparable database
- Implementing and complying with HIMIS requirements

**5.3 Training and Overhead**

- Obtaining technical support
- Leasing office space
- Paying charges for electricity, gas, water, phone service and high-speed data transmission necessary to operate or contribute data to HMIS
- Paying costs of staff to travel to and attend HUD-sponsored and HUD-approved training on HMIS and programs authorized by Title IV of the McKinney-Vento Homeless Assistance Act
- Paying staff travel costs to conduct intake
- Paying participation fees charged by the HMIS Lead

6. **Administration** - Within the CoC Allocation, grant administration funds will be provided automatically through the AE's contract with HCD. Local government's applicants in the BoS are eligible to receive grant administration. The amounts available are announced in HCD's NOFA.

**6.1 General Management / Oversight / Coordination**

**6.2 Training on ESG Requirements**

**6.3 Consolidated Plan**

**6.4 Environmental Review**

**6.1 General Management / Oversight / Coordination – Costs of overall program management, coordination, monitoring, and evaluation**

- Administrative services performed under third party contracts or agreements, including general legal services, accounting services, and audit services
- Other costs for goods and services required for administration of the program, including rental or purchase of equipment, insurance, utilities, office supplies, and rental and maintenance (but not purchase) of office space
- Staff salaries, wages, and related costs of staff engaged in eligible program administration activities

**6.2 Training on ESG Requirements**

- Costs of providing training on ESG requirements and attending HUD-sponsored ESG trainings

**6.3 Consolidated Plan**

- Costs of preparing and amending the ESG and homelessness related sections of the consolidated plan in accordance with ESG requirements and 24 CFR part 91

**6.4 Environmental Review**

- Costs of carrying out the environmental review responsibilities under 24 CFR § 576.407 of the HUD regulations

## **7. Indirect Costs**

- In general, ESG funds may be used to pay indirect costs in accordance with the Federal Office of Management and Budget (OMB) Circular A-87 (2 CFR part 225), or A-122 (2 CFR part 230), as applicable.
- Nonprofit or local government ESG homeless service providers may request up to 10% of their ESG funds for indirect costs in accordance with OMB requirements; or a higher rate if approved for a higher rate by a federal agency. Evidence of the approval of this higher rate by the federal agency must be provided to HCD, if the indirect costs of more than 10% are being requested.



## 8. Ineligible Costs

**General:** Any activities determined by the Department of Housing and Community Development to be not allowable, reasonable or allocable per the regulation standards.

### 1. Emergency Shelter

- **Legal Services:**

- **Ineligible Costs:**

- Legal Services for immigration and citizenship matters
    - Issues related to mortgages
    - Retainer fee arrangements and contingency fee arrangements
    - Substance abuse treatment services for inpatient detoxification and other inpatient drug or alcohol treatment are ineligible costs

### 2. Homelessness Prevention and Rapid Re-housing

- **Housing Relocation and Stabilization Services:**

- **Ineligible Costs:**

- Payment of temporary storage fees in arrears
    - No financial assistance to a household for a purpose and time period supported by another public source
    - Credit Repair assistance does not include the payment or modification of a debt

- **Rental Assistance**

- **Ineligible Cost:**

- Late payment penalties.

### 3. Administration

- **General management / Oversight / Coordination**

- **Ineligible Cost:**

- Purchase of office space.

COUNTY OF RIVERSIDE  
DEPARTMENT OF PUBLIC SOCIAL SERVICES

CONTRACTOR PAYMENT REQUEST

EXHIBIT: M

To: Riverside County  
Department of Public Social Services  
Attn: Management Reporting Unit  
4060 County Circle Drive  
Riverside, CA 92503

From: \_\_\_\_\_  
Remit to Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Contractor Name  
\_\_\_\_\_  
Contract Number

Total amount requested \_\_\_\_\_ for the period of \_\_\_\_\_ 20\_\_\_\_

Select Payment Type(s) Below:

- |   |  |
|---|--|
| <input type="checkbox"/> Advance Payment \$ _____<br>(if allowed by Contract/MOU)           | <input type="checkbox"/> Actual Payment \$ _____<br>(Same amount as 2076B if needed) |
| <input type="checkbox"/> Unit of Service Payment \$ _____<br>_____ # of Units) X (\$) _____ | _____ # of Units) X (\$) _____   |
| _____ # of Units) X (\$) _____  | _____ # of Units) X (\$) _____   |

Any questions regarding this request should be directed to: \_\_\_\_\_  
Name Phone Number

I hereby certify under penalty of perjury that to the best of my knowledge the above is true and correct

\_\_\_\_\_  
Authorized Signature Title Date

**FOR DPSS USE ONLY (DO NOT WRITE BELOW THIS LINE)**

Business Unit (5) _____	Purchase Order # (10) _____	Invoice # _____
Account (6) _____	Amount Authorized _____	
Fund (5) _____	If amount authorized is different from amount request, please explain:	
Dept ID (10) _____	_____	_____
Program (5) _____	Program (if applicable) _____	Date _____
Class (10) _____	Management Reporting Unit _____	Date _____
Project/Grant (15) _____	Contracts Administration Unit _____	Date _____
Vendor Code (10) _____	General Accounting Section _____	Date _____



DEPARTMENT OF PUBLIC SOCIAL SERVICES FORMS

**Mailing Instructions:** When completed, these forms will summarize all of your claims for payment. Your Claims Packet will include **DPSS 2076A, 2076B** (if required), invoices, payroll verification, and copies of canceled checks attached, receipts, bank statements, sign-in sheets, daily logs, mileage logs, and other back-up documentation needed to comply with Contract/MOU.

**Mail Claims Packet to address shown on upper left corner of DPSS 2076A.**

*[see method, time, and schedule/condition of payments].*

*(Please type or print information on all DPSS Forms.)*

**DPSS 2076A**

**CONTRACTOR PAYMENT REQUEST**

**"Remit to Name"**

The legal name of your agency.

**"Address"**

The remit to address used when this contract was established for your agency. **All address changes must be submitted for processing prior to use.**

**"Contractor Name"**

Business name, if different than legal name *(if not leave blank)*.

**"Contract Number"**

Can be found on the first page of your contract.

**"Amount Requested"**

Fill in the total amount and billing period you are requesting payment for.

**"Payment Type"**

Check the box and enter the dollar amount for the type(s) of payment(s) you are requesting payment for.

**"Any questions regarding..."**

Fill in the name and phone number of the person to be contacted should any questions arise regarding your request for payment.

**"Authorized Signature, Title, and Date (Contractor's)"**

Self-explanatory **(required)**. **Original Signature needed for payment.**

**EVERYTHING BELOW THE THICK SOLID LINE IS FOR DPSS USE ONLY AND SHOULD BE LEFT BLANK.**

### SUPPORTING DOCUMENTATION

The general rule for supporting documentation is that for any program cost that is to be reimbursed (or used as match), provide the invoice which documents that a cost was incurred, and a receipt, or a copy of a check, a check stub, or copy of bank statement to substantiate the amount paid. Supporting documentation must be **legible, clear, and organized**. DPSS must be able to tie your request to the amounts claimed after each line item on the Claim Form. Costs can only be reimbursed if they have been included in the original Technical Submission.

Documentation for like line items should be clipped together and identified with a summary sheet or label identifying the Line Item Number or the Activity as listed on the Claim Form. A spreadsheet itemizing the expenses, or at a minimum, an adding machine tape showing the expenses with a matching amount on the claim form is helpful. The clearer the information is that you provide, the quicker we will be able to process the claim.

It is also helpful to complete the ESG Request for Funds (RFF) for each claim. In addition, if there are any equipment items to be purchased, prior to purchase, the ESG Equipment Request Form must be submitted and approved by the State, prior to the purchase of the equipment. Along with submission of the Equipment Request Form, 3 comparable bids for the item in question are required.

The Fiscal Management Reporting Unit reviews each claim for expenses that are:

- Allowable
- Allocable
- Reasonable

#### CLAIM DOCUMENTATION REQUIRED BY DPSS

<b>RAPID REHOUSING / EMERGENCY SHELTER</b>
● Lease agreement (does not need to be submitted with each claim. Must be submitted each time a lease expires or changes.)
● Invoice or documentation of rent amount and due date
● Proof of payment (receipt and cancelled check or check stub)
<b>STAFF (Street Outreach, Rapid Rehousing, Emergency Shelter)</b>
● ESG Program Individual Staff Breakdown form
● Time Sheet
● Time and Activity Report
● Pay Stub or Payroll Report
<b>EXPENSES (Street Outreach, Rapid Rehousing, Emergency Shelter)</b>
● Invoice or receipt that is dated and has a detailed explanation of charges.
● Proof of payment (cancelled check or check stub)

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
 EMERGENCY SOLUTIONS GRANT PROGRAM  
 DIVISION OF FINANCIAL ASSISTANCE (REV 12/16)  
 2020 West El Camino, 4th Floor  
 Sacramento, CA 95833  
 Phone: (916) 263-2771  
 Fax: (916) 263-3391

EXHIBIT N-2



## EMERGENCY SOLUTIONS GRANT PROGRAM REQUEST FOR FUNDS

<b>Grantee Name:</b>	<b>Contact Person:</b>
<b>Address:</b>	<b>Contact Person Title:</b>
<b>City:</b>	<b>E-mail:</b>
<b>State &amp; Zip:</b>	<b>Phone No.:</b>

EXPENDITURES						
BUDGET COMPONENT	APPROVED BUDGET AMOUNT	PREVIOUSLY DRAWN TOTAL	REQUESTED DRAW AMOUNT	NEW DRAWN TOTAL	BALANCE REMAINING	
Street Outreach	\$1,000,000		\$0	\$0	\$1,000,000	
Emergency Shelter	\$100,000		\$0	\$0	\$100,000	
Homelessness Prevention	\$10		\$0	\$0	\$10	
Rapid Re-housing	\$151		\$0	\$0	\$151	
HMIS			\$0	\$0	\$0	
Administration			\$0	\$0	\$0	
<b>TOTAL</b>	<b>\$1,100,161</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,100,161</b>	

BUDGET COMPONENT	APPROVED AMOUNT	PERCENT APPROVED	INDIRECT COSTS PREVIOUSLY DRAWN	INDIRECT COSTS REQUESTED THIS DRAW	TOTAL INDIRECT COSTS DRAWN	PERCENT OF INDIRECT COSTS UTILIZED
Indirect Costs	\$110,016	10%	\$12,053	\$0	\$12,053	10.96%

Note: (Limited to 10% of Total Application Amount or higher with letter from HUD)

*\*By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.*

HCD USE ONLY	
Contract Manager Signature	Date



## EMERGENCY SOLUTIONS GRANT PROGRAM INDIVIDUAL STAFF BREAKDOWN

### SUMMARY OF STAFF TO BE PAID WITH ESG FUNDS

- List all the positions and titles with a brief job description that corresponds with the eligible activity for each staff person to be paid with ESG Fund.
- Also attach a duty statement for all position titles listed.

Contract Number:  Grantee Name:

Purposed Activity	Staff Title	Brief Description of Job

\* Modify row heights to accommodate text and add rows within the box if needed.



## EMERGENCY SOLUTIONS GRANT PROGRAM EQUIPMENT REQUEST FORM

Date:  Request Number:

Contract Name:  Contract Number:  Fiscal Year (20XX-XX):

### INSTRUCTIONS

Complete this form for equipment purchases for any item costs over \$1000 (made by a Non-Profit Organization) or Over \$5,000 (Unit of General Purpose Local Government). Only one form per item. If you have multiple items that exceed outlined amounts above, a form will need to be submitted for each.

approval is received proceed to purchase item and fill out section B and C. Print document and sign in Blue ink. Color Scan item and email back to HCD for final confirmation of equipment purchase and expense incurred.

### EQUIPMENT REQUEST BREAKDOWN

Complete this section and attach copies of all bids (3 required).

Item Description:	Bid Amount	Vendor	Bid Selected	Justification for Selection
A Item Breakdown:				

Requested Amount:

### HCD USE ONLY

HCD  
Authorization

Requested Amount:

HCD Approval:

Amount Approved by HCD:

Amount Disallowed by HCD:

Total Approval Amount:

Justification if Partial Approval or Non-Approval:

### PURCHASE VALIDATION

Approved  
Item Verification

Item Purchased:  Item Purchase Price:

Vendor/ Contractor:  HCD Approved Amount:

Invoice Date:

Invoice Number:

Item Serial Number:

Additional Notes:

### CERTIFICATION

Approved  
Item Verification Certification

Signing this certification indicates that the information provided is accurate and documentation can be provided to validate purchase above.

<input type="text"/>	<input type="text"/>
Authorized Representatives Name	Authorized Representatives Title
<input type="text"/>	<input type="text"/>
Authorized Representatives Signature	Date

### HCD USE ONLY

HCD Item Verification Approval

Contract Manager Signature:  Date:



**Riverside County Department of Public Social Services  
Contracts Administration Unit  
10281 Kidd Street  
Riverside, CA 92503**

**AGREEMENT:** HO-03467

**CONTRACTOR:** Coachella Valley Rescue Mission

**ACTIVITIES:** Homeless Assistance Program

**TERM:** December 28, 2016 – July 21, 2018

**MAXIMUM REIMBURSABLE AMOUNT:** \$107,449.00

**ESG PROGRAM COMPONENT:** Emergency Shelter

This Agreement is made and entered into by and between the County of Riverside, hereinafter referred to as "County," and the Coachella Valley Rescue Mission, hereinafter referred to as the "Subrecipient."

**WHEREAS**, the County has entered into a grant agreement with the State of California Department of Housing and Community Development (HCD), hereinafter referred to as the "Grantor," pursuant to the Emergency Solutions Grants (ESG) Program (CFDA 14.231), codified as 24 CFR Parts 91 and 576 and Subtitle C of Title IV of the Stewart B. McKinney-Vento Homeless Assistance Act as amended by S. 896 the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, 42 U.S.C. 11371-11378 et seq.; and

**WHEREAS**, the Department of Public Social Services, hereinafter referred to as "DPSS," has been designated by the County to provide coordination and administration of the County's Continuum of Care Program, and Emergency Solutions Grants Program as described in the County's grant agreement with the Grantor.

**NOW THEREFORE**, DPSS and the Subrecipient do hereby covenant and agree that the Subrecipient will provide said services in return for monetary compensation, all in accordance with the terms and conditions contained herein this Agreement.

ATTEST:  
 KECIA HARPER-IHEM, Clerk  
 By: *[Signature]*

Authorized Signature for County: <i>[Signature]</i>	Authorized Signature for Coachella Valley Rescue Mission: <i>[Signature]</i>
Printed Name of Person Signing: John F. Tavaglione	Printed Name of Person Signing: Darla Burkett
Title: Chair, Board of Supervisors	Title: Executive Director
Address: 10281 Kidd St. Riverside, CA 92503	Address: PO Box 10660 Indio, CA 92202
Date Signed: MAY 02 2017	Date Signed: 3/10/17

FORM APPROVED COUNTY COUNSEL  
 BY: *[Signature]*  
 NEAL R. KIPNIS DATE

MAY 02 2017 3.23

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**LIST OF EXHIBITS**

**EXHIBIT A** – Scope of Work and Project Application, DPSS RFP-#DPARC-512

**EXHIBIT B** – Budget Narrative

**EXHIBIT C** – HEARTH ACT 2009, 24 CFR Parts 91 and 576

**EXHIBIT D** – The Emergency Solutions Grant State of California Regulations

**EXHIBIT E** – County of Riverside Continuum of Care Written Standards

**EXHIBIT F** – County of Riverside Continuum of Care Charter

**EXHIBIT G-1 (INDIVIDUAL)** Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)

**EXHIBIT G-2 (FAMILY)** Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)

**EXHIBIT H** – HUD System Performance Measures, An Introductory guide to understanding system-level performance measurement

**EXHIBIT I** – 2-1-1 Riverside County Agency Registration Form

**EXHIBIT J** – 2-1-1 Riverside County Program Registration Form

**EXHIBIT K** – Assurance of Compliance

**EXHIBIT L** – ESG Eligible Expense Guide

**EXHIBIT M** – DPSS 2076A, DPSS 2076B & Instructions

**EXHIBIT N-1** DPSS Fiscal's ESG Supporting Documentation Instructions

**EXHIBIT N-2** HCD's Emergency Solutions Grant Program Request for Funds

**EXHIBIT N-3** HCD'S Emergency Solutions Grant Program Individual Staff Breakdown

**EXHIBIT N-4** HCD'S Emergency Solutions Grant Program Equipment Request Form (if applicable).

## I. DEFINITIONS

As used in this Agreement, the following terms are defined below unless the context indicates otherwise.

- A. The term "2-1-1" refers to 2-1-1 Riverside County—a designated 3-digit number that allows callers to receive up-to-date information and referrals to health and human service agencies.
- B. The term "Application" refers to the approved application and its submissions prepared by the Subrecipient, which is the basis on which HUD approved the grant.
- C. The term "DPSS" refers to the County of Riverside and its Department of Public Social Services, which has administrative responsibility for this Agreement.
- D. The term "HCD" refers to State of California Department of Housing and Community Development.
- E. The term "HMIS" refers to the Riverside County Homeless Management Information System.
- F. The term "Participants" refers to individuals who utilize Supportive Housing Services, including referral services or individuals who are residents or former residents of the housing project.
- G. The term "Project" refers to housing and/or supportive services for facilitating the movement of homeless individuals through the Continuum of Care into independent permanent housing.
- H. The term "RFP" refers to DPSS Request for Proposal.
- I. The terms "Subrecipient" or "Contractor" refer to the Coachella Valley Rescue Mission, the entity under agreement with DPSS to operate the project on a daily basis.
- J. The term "Subcontract" refers to any contract, purchase order, or other purchase agreement, including modifications and change orders to the foregoing, entered into by the Contractor with a subcontractor to furnish supplies, materials, equipment, and services for the performance of any of the terms and conditions contained in this Agreement.
- K. The term "Subcontractor" means any supplier, vendor, or firm, that furnishes supplies, materials, equipment, or services to or for the Contractor or another subcontractor.

## II. DPSS RESPONSIBILITIES

- A. DPSS shall assure that the services provided by the Subrecipient comply with all applicable federal, state, county, and local government laws, rules, regulations, policies and procedures.
- B. DPSS shall assign staff to serve as liaison and program coordinator between DPSS and the Subrecipient. This staff will provide the Subrecipient programmatic consultation and advise the Subrecipient of all-pertinent existing guidelines and regulations. Additionally, the staff will provide or arrange for consultation and technical assistance to the Subrecipient as needed.
- C. DPSS will assign staff to monitor the performance of the Subrecipient in performing the terms, conditions, and specifications of this Agreement. DPSS, at its sole discretion, may monitor the performance of the Subrecipient through any combination of the following methods which may include, but are not limited to: 1) periodic reviews, including on-site visits; (2) evaluations of the quantity or level and quality of services provided by the Subrecipient; (3) annual inspection of all available fiscal statements and other records maintained by the Subrecipient; and (4) annual statements that the Subrecipient is required to complete under this Agreement.

## III. SUBRECIPIENT RESPONSIBILITIES

- A. The Subrecipient shall be responsible for the overall administration of the Project, including overseeing all subcontractors, client services, and case management, medical care, social services support, and legal support. The Subrecipient will also provide client linkages to other sources of support. The Subrecipient will keep records and reports established to carry out the program in an effective and efficient manner. These records and reports must include racial and ethnic data on participants for program monitoring and evaluation.
- B. The Subrecipient shall provide services as set forth in the Project Application and Scope of Work, attached hereto as **Exhibit A**, and incorporated herein by these references.
- C. The Subrecipient must ensure that all ESG Program participants comply with the regulations applicable to the ESG program as set forth in 24 CFR Part 58, and 24 CFR Part 576. Additionally, nonprofit organizations funded by the ESG Program shall comply with the requirements of 24 CFR Part 84 as though they were subrecipients pursuant to 24 CFR Part 84. Also, Units of general local government funded by the ESG Program shall comply with the requirements of 24 CFR Part 85. In the even that any federal or state laws or regulations, including without limitation regulations by the Department of Housing and Urban Development ("HUD") add, delete, modify, or otherwise change any statutory or regulatory requirements concerning the use or administration of these funds, ESG Program participants shall comply with such requirements, as amended.
- D. The Subrecipient shall register its agency and/or program, as funded by DPSS, with 2-1-1 Riverside County, by faxing the 2-1-1 registration forms attached hereto as **Exhibits I and J**, respectively, and incorporated herein by these references, to (951) 686-7417. Registration is to take place at the time of execution of this Agreement, and updated on a quarterly basis, at minimum, if agency and/or program changes occur through the term of this Agreement.

For general inquiries regarding agency and/or program registration, Subrecipients may contact 2-1-1 by one of the following methods:

<b>Telephone</b>	(800) 464-1123 or (951) 686-4402 Monday through Friday - 8:00 am to 5:00 pm
<b>U.S. Postal Service</b>	P.O. 5376, Riverside, CA 92517-5376
<b>E-mail</b>	211Updateinfo@connectRiverside.org

- E. The Subrecipient shall comply with the Educational Assurance requirements as stipulated in the McKinney-Vento Homeless Education Assistance Improvements Act.
- F. The Subrecipient agrees to participate in the Homeless Management Information System (HMIS).
  - 1. Participation is defined by HMIS training attendance, complying with Riverside County HMIS security policies and procedures, and entering required client data on a regular and timely basis.
  - 2. DPSS retains the rights to the HMIS and case management software application used in the operations of this property. DPSS grants the Subrecipient an exclusive perpetual license to use the HMIS software for the term of this Agreement.
  - 3. The Subrecipient shall ensure that employees using HMIS for client intake capture all required data fields, as set forth in the County of Riverside Continuum of Care HMIS Policies and Procedures Manual, which is located on the DPSS website: <http://dpss.co.riverside.ca.us/homeless-programs>.
  - 4. The Subrecipient must maintain a valid HMIS End User Agreement on file with DPSS, which is located on the DPSS website: <http://dpss.co.riverside.ca.us/homeless-programs>.

**IV. FISCAL PROVISIONS**

**A. OBLIGATION**

The Subrecipient shall be reimbursed by DPSS, for an amount not to exceed \$107,449. Said funds shall be spent according to the Budget shown below and attached hereto as **Exhibit B**.

<b>BUDGET CATEGORY</b>	<b>Total</b>
DIRECT STAFF SALARIES – 2.6 FTEs (Monthly Salary \$4,662, Worker’s Comp/Payroll Taxes \$582)	\$94,400.00
TRANSPORTATION (Bus Passes/Tickets)	\$5,000.00
UTILITIES (Electric, Gas, Water, Sewer and Trash)	\$7,849.00
Subrecipient Administration Cost (10% Indirect Cost)	\$200.00
<b>SUBRECIPIENT TOTAL</b>	<b>\$107,449.00</b>

## B. METHOD, TIME, AND CONDITION OF PAYMENTS

1. The Subrecipient will be paid the actual amount of each monthly invoice for payment. If the required supporting documentation is not provided, DPSS may delay payment until the information is received by DPSS.
2. All completed claims must be submitted on a monthly basis no later than 30 days after the end of each month in which the services were provided. All complete claims submitted in a timely manner shall be processed within forty-five (45) calendar days.
3. The Subrecipient shall submit **DPSS Forms 2076A, 2076B (if applicable) (Exhibit M); and HCD's Forms Emergency Solutions Grant Program Request for Funds, Emergency Solutions Grant Program Individual Staff Breakdown, and Emergency Solutions Grant Program Equipment Request Form (if applicable) (Exhibits N-2 through N-4)**. Following the instructions set forth in **Exhibits M & N-1** attached hereto and incorporated herein by this reference for request of all payments.
4. Each claiming period shall consist of a calendar month claiming period. Subrecipient Invoice estimates for May and June are due no later than the 5th of June. Actual Subrecipient invoices for May and June are due no later than the 30th of July.
5. The Subrecipient shall ensure that funds provided under this Agreement are not used to pay developer's fees, to establish working capital, or operate deficit funds.

### a. Cash Match Documentation

The Subrecipient must match all ESG funding on a dollar for dollar basis. Match must be used for the costs of eligible activities (**Exhibit A and Exhibit L**).

The Subrecipient shall provide cash match documentation as set forth in this Agreement and the Scope of Work (**Exhibit A**). Cash match documentation must be submitted with monthly billing claims. DPSS will verify utilization of the cash match through a monthly desk review and on-site monitoring visits. Matching funds provided by the Subrecipient must be money provided to the project by one or more of the following: the Subrecipient, the federal government, state and local governments, and/or private resources. Non-cash resources such as in-kind contributions of goods or services may be used to fulfill matching funds requirements. Matching funds provided by state or local government used in a matching contribution are subject to maintenance of effort requirements.

- b. In the event that the Subrecipient does not meet the requirements in paragraph 5a. above, DPSS reserves the right to suspend or terminate this Agreement.
6. An expenditure which is not authorized by the Agreement, or which cannot be adequately documented, shall be disallowed and must be reimbursed to DPSS by the Subrecipient.

## C. BUDGET MODIFICATIONS

After the effective date of this Agreement, no changes to program budget, funded homeless service providers, or eligible activities shall be made without prior approval from DPSS. Any changes to this Agreement must be made in writing and approved by DPSS prior to implementing the change. No requests will be approved retroactively.

For line item changes representing more than twenty five (25) percent of the overall project budget, a contract amendment is required.

a. Conditions for Approval

Changes may be approved if all of the following conditions are met:

- i. The Subrecipient delivers a written request to DPSS, no later than **ninety (90) days** prior to the end of the grant, and adequately documents the need for change; and
- ii. Approval is received by HCD.

b. Requests for Approval

Request will be forwarded to HCD for their approval and any one of the following will take place:

- i. HCD will approve change as requested;
- ii. HCD will approve change and reduce dollars;
- iii. HCD will deny request.

D. DISBURSEMENT OF FUNDS

DPSS shall disburse funds under this Agreement to the Subrecipient as follows:

1. The Subrecipient shall submit claims for reimbursement pursuant to the Budget listed in section IV.A. on a monthly basis.
2. Administrative costs are costs associated with accounting for the use of grant funds, preparing reports for submission to HCD, obtaining program audits, similar costs related to administering the grant after the award, and staff salaries associated with these administrative costs.

E. INSPECTION AND AUDITS

1. The Subrecipient shall maintain auditable books, records, documents, and other evidence pertaining to costs and expenses in this Agreement. The Subrecipient shall maintain these records for five (5) years after final payment has been made or until all pending DPSS, state, and federal audits, if any, are completed, whichever is later. If a restrictive covenant is in effect, records shall be maintained until the covenant expires.
2. Authorized representatives of DPSS and the federal government shall have access to any books, documents, papers, electronic data, and other records, which these representatives may determine to be pertinent to this Agreement for the purpose of performing an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right, upon request, to inspect or otherwise evaluate the work performed under this Agreement and the premises in which it is being performed.
3. This access to records includes, but is not limited to, service delivery, referrals, and financial and administrative documents for five (5) years after final payment was made, or until all pending county, state, and federal audits are completed, whichever is later.



4. Should the Subrecipient disagree with any audit conducted by DPSS, the Subrecipient shall have the right to employ a licensed, Certified Public Account (CPA) to prepare and file with DPSS a certified financial and compliance audit (in compliance with generally accepted government auditing standards) of related services provided during the term of this Agreement. The Subrecipient will not be reimbursed by DPSS for such an audit.
5. In the event the Subrecipient does not make available its books and financial records at the location where they are normally maintained, the Subrecipient agrees to pay all necessary and reasonable expenses, including legal fees, incurred by DPSS in conducting any audit.
6. All Agreement deliverables and equipment furnished or utilized in the performance of this Agreement shall be subject to inspection by DPSS at all times during the term of this Agreement. The Subrecipient shall provide adequate cooperation to any employee assigned by DPSS in order to permit their determination of the Sub-recipient's conformity with specifications and adequacy of performance and services being provided in accordance with this Agreement.

#### F. WITHHELD PAYMENTS

1. Unearned payments under this Agreement may be suspended or terminated if grant funds to DPSS are suspended terminated, or if the Subrecipient refuses to accept additional conditions imposed on it by HCD or DPSS.
2. DPSS has the authority to withhold funds under this Agreement pending a final determination by DPSS of questioned expenditures or indebtedness to DPSS arising from past or present agreements between DPSS and the Subrecipient. Upon final determination by DPSS of disallowed expenditures or indebtedness, DPSS may deduct and retain the amount of the disallowed or indebtedness from the amount of the withheld funds.
3. Payments to the Sub-recipient may be withheld by DPSS if the Subrecipient fails to comply with the provisions of this Agreement.

#### G. FISCAL ACCOUNTABILITY

1. The Sub-recipient agrees to manage funds received through DPSS in accordance with sound accounting policies; incur and claim only eligible costs for reimbursement; and adhere to accounting standards established in OMB Circulars A-110, A-122, and A-133.
2. The Sub-recipient must establish and maintain on a current basis an accrual accounting system in accordance with generally accepted accounting principles and standards. Further, the Sub-recipient must develop an accounting procedure manual. Said manual shall be made available to DPSS upon request or during fiscal monitoring visits.

#### H. AVAILABILITY OF FUNDING

Funding for this Agreement is subject to the continuing availability of funds provided to DPSS during the Agreement period. DPSS will inform the Sub-recipient, immediately upon notice from HUD, of any limitation of the availability of funds. Both parties understand that DPSS makes no commitment to fund this project beyond the term of this Agreement

## V. GENERAL PROVISIONS

### A. TERM OF AGREEMENT

1. The Agreement shall be effective from December 28, 2016 – July 21, 2018.
2. All Program funds shall be expended by July 21, 2018.
3. All Final Reimbursement Requests from subrecipient shall be submitted within 20 days after the expenditure deadline.

### B. BACKGROUND CHECKS

Contractors providing services to minors (detailed in **Exhibit A-Project Application**) shall be required to conduct criminal background records checks on all employees, subcontractors, and volunteers providing services under this Agreement. Prior to these individuals providing services to clients, the Contractor shall have received a criminal records clearance from the State of California Department of Justice (DOJ). A signed certification of such clearance shall be retained in each individual's personnel file.

### C. CONFIDENTIALITY

The Contractor shall maintain the confidentiality of all information and records and comply with all other statutory laws and regulations relating to privacy and confidentiality.

Each party shall ensure that case record information is kept confidential when it identifies an individual by name, address, or other information. Confidential information requires special precautions to protect it from loss, unauthorized use, access, disclosure, modification, and destruction.

The parties to this Agreement shall keep all information that is exchanged between them in the strictest confidence, in accordance with Federal Law. All records and information concerning any and all persons referred to the Contractor shall be considered and kept confidential by the Contractor, its staff, agents, employees and volunteers. The Contractor shall require all of its employees, agents, subcontractors and volunteer staff who may provide services under this Agreement with the Contractor before commencing the provision of any such services, to maintain the confidentiality of any and all materials and information with which they may come into contact, or the identities or any identifying characteristics or information with respect to any and all participants referred to the Contractor by Riverside County.

Contractor shall ensure that no person will publish, disclose, use, permit, or cause to be published, disclosed, or used, any confidential information pertaining to any applicant or recipient of services under this Agreement. The Contractor agrees to inform all persons directly or indirectly involved in administration of services provided under this Agreement of the above provisions and that any person deliberately violating these provisions is guilty of a misdemeanor.

**D. CONFLICT OF INTEREST**

The Subrecipient covenants that it presently has no interest in, including but not limited to, other projects or independent agreements, and shall not acquire any such interest, direct or indirect, which is, or which the Subrecipient believes to be, incompatible in any manner or degree with the performance of services required to be performed under this Agreement. The Subrecipient further covenants that in the performance of this Agreement no person having any such interest shall be employed or retained by the Subrecipient under this agreement. The Subrecipient agrees to inform DPSS of all of the Subrecipient's interests, if any, which are or which the Subrecipient believes to be incompatible with any interest of DPSS. The County will make final determination of any dispute about conflict(s) of interest.

A copy of the agency's Conflict of Interest policy should be submitted to DPSS upon execution of this contract.

**E. DEFAULT**

1. A default shall consist of any use of grant funds for a purpose other than as authorized by this Agreement or failure in the Subrecipient's duty to provide the supportive housing for the minimum term in accordance with the requirements of the provisions of the Emergency Solutions Grants Program Regulations, the Application, the Technical Submission, or this Agreement. In the event of an occurrence of default, DPSS and HCD may take one or more of the following actions:
  - a. Issue a letter of warning advising the Subrecipient of the default that establishes a date by which corrective actions must be completed and puts the Subrecipient on notice that more serious actions will be taken if the default is not corrected or is repeated;
  - b. Direct the Subrecipient to submit progress schedules for completing the approved activities;
  - c. Direct the Subrecipient to establish and maintain a management plan that assigns responsibilities for carrying out remedial actions;
  - d. Direct the Subrecipient to reimburse the program accounts for costs inappropriately charged to the program; and/or
  - e. Make recommendations to HCD to reduce or recapture the grant.
2. No delay or omission by the County in exercising any right or remedy available to it under this Agreement shall impair any such right or remedy or constitute a waiver of acquiescence in any Subrecipient default.

**F. HOLD HARMLESS/INDEMNIFICATION**

Contractor agrees to indemnify and hold harmless County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of Contractor, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Agreement, including but not limited to property damage, bodily injury, death, or any other element of any kind or nature whatsoever arising from the performance of Contractor, its officers, agents, employees, subcontractors, agents or representatives from this Agreement. Contractor shall defend, at its sole expense, all costs and fees, including but not limited to attorney fees, cost of investigation, defense and settlements or awards, of County, all Agencies, Districts, Special Districts and Departments of County, their

respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents or representatives in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by Contractor, Contractor shall, at their sole cost, have the right to use counsel of their choice, subject to the approval of County, which shall not be unreasonably withheld, and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Contractor's indemnification to County as set forth herein. Contractor's obligation to defend, indemnify and hold harmless County shall be subject to County having given Contractor written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at Contractor's expense, for the defense or settlement thereof. Contractor's obligation hereunder shall be satisfied when Contractor has provided to County the appropriate form of dismissal relieving County from any liability for the action or claim involved.

The specified insurance limits required in this Agreement shall in no way limit or circumscribe Contractor's obligations to indemnify and hold harmless County herein from third party claims.

In the event there is conflict between this clause and California Civil Code §2782, this clause shall be interpreted to comply with Civil Code §2782. Such interpretation shall not relieve the Contractor from indemnifying County to the fullest extent allowed by law.

#### G. INSURANCE

Without limiting or diminishing the CONTRACTOR'S obligation to indemnify or hold the COUNTY harmless, CONTRACTOR shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverage's during the term of this Agreement. As respects to the insurance section only, the COUNTY herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

##### Workers' Compensation:

If Contractor has employees as defined by the State of California, the Contractor shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. Policy shall be endorsed to waive subrogation in favor of the County of Riverside; and, if applicable, to provide a Borrowed Servant/Alternate Employer Endorsement.

##### Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, contractual liability, products and completed operations liability, personal and advertising injury, cross liability coverage, covering claims which may arise from or out of Contractor's performance of its obligations hereunder. Policy shall name the COUNTY as additional Insured. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit.

Professional Liability:

If, at any time during the duration of this Agreement and any renewal or extension thereof, the Contractor, its employees, agents or subcontractors provide professional counseling for issues of medical diagnosis, medical treatment, mental health, dispute resolution or any other services for which it is the usual and customary practice to maintain Professional Liability Insurance, the Contractor shall procure and maintain Professional Liability Insurance (Errors & Omissions), providing coverage for performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If Consultant's Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement. Upon termination of this Agreement or the expiration or cancellation of the claims made insurance policy Consultant shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also known as Tail Coverage); or 2) Prior Dates Coverage from a new insurer with at retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificate of Insurance that Consultant has maintained continuous coverage with the same or original insurer. Coverage provided under items: Workers' Compensation, Commercial General Liability or Professional Liability will continue for a period of five (5) years beyond the termination of this Agreement.

Vehicle Liability:

If Contractor's vehicles or mobile equipment are used in the performance of the obligations under this Agreement, Contractor shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit. Policy shall name the COUNTY as additional Insured.

General Insurance Provisions – All lines:

1. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A.M. BEST rating of not less than an A: VIII(A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
2. The Contractor's insurance carrier(s) must declare self-insured retentions. If such self-insured retentions exceed \$500,000 per occurrence retentions shall have the prior written consent of the County Risk Manager before the commencement of operations under this Agreement. Upon notification of self-insured retention's unacceptable to the County, and at the election of the County's Risk Manager, Contractor's carriers shall either; 1) reduce or eliminate such self-insured retentions as respects this Agreement with the County, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, defense costs and expenses.
3. The Contractor shall cause insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance and original copies of Endorsements effecting coverage as required herein; and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements

or certified original policies, including all endorsements and attachments thereto evidencing coverages set forth herein and the insurance required herein is in full force and effect. CONTRACTOR shall not commence operations until the COUNTY has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.

4. It is understood and agreed to by the parties hereto and the CONTRACTOR'S insurance shall be construed as primary insurance, and the County's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.
5. If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work which will add additional exposures (such as the use of aircraft, watercraft, cranes, etc.); or, the term of this Agreement, including any extensions thereof, exceeds five (5) years the COUNTY reserves the right to adjust the types of insurance required under this Agreement and the monetary limits of liability for the insurance coverage's currently required herein, if, in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the CONTRACTOR has become inadequate.
6. Contractor shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.
7. The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the County.
8. Contractor agrees to notify the County of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Agreement.

#### H. INDEPENDENT CONTRACTOR

The Subrecipient is, and will at all times be deemed to be, an independent contractor and shall be wholly responsible for the manner in which it performs the services required of it by the terms of this Agreement. Nothing herein contained shall be construed as creating the relationship of employer and employee or principal and agent, between DPSS and the Subrecipient or any of the Sub-recipient's agents, employees, or volunteers. The Subrecipient assumes exclusively the responsibility for the acts of its employees as they relate to the services to be provided during the course and scope of their employment. The Subrecipient, its agents, employees, and volunteers shall not be afforded any of the rights and/or privileges afforded to employees of DPSS or the County of Riverside and shall not be considered in any manner to be employees of the County.

#### I. SUBCONTRACT FOR SERVICES

1. The Contractor shall not enter into any subcontract with any subcontractor who:
  - a. is presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from covered transactions by a federal department or agency.
  - b. has within a 3-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for the commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction; violation of Federal or State anti-trust status or

- commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. is presently indicated or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in the paragraph above; and
  - d. has within a 3-year period preceding this Agreement had one or more public transactions (Federal, State, or local) terminated for cause or default.
2. The Contractor shall be as fully responsible for the acts or omissions of its subcontractors, and of persons either directly or indirectly employed by them as for the acts or omissions of persons directly employed by the Contractor.
  3. The Contractor shall insert appropriate clauses in all subcontracts to bind subcontractors to the terms and conditions of this Agreement insofar as they are applicable to the work of subcontractors.
  4. The Contractor shall document, prior to grant execution, all services to be provided by a third party by a memorandum of understanding (MOU) between the recipient or sub-recipient and the third party that will provide the services, as per CFR 578.73, (c)(3).
  5. Nothing contained in this Agreement shall create any contractual relationship between any subcontractor and the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives.

#### J. RECORDKEEPING AND REQUIREMENTS

1. The Sponsor agrees to collect and maintain records of participants for required federal, state, and county reports.
2. The Subrecipient shall submit the following reports:
  - a) Annual performance reports during the period of the grant consistent with HUD requirements for ESG funds;
  - b) A written completion report must be submitted within 60 days after expiration of the Standard Agreement and;
  - c) Additional reports may be requested by DPSS and/or HCD to meet other applicable reporting or audit requirements.

#### K. MONITORING GRANT ACTIVITIES

1. An onsite monitoring visit of the homeless service provider shall occur whenever deemed necessary by DPSS, but at least once during the grant period.
2. DPSS will monitor the performance of the Subrecipient based on a risk assessment and according to the terms of this Agreement.
3. DPSS will monitor the Subrecipient and funded project based on the performance measures used by HUD in ESG or the Continuum of Care program. In the event that project-level or system-wide performance consistently remains in the lowest quartile compared to all participant Service Areas in the Continuum of Care allocation, DPSS will work collaboratively with the Subrecipient to develop performance improvement plans which will be incorporated into this Standard Agreement and other agreements required under 25 CCR Section 8403.
4. If it is determined that a Subrecipient falsified any certification, application information, financial, or contract report, the Subrecipient shall be required to reimburse the full amount of the ESG award to DPSS, and may be prohibited from any further participation in the ESG program. DPSS may impose any other actions permitted under 24 CFR 576.501 (c).

**L. SANCTIONS**

Failure by the Subrecipient to comply with any of the provisions, covenants, requirements, or conditions of this Agreement including, but not limited to, reporting and evaluation requirements, shall be a material breach of this Agreement. In such event, DPSS may immediately terminate this Agreement under the provisions in paragraph "K" below, and may take any other remedies available by law, or otherwise specified in this Agreement. DPSS may also:

1. Afford the Subrecipient a time period within which to correct the breach, the period of which shall be established at the sole discretion of DPSS; and/or
2. Withhold funds pending correction of the breach.

**M. TERMINATION**

1. DPSS may immediately suspend or terminate this Agreement for cause upon written notice to the Subrecipient of the action being taken. Cause shall be established if:
  - a. The Subrecipient fails to perform the covenants herein contained at such time and in such manner as provided in this Agreement; or
  - b. There is a conflict with any federal, state or local laws, ordinance, regulation or rule rendering any provision of this Agreement invalid or untenable.
2. DPSS may also terminate or suspend this agreement without cause. DPSS will provide ninety (90) days written notification stating the extent and effective date of termination. The ninety-day period begins when notice is deposited in the U.S. Mail, postage paid.
3. The Subrecipient may terminate this Agreement with cause upon written notice served upon DPSS stating the extent and effective date of termination. Contractor will provide ninety (90) days written notification stating the extent and effective date of termination. The ninety-day period begins when notice is deposited in the U.S. Mail, postage paid.
4. Upon termination of this Agreement, the Subrecipient shall not incur any obligations after any effective date of such termination, unless expressly authorized in writing by DPSS.
5. In the event the funding from HUD is reduced, terminated or otherwise becomes unavailable, DPSS shall provide written notice to the Subrecipient within five (5) working days from the date that HUD reduces, suspends or terminates the grant funding. This Agreement shall be either immediately terminated or amended to reflect said reduction in funds. DPSS shall make payments for all services performed up to the effective date of the termination.

**N. GOVERNING LAW**

This Agreement shall be construed and interpreted according to the laws of the State of California. Any legal action related to the interpretation or performance of this Agreement shall be filed only in the appropriate courts located in the County of Riverside, State of California. Should action be brought to enforce or interpret the provisions of the Agreement, the prevailing party shall be entitled to attorney's fees in addition to whatever other relief are granted.



**O. NOTICES**

All correspondence and notices required or contemplated by this Agreement shall be delivered to the respective parties at the addresses set forth herein. All other correspondence shall be delivered to the addresses shown below and are deemed submitted on the date of deposit in the U. S. Mail, postage prepaid to:

DPSS: Department of Public Social Services  
(Agreement Issues) Contracts Administration Unit  
10281 Kidd Street  
Riverside, CA 92503

DPSS: Department of Public Social Services  
(Program Issues) Homeless Program Unit  
4060 County Circle Drive  
Riverside, CA 92503

DPSS: Department of Public Social Services  
(Fiscal Issues) Management Reporting Unit  
4060 County Circle Drive  
Riverside, CA 92503

SUBRECIPIENT: Coachella Valley Rescue Mission  
Executive Director  
PO Box 10660  
Indio, CA 92202

**P. ASSIGNMENTS**

The Subrecipient cannot assign any interest in this Agreement, and shall not transfer any interest in the same, whether by assignment or novation, without prior written consent of DPSS. Any attempt to assign any interest without DPSS written consent shall be void and of no further force or effect.

**Q. DISPUTES**

Except as otherwise provided in this Agreement, any dispute concerning a question of fact arising under this Agreement, which is not disposed of by Agreement, shall be disposed of by DPSS who shall furnish the decision in writing. The decision of DPSS shall be final and conclusive until determined by a court of competent jurisdiction to have been fraudulent or capricious, arbitrary, or so grossly erroneous as necessarily to imply bad faith. The Subrecipient shall proceed diligently with the performance of the Agreement pending DPSS' decision.

**R. CHILD ABUSE REPORTING**

The Contractor shall establish a procedure acceptable to DPSS to ensure that all employees, volunteers, consultants, subcontractors or agents performing services under this Agreement report child abuse or neglect to a child protective agency as defined in Penal Code, Section 11166.

## S. ELDER AND DEPENDENT ABUSE REPORTING

The Contractor shall provide documentation of a policy and procedure acceptable to DPSS to ensure that all employees, volunteers, consultants, subcontractors, or agents performing under this Agreement report elder and dependent adult abuse pursuant to Welfare & Institutions Code Sections 15600 et seq. Suspected incidents of abuse should be immediately reported to DPSS, followed by a written report within two (2) working days.

## T. CLIENTS CIVIL RIGHTS COMPLIANCE

### 1. Assurance of Compliance

The Contractor shall complete the Vendor Assurance of Compliance with Riverside County Department of Public Social Services Non-Discrimination in State and Federally Assisted Programs, attached hereto as **Exhibit K** and incorporated herein by this reference. The Contractor will sign and date **Exhibit K** and return it to DPSS along with the executed Agreement. The Contractor shall ensure that the administration of public assistance and social service programs are non-discriminatory. To the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance.

### 2. Client Complaints

The Contractor shall further establish and maintain written referral procedures under which any person, applying for or receiving services hereunder, may seek resolution from Riverside County DPSS Civil Rights Coordinator of a complaint with respect to any alleged discrimination in the provision of services by Contractor's personnel.

#### **Civil Rights Complaints should be referred to:**

Civil Rights Coordinator  
Riverside County Department of Public Social Services  
10281 Kidd Street  
Riverside, CA 92503  
(951) 358-3030

### 3. Services, Benefits and Facilities

Contractor shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of color, race, religion, national origin, sex, age, sexual preference, physical or mental handicap in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist or be hereafter amended or changed.

For the purpose of this Section, discrimination means denying a participant or potential participant any service, benefit, or accommodation that would be provided to another and includes, but is not limited to, the following:

- (a) Denying a participant any service or benefit or availability of a facility.

- (b) Providing any service or benefit to a participant which is different, or is provided in a different manner, or at a different time or place from that provided to other participants on the basis of race, color, creed or national origin.
- (c) Restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit. Treating a participant differently from others in satisfying any admission requirement or condition, or eligibility requirement or condition, which individuals must meet in order to be provided any service or benefit.

#### 4. Cultural Competency

Contractor shall cause to be available bilingual professional staff or qualified interpreter to ensure adequate communication between clients and staff. Any individual with limited English language capability or other communicative barriers shall have equal access to services.

For the purpose of this Section, a qualified interpreter is defined as someone who is fluent in English and in the necessary second language, can accurately speak, read and readily interpret the necessary second language and/or accurately sign and read sign language. A qualified interpreter must be able to translate in linguistically appropriate terminology necessary to convey information such as symptoms or instructions to the client in both languages.

#### U. EMPLOYMENT PRACTICES

1. The Contractor shall not discriminate in its recruiting, hiring, promoting, demoting, or terminating practices on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex in the performance of this Agreement, and to the extent they shall apply, with the provisions of the California Fair Employment and Housing Act (commencing with Gov. Code section 12900 et. seq.), and the Federal Civil Rights Act of 1964 (P. L. 88-352).
2. In the provision of benefits, the Contractor shall certify and comply with Public Contract Code 10295.3, to not discriminate between employees with spouses and employees with domestic partners, or discriminate between the domestic partners and spouses of those employees.

For the purpose of this section, Domestic Partner means one of two persons who have filed a declaration of domestic partnership with the Secretary of State pursuant to Division 2.5 (commencing with Section 297) of the Family Code.

#### V. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Contractor in this Agreement is subject to all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto. The Contractor hereto agrees to cooperate in accordance with the terms and intent of this Agreement for implementation of relevant law(s) and/or regulation(s) promulgated under this Law. The Contractor further agrees that it shall be in compliance, and shall remain in compliance with the requirements of HIPAA, and the laws and regulations promulgated subsequent hereto, as may be amended from time to time.

**W. CLEAN AIR/WATER ACTS**

As required in all contracts with an estimated total value in excess of \$100,000, the Subrecipient agrees to comply with all applicable requirements issued under Section 306 of the Clean Air Act (33 U.S.C. 1368), U.S. Executive Order 11738, and Environmental Protection Agency (EPA) regulations (40 CFR, Part 15). These laws and regulations require the Subrecipient not to use facilities on the EPA list of violating facilities and to report violations to the EPA.

**X. LEAD-BASED PAINT**

The Subrecipient and all subcontractors, if any, shall comply with the requirements, as applicable, of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846) and implementing regulations issued pursuant thereto (24 CFR Part 35).

**Y. SHELTER AND HOUSING STANDARDS**

Emergency shelters must also meet the minimum safety, sanitation, and privacy standards at 24 CFR 576.403 (b), including but not limited to, accessibility standards in accordance with Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8; the Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35; where applicable.

For rapid rehousing projects where ESG assistance is provided, the assisted housing must meet the minimum habitability standards at 24 CFR 576.403 (c).

**Z. FAITH-BASED ACTIVITIES**

Pursuant to Section 8406 (b) (2) of the State Regulations, Subrecipient shall not require, as a condition of Program Participant housing, participation by Program Participants in any religious or philosophical ritual, service, meeting or rite.

**AA ENVIRONMENTAL REQUIREMENTS**

The Subrecipient shall supply all available, relevant information necessary for DPSS to perform for each property any environmental review as required under 24 CFR Part 50. The Subrecipient shall also carry out mitigating measures required by DPSS or select an alternate eligible property.

The subrecipient, or any subcontractor of the subrecipient, may not acquire, rehabilitate, convert, lease, repair, dispose of, demolish, or construct property for a project, or commit or expend ESG or local funds for eligible activities under this part, until HUD has performed an environmental review under 24 CFR Part 50 and the subrecipient has received HUD approval of the property.

For all funded applications, DPSS will inform the subrecipient any required additional environmental review.

**AB AUTHORITY**

The individuals executing this Agreement and the instruments referenced herein on behalf of the Subrecipient each represent and warrant that they have the legal power, right, and actual authority to bind the Subrecipient to the terms and conditions hereof and thereof.