

Sonoma County Continuum of Care * Program Standards

HOMELESSNESS PREVENTION & DIVERSION PROGRAM STANDARDS

RATIONALE: Homelessness Prevention and/or Diversion is a short- to medium-term intervention designed to

- Ensure individuals and families at the most imminent risk of homelessness avoid entering the homeless services system;
- Stabilize individuals and families who are at risk of becoming homeless; and
- Improve the housing stability of at risk families and individuals, to avoid future housing crises.

These Program Standards provide a common policy framework for Sonoma County's Homelessness Prevention & Diversion programs. These policies have been developed through a working consensus process with providers of homelessness prevention services. Ultimately the intent is to bring this policy to the Continuum of Care Board for system-wide adoption. While the Homelessness Prevention & Diversion Program Standards are not policies and procedures, they may be used as an outline for local agency policies and procedures, and adopted policies should be incorporated into local manuals.

1. General Provisions:

- a. **ELIGIBILITY for services is driven by each funding stream's regulations.** See crosswalks on page 3-4. Eligibility alone does not predict the *likelihood* of a person actually becoming homeless, thus targeting and preference criteria are described below in an effort to ensure the most *effective* use of resources.
- b. **TARGET GROUPS:** Targeting means identifying the people e believe are *most likely to become homeless*. At the time of these standards, we define those most likely to become homeless as those already meeting the federal (HUD) definition of Homelessness, categories 2, 3 or 4, who are ineligible for homeless-targeted resources (see Homeless Definition, attached page 13):
 - i. Category 2: People at *imminent* risk of homelessness with less than 14 days to vacate housing or an institutional setting, who lack resources to avoid becoming homeless;
 - ii. Category 3: People who would be considered homeless under definitions used by federal departments other than HUD, such as unaccompanied youth or families with children who have not had a legal tenancy in permanent housing and experienced persistent instability (e.g., 2 or more moves) in the 60 days prior to the homeless assistance application, and who lack resources to avoid becoming literally homeless; or

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- iii. Category 4: People who are fleeing (or attempting to flee) domestic violence, who lack resources to avoid becoming homeless, and do not fit the Category 1 Homeless definition.

Targeting for Emergency Solutions Grant (ESG) Prevention projects: Sonoma County projects funded with ESG will aim to serve at least **20%** participants who meet the federal Homeless definitions 2, 3 or 4 at program intake. This will allow programs to test the success of such targeting against cases meeting “general eligibility.” This target population may be living in any number of situations, for example:

- They are staying in a motel without the means to rent a new apartment;
- They have been notified they are losing rental assistance provided by a housing authority, County Economic Assistance, or Child Welfare agency;
- They are staying with friends or family and have no means to rent a new place;
- They have lost housing due to being institutionalized in a hospital or other system of care;
- They have a major health problem or documented disability (including HIV) and meet at-risk eligibility criteria otherwise.

Targeting for Supportive Services for Veteran Families (SSVF) Prevention services: In serving at-risk very low-income Veterans, SSVF programs will use the attached SSVF Eligibility Screening Disposition Form (p. 15-17), requiring a minimum score of 6.

- c. **PRIORITIZATION** indicates a preference. These standards establish a preference for people with known disabilities or other key vulnerability per the VI-SPDAT screening tool (e.g., a score of 7 or higher) or a Level 3 or greater score on the Case Management Functional Acuity & Barrier Assessment Matrix. The VI-SPDAT tool can be found at <http://sonoma-county-continuum-of-care.wikispaces.com/Coordinated+Intake+Task+Force>; the locally developed Functional Acuity & Barrier Assessment Matrix is attached to these standards at pages 23-25. If there is a waiting list for prevention/diversion services, and an applicant for services meets the targeting criteria above and one of the vulnerability conditions, they will be served first. Any vulnerability criteria per the VI-SPDAT will suffice for this preference, with the exception of tobacco as a substance abuse qualifier. As required by the Veterans Administration, SSVF programs will prioritize those eligible Veterans who score higher on the attached Eligibility Screening Disposition Form, above eligible Veterans scoring lower on this form. This priority will hold in all cases, unless prohibited by funding regulations.
- d. **Payer of last resort:** Homelessness prevention/diversion programs for the general at risk population are to be tapped only after specialized resources are exhausted. If a potential program participant qualifies for assistance from a specialized funding stream, those

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resources must be used until they are exhausted: individuals with HIV should be referred first to HOPWA Short-Term Rent, Mortgage & Utilities assistance (STRMU, administered locally by Face to Face) until those resources are exhausted; veterans should be referred first to SSVF until those resources are exhausted, etc.

- e. **Geographic focus:** Sonoma County Prevention/Diversion programs are intended to serve Sonoma County residents only. Specific funding streams drive geographic eligibility for services:
 - i. **County-wide services:** Programs funded through Housing Opportunities for People with AIDS, SSVF, County funds, or private philanthropy (e.g., HCA Fund) must be offered to at risk persons living anywhere in Sonoma County.
 - ii. **Locality-specific services:** As a balance of state allocation, prevention services funded by State ESG must be provided only to residents of Santa Rosa or Petaluma only. Localities are encouraged to establish prevention funds to serve their own residents.

2. Evaluating eligibility for assistance

- a. **Housing Status:** Different funding streams categorize “homeless” and “at risk” status differently. The crosswalk below addresses housing situation (homeless vs. at risk, as defined by each funding stream), eligibility for prevention/diversion services, and funding source. Stable housing status involves not just the means to pay rent, but the ability to pay for utilities that keep a unit habitable (water, garbage, heat and electricity). See 2e below (page 5) for requirements for documenting homelessness or at risk status..

Funding Source	Housing Status: At Risk	Housing Status: Homeless
Emergency Solutions Grant (HUD)	At imminent risk of losing housing within 21 days, eligible for Prevention assistance. See HUD guidance, p. 14.	Homeless categories 2, 3 & 4 are eligible for Prevention assistance. See HUD guidance p. 13.
Supportive Services for Veteran Families (VA): ¹	VA Category 1 (Very low income veteran households residing in permanent housing) and Category 3 (veteran households that have exited permanent housing in the last 90 days) are eligible for Prevention assistance	VA Category 2 is eligible for Rapid Re-Housing (not prevention)
HOPWA Short-Term Rent, Mortgage & Utility assistance (STRMU)	Must have a permanent address; eligible for prevention assistance on the first day rent or mortgage payment is late.	Eligible for other housing services (not prevention)

¹ see SSVF Program Guide, http://www.va.gov/HOMELESS/ssvf/docs/SSVFUniversity/SSVF_Program_Guide_March31_2014.pdf

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Funding Source	Housing Status: At Risk	Housing Status: Homeless
HCA Fund (private)	Must have a permanent address; eligible for prevention assistance on the first day rent or mortgage payment is late.	Eligible for Rapid Re-Housing (not prevention)

- b. **Income requirements** for eligibility determination depend on the funding stream and are shown in the table below. A 2014 Area Median Income chart is attached on p. 18; see below on page 5, 2e(iii) for income documentation requirements.

	Emergency Solutions Grant (ESG)	Supportive Services for Veteran Families	HOPWA & HCA Fund
Eligible Income level	<30% AMI	<50%/30% AMI (see next paragraph)	<80% AMI

iii. **Additional income requirements:**

- **SSVF:** When SSVF is used in combination with HUD-VASH, the income limit is 30% of Area Median Income. The VA has established guidelines for waiving the 30% AMI limit, see SSVF Program Guide.
- **HCA:** Staff must assess that with the program's short-term assistance, participant can sustain themselves in housing.

iv. **Not included in income calculations:** Income recently terminated is not included. The household's assets will not be included as income, as long as the assets either cannot be used to resolve the housing crisis, or if they are inadequate to resolve the crisis.

- a. Some program regulations (e.g., SSVF) require an inquiry into assets. The above paragraph provides a guiding principle to judge whether an asset can be liquidated *in a timeframe* that will help address the housing crisis and whether its liquidation will result in *adequate* funds to resolve the crisis.

c. **Lack of Resources/Lack of Support Requirements:** The applicant must meet both criteria: lacks both the financial resources to resolve the crisis AND lacks the family/friends who can take them in or assist them to avoid becoming literally homeless.

- i. **Documenting Lack of Resources/Lack of Support:** Source documents (e.g., notice of termination from employment, unemployment compensation statement, bills showing arrears); written statements by relevant third parties (e.g., former employer, public administrator, relative); or written certification by intake staff of oral verification by relevant third party. If unobtainable, a written statement by intake staff will suffice, describing the efforts taken to obtain the required evidence. See attached

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documentation checklist (“Verification of Lack of Resources and Support Networks,” page 19), which may be used if no specific form is required by the funding source.

- d. **Willingness to participate in Case Management:** The household must be willing to participate in case management as long as necessary to resolve the crisis, and to develop an individualized plan to help that program participant retain permanent housing after the assistance ends.
 - i. ESG-funded case management is required at least monthly
 - ii. SSVF- and HOPWA-funded programs require “as much case management as necessary” given the overall issues presented by the participant.
 - iii. Privately-funded HCA participants must be willing to meet with a financial counselor and participate in budgeting and spending reduction.
- e. **Documentation:** The household must produce required documents at intake, or prior to funding, up to 90 days. Required documentation includes:
 - i. **Documentation of At Risk or Homeless Status:** The federal definition of “At Risk of Homelessness” appears on page 14. Prevention funds can serve this population or persons meeting homeless definitions 2, 3, or 4 on page 13.

Prevention/Diversion programs may use the attached documentation checklist and self-certification form (pages 19-20) or a comparable agency form covering the same content. Examples of documentation include:

- a. Copy of occupancy agreement naming applicant as legal tenant, in combination with Copy of Notice (e.g., late notice, eviction notice or eviction letter from host family/friend)—required for anyone who is a legal tenant; or
- b. Court order of eviction action; or
- c. Notice indicating building in which applicant is renting or otherwise residing is being foreclosed on or condemned; or
- d. For ESG, HOPWA and SSVF utility assistance: utility shutoff or late notice;
- e. If loss of housing is due to institutionalization, a written statement from the hospital or other institution; or
- f. Self-declaration of housing status in combination with a hotel/motel bill; or
- g. Written or oral third party declaration of request to leave, in combination with a self-certification of at risk housing status.

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- ii. **Identification:** Programs will require a minimum of one (1) form of government photo ID for each adult, per the attached list of acceptable forms of identification (see page 21).

- a. SSVF participants must provide two (2) forms of identification: one government-issued ID, and a Veterans Administration ID or proof of military service. (Non-veteran adults in the household must present one government form of identification.)

- iii. **Documentation of Income**

- a. Bank Statements (If income is Direct Deposit—up to 3 months of statements)
 - b. If employed, up to 3 most recent pay stubs (both spouses if applicable)
 - c. Social Security Statements or most recent Award Letter
 - d. Most recent VA Award Letter or letter from VASH or Veterans Service Offer (if applicable)
 - e. General Assistance Paperwork & CalFresh Verification (if applicable)
 - f. Student Loan and/or Child Support documentation (if applicable)
 - g. Documentation of Legal Cash Income (e.g., letters)
 - h. Verification of other regular income
 - i. Self-Certification of Zero Income, in combination with documentation of expected income. See page 21 for a sample Zero Income certification form.

- f. **Eligibility screening:**

- i. Prevention/Diversion programs will maintain full documentation of all households applying for assistance. If household is determined ineligible, the reason must be documented following eligibility screening.
 - ii. Prospective participants will be screened using the VI-SPDAT screening tool in use by Coordinated Intake, to identify vulnerabilities per the preferences outlined in 1c above, "Prioritization." The VI-SPDAT may be found at <http://sonoma-county-continuum-of-care.wikispaces.com/Coordinated+Intake+Task+Force>.
 - iii. **Organizational Conflict of Interest:** Assistance may not be conditioned on use of services or shelters owned by the program provider, including a parent or a subsidiary agency. A Homelessness Prevention/Diversion provider cannot conduct the initial evaluation for individuals/families occupying housing owned by the same agency or

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receiving ongoing case management from that agency (including, any parent or subsidiary). The Prevention Program Standards Group will provide a cooperative service whereby such cases can be evaluated by staff of another agency, including cooperative case conferences with the applicant's release of information. The format for this cooperative arrangement will be taken up in ongoing quarterly meetings of the Prevention Standards Group.

g. **Comprehensive Assessment:**

- i. Until non-Continuum of Care funding is available to allow Coordinated Intake to refer into Prevention/Diversion programs, the Prevention/Diversion Program Standards Group will designate screening and assessment tools. At this time, Prevention/Diversion providers have agreed to use the **Case Management Functional Acuity & Barrier Assessment Matrix**, attached at pages 23-25. A Supervisor signature is required to confirm admission. If the Case Manager or Supervisor believes a strategic conversation is needed to best serve the client, it will be brought to a Case Conference.
 - ii. If household was presumed eligible but is determined ineligible following comprehensive assessment, the reason for the change must be documented.
 - iii. The participant will obtain (and/or agency will assist participant to obtain) a Credit report.
- h. **Changes to forms:** The Prevention Program Standards Group will meet quarterly. Proposed changes to forms or standards language will be brought to the quarterly meeting. Changes will be considered and agreed to by working consensus. Any conflicts will be discussed and resolved in person. The relevant regulations will rule first. On other issues working consensus will be the required process for resolving disputes. If no consensus can be found within a reasonable length of time (currently defined as two quarterly meetings), the majority will rule.

3. **Coordination with other providers**

- a. **Coordinated Intake:** As of December 2014, only persons who are *homeless* per federal definitions 1, 2 or 4 may be served by Coordinated Intake. At some time in the future, funding may become available to pay for referral into Prevention/Diversion programs. Until such time, Prevention/Diversion programs will receive referrals who have been determined ineligible for Coordinated Intake and homeless services, directly from 211, Coordinated Intake, and other agencies.
 - i. Per 1(f)(iii) Organizational Conflicts of Interest on page 6 above, if the applicant resides in housing owned or operated by the agency to which they are applying for assistance, the Prevention Program Standards Group will provide staff from another

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prevention agency to conduct the initial intake; review of the application will be done as a cooperative case conference.

- ii. If a referral is turned away or no slots are available, Prevention/Diversion providers will refer to non-homeless or other financial assistance services, via 211.
- iii. **Grievance Procedure.** A sample grievance form is attached on page 25, for providers to put on their own letterhead. If a common pattern of grievance emerges, the Program Standards Group will take up possible changes of policy.
- b. **Street Outreach:** Should a household be identified via street outreach that meets homeless definition 2, 3 or 4 (and not definition 1—see Homeless Definition on page 13), outreach workers will prescreen them for Homelessness Prevention or Diversion assistance as possible, and assist them to connect with Prevention/Diversion programs.
- c. **Rapid Re-Housing, shelter and other homeless assistance providers:** Should a household presenting for Homelessness Prevention/Diversion services be found ineligible due to definition 1 homeless status, they will be referred to Coordinated Intake for comprehensive assessment and referral to other appropriate homeless assistance services based on prescreening criteria.
- d. At the request of permanent supportive housing providers, in future quarterly sessions Homelessness Prevention & Diversion providers will consider ways their programs can be responsive to the needs of non-homeless persons with disabilities who need permanent supportive housing.

4. Determining and prioritizing accepted clients vs. other forms of assistance

- a. Each adult referred will be screened for housing status and vulnerability, using the VI-SPDAT vulnerability screening tool (see <http://sonoma-county-continuum-of-care.wikispaces.com/Coordinated+Intake+Task+Force>) and a Comprehensive Assessment will be made with the attached Case Management Functional Acuity & Barrier Assessment Matrix (pages 23-25). If required, screening and comprehensive assessment may be performed with additional funder-designated tools.
- b. Sonoma County Homelessness Prevention/Diversion providers will operate from the viewpoint of screening people in rather than out. In doing so they commit to being good stewards of the funds, acting in the best interest of the client, and with transparency regarding the limits of the program.
- c. At risk households who cannot be assisted within regulatory guidelines, or due to the targeting criteria or financial limits of this program, will be routed to one-time financial assistance programs, to County Economic Assistance, or other community services.

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5. Determining what percentage or amount of rent and utilities costs each program participant must pay

a. **One-time assistance:** Prevention/Diversion program may provide one-time payment for:

- i. **Arrears:** Up to 6 months of rent or utilities in arrears, including late fees on arrears. HOPWA-funded programs are limited to 21 weeks, and can pay in arrears multiple times up to 21 weeks. SSVF programs can pay a maximum of 4 months utility payments in a 3 year period and a maximum of 2 months in a 12-month period, either current or in arrears.
- ii. Rental Application Fees charged by owner to all applicants.
- iii. Security deposits not exceeding two months' rent.
- iv. Standard utility deposit required by utility companies for gas, electric, water and sewage.
- v. ESG only: Last month's rent (if paid at the time the security deposit and first month's rent are paid, and not to exceed one month's rent). Moving costs, to include truck rental, hiring a moving company, temporary storage for up to 3 months (provided fees are accrued after participant is determined eligible and before the participant moves into permanent housing). Storage fee arrears are not eligible.
- vi. The SSVF program additionally can pay for transportation assistance (unlimited public transportation assistance and up to the \$1,000 car repairs in a 3-year period); childcare assistance (up to 4 months in a 12-month period, per household); moving costs once in a 3-year period; and up to \$1500 per household General Housing Stability Assistance for a wide range of needs (see pages 23-24 of the SSVF Program Guide).

b. Short-term (up to 3 months) Rental Assistance

- i. In general, the participant pays 30% of monthly income for rent per HUD guidelines. At agency discretion depending on participant need, prevention provider can pay up to 100% of rent for 3 months.

c. Medium-term (3-24 months) Rental Assistance

- i. Participant household is required to pay 30% of current monthly income toward the rent, per HUD guidelines, reviewed quarterly and adjusted with income changes as needed.
- ii. **Fair Market Rent:** Rent must comply with Fair Market Rents (FMR) set by HUD annually. Current FMRs are attached to these standards on p. 18.

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- iii. A legally binding Lease or rental agreement between the program participant and owner/property manager is required. Written leases are required unless financial assistance is limited solely to payment of rental arrears.
- iv. Except for one-time payment of arrears on tenant's portion of rent payment, rental assistance cannot be provided to any participant who is receiving tenant- or project-based rental assistance (a "voucher") through other public sources during the same time period, including units receiving operating subsidies or URA (Relocation) replacement housing payments. However, rental assistance *may* be used in housing with rent restriction covenants stemming from development financing.
- d. Utility payments: ESG can pay for up to 24 months including up to 6 months of payments in arrears as in 5(a)i on page 9. HOPWA funds have no limit of utility payments as long as funds are available; see 5(a)i for SSVF limits.

6. How long a particular program participant will be provided with assistance

- a. **Typical length of assistance:** up to 3-5 months, funding available. (As ESG-funded programs develop more experience, this will be fine-tuned).
 - i. The HOPWA program can assist participants up to 147 days, or 21 weeks per year. (HOPWA funds cannot assist people who do not have their own lease.) HOPWA participants may return as many times as they need, but may go on a waiting list.
 - ii. The SSVF program limits rental assistance to 8 months in 3 years, or 5 months out of every 12 months. There are limits to the length of other assistance, see pages 18-26 of the SSVF Program Guide.²
- b. **Mandatory services** include monthly Case Management meetings (unless prohibited by Violence Against Women Act-VAWA or Family Violence and Prevention Services Act-FVPSA), and Housing Stability Planning to assist participants to retain permanent housing post-assistance. If a participant consistently refuses either of these services, other forms of assistance will end.
- c. **Extensions** may be approved up to 3 months at a time based on quarterly reassessment, with possibility of extension up to 24 months, if the funding regulations allow and funding is available.
- d. **Re-enrollment:** Other than limits connected to specific funding regulations, there are no local limits on re-enrollment. Re-assessment should drive possible placement in a higher level of care, but this decision is left to case management.

² http://www.va.gov/HOMELESS/ssvf/docs/SSVFUniversity/SSVF_Program_Guide_March31_2014.pdf.

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7. Whether and how the amount of assistance will be adjusted over time

- a. Income assessments will be completed quarterly.
- b. Re-evaluations of eligibility are required at least annually.
- c. Additionally, providers will re-evaluate assistance each time a participant experiences a change in income, household composition, or need for assistance.
- d. At re-evaluation, to remain eligible for homelessness prevention services, the household must continue to have income that is at or below 30% of AMI, and must lack sufficient resources and support networks to retain housing without ESG assistance.

8. Occupancy and Habitability standards:

- a. Occupancy standards: Homelessness prevention providers will use the occupancy standards established by the Sonoma County Housing Authority for all units other than those located in the City of Santa Rosa. For Santa Rosa units, providers will use the Santa Rosa Housing Authority's occupancy standards. A comparison of the two public housing authorities' standards is attached at pages 27-29.
- b. A Habitability assessment is required any time ESG funds are used to help a participant remain in or move into housing. A lead-based paint visual assessment is required any time a child under the age of 6 will be living in the unit and it was constructed before 1978. A habitability assessment form appears on pages 30-31 of this document; a lead-based paint assessment form appears on pages 32-35.

9. Limits on the homelessness prevention assistance

- a. There will be no lifetime maximum amount of homelessness prevention assistance. Depending on funds available, individual programs may impose limits on the amount of assistance within a particular fiscal year. The funding stream determines the maximum number of months the program participant may receive assistance in a particular enrollment.
 - i. Assistance will be approved in 3-month increments, with reassessment quarterly.
 - ii. Extensions of assistance can be approved up to 24 months for ESG, and indefinitely for HOPWA (albeit within annual limits). SSVF limits are defined in pages 18-26 of the SSVF Program Guide.
 - iii. Homelessness Prevention/Diversion programs will track average total assistance. As noted above, there will be no lifetime limit on assistance, understanding that re-entry to the program will be determined primarily through re-assessment of needs. *A common policy that aligns the limits of all prevention providers regardless of funding source will be developed in 2015.* Over time, it is our expectation that those returning

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to the program may be better served with more intensive services. On an annual basis, the Prevention/Diversion Program Standards Group will review the average amounts for the preceding year(s), with the goal of developing a target average amount over the next several years.

- b. There will be no limit on the number of times the program participant may receive assistance, within regulatory limits. It is understood determinations of program re-entry will be through needs assessment rather than a set rule, as long as the participant is otherwise eligible for the program.

10. Terminating Assistance

- a. Whatever the reason for exit, households exiting homelessness prevention and diversion programs will be noticed in writing that assistance is being terminated.
- b. If the exit is for cause (e.g., non-compliance with program requirements, disappearance), the written notice will provide an opportunity to present objections and a formal review of the decision by the Program Director. See grievance procedures, page 8 and page 25. Notice of final decisions will be provided promptly in writing.
- c. The Prevention/Diversion program will exercise judgment and examine all extenuating circumstances in determining if a violation warrants termination, so that a program participant's assistance is terminated only in the most severe cases.

11. Other Requirements

- a. **Retention of documentation:** Documentation of participant eligibility and assistance provided will be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. The Continuum of Care encourages retention of electronic records in HMIS for 7 years.
- b. **Individual Conflict of Interest:** In addition to organizational conflict of interest requirements, employees, agents, consultants, officers, or elected or appointed officials of the Prevention/Diversion agency are prohibited from obtaining a financial interest or benefit from Prevention/Diversion activities (including an interest in any contract/subcontract/agreement) either directly for him/herself or for familial/business ties during tenure or for one year after.

The following persons participated in development of the Sonoma County Homelessness Prevention/Diversion Program Standards:

Anita Storms, Catholic Charities of the Diocese of Santa Rosa; Pamela Powers, Community Action Partnership; Meghan Murphy, Face to Face; Mary Haynes & Emily Smith, North Bay Veterans Resource Center; Jenny Helbraun Abramson, Sonoma County Continuum of Care.

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Homeless Definition

CRITERIA FOR DEFINING HOMELESS	Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing



At Risk of Homelessness

CRITERIA FOR DEFINING AT RISK OF HOMELESSNESS			An individual or family who:
	Category 1	Individuals and Families	<p>(i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u></p> <p>(ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; <u>AND</u></p> <p>(iii) Meets one of the following conditions:</p> <p>(A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u></p> <p>(B) Is living in the home of another because of economic hardship; <u>OR</u></p> <p>(C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u></p> <p>(D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u></p> <p>(E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u></p> <p>(F) Is exiting a publicly funded institution or system of care; <u>OR</u></p> <p>(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan</p>
	Category 2	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
	Category 3	Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

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Supportive Services for Veteran Families (SSVF) Homelessness Prevention Eligibility Screening Disposition Form

SCREENING DATE (e.g., 05/24/2010) (All clients)

		/			/			
Month			Day			Year		

APPLICANT HEAD OF HOUSEHOLD

First Name	Last Name

STAGE 1: VA ELIGIBILITY

Eligibility Condition 1. Veteran Status

Eligible? ____ YES ____ NO	VA Eligibility Requirements:
	<input type="checkbox"/> Served in the active military, naval, air service, Merchant Marines, or was activated by Presidential order and served in another state or country while in the National Guard or Reserves. <input type="checkbox"/> Other than dishonorable discharge

Eligibility Condition 2. Very Low Income Status

Eligible? ____ YES ____ NO	VA Eligibility Requirement:
	<input type="checkbox"/> Gross annual household income less than 50% Area Median Income for household size (grantee may set lower income threshold)
	Household size (all adults/children): _____
	50% of Area Median Income for Household Size: \$ _____
Total Annual Gross Income from All Sources: \$ _____	

Eligibility Condition 3. Imminently At-Risk of Literal Homelessness

Eligible? ____ YES ____ NO	VA Eligibility Requirements:
	<input type="checkbox"/> Imminent loss of current primary nighttime residence (housing an individual or family owns, rents, or lives in with or without paying rent; housing shared with others; and rooms in hotels or motels paid for by the individual or family); AND
	<input type="checkbox"/> No other residence; AND
	<input type="checkbox"/> No resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from becoming literally homeless; AND
	<input type="checkbox"/> At least one of the following:
<input type="checkbox"/> Has moved because of economic reasons two or more times during	

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	<p>the 60 days immediately preceding the application for homelessness prevention assistance;</p> <p><input type="checkbox"/> Is living in the home of another because of economic hardship;</p> <p><input type="checkbox"/> Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;</p> <p><input type="checkbox"/> Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;</p> <p><input type="checkbox"/> Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, or correctional institution) without a stable housing plan; OR</p> <p><input type="checkbox"/> Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the SSVF grantee's approved screening tool.</p>
--	--

Other Program Eligibility Conditions	
Eligible? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable	Additional Grantee Eligibility Requirements (must be VA approved)

Stage 1 Disposition	
	Eligible: <u>Meets ALL Eligibility Requirements Above-Complete Stage 2</u>
	Not Eligible: <u>Does Not Meet One or More Eligibility Requirements Above</u>

STAGE 2: TARGETING

Targeting Criteria	
Circle all that apply	Targeting Criteria
3	Has moved because of economic factors two or more times in the past 60 days
3	Living in a hotel or motel not paid for by charitable organizations or by Federal, State, or local government programs
3	Living with friends or family, on a temporary basis
3	Being discharged from an institution and reintegrating into the community without a stable housing plan
3	History of homelessness as an adult, prior to any homeless episode occurring in the past 60 days

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3	Households annual gross income is less than 30% of local Area Median Income for household size
3	Housing loss within 14 days
3	At least one dependent child under age 6
2	At least one dependent child age 6 - 17
2	Veteran returning from Iraq or Afghanistan
2	Applied for shelter or spent at least one night during the prior 60 days literally homeless (shelter, place not meant for human habitation, transitional housing for homeless persons)
2	Sudden and significant loss of income, including employment and/or cash benefits
2	Housing loss within 21 days
1	Rental and/or utility arrears
	Total Points (sum of VA targeting criteria circled points above)
	Additional Target Factors/Scoring Established by Grantee (must be VA approved)
	Total Points (sum of VA/Grantee points above)

Stage 2 Disposition	
	Meets Targeting Threshold (threshold must be VA approved)
	Does Not Meet Targeting Threshold

SSVF STAFF COMPLETING SCREENING FORM:

First Name (Print)	Last Name (Print)
Signature	

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HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME) COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG) NEIGHBORHOOD STABILIZATION PROGRAM (NSP)

Effective May 2014

Notes: (1) These Income Limits apply only to Sonoma County Community Development Commission assisted units. They are NOT to be used as a guide for programs regulated by any agency other than the Sonoma County Community Development Commission. It is up to each property owner to determine which regulations preside if a unit is regulated by more than one program.

(2) These Income Limits do not apply to state or locally regulated programs (Density Bonus, Second Dwelling Unit, County Fund for Housing, California Redevelopment Law). Please refer to separate schedule for these units which are regulated by state income limits set annually by the California Department of Housing and Community Development.

Persons in Household	INCOME LIMITS			
	30% Income Limit	50% Very Low Income (HOME)	60% Income Limit	80% Low Income (HOME High)
1	16,150	26,950	32,340	43,050
2	18,450	30,800	36,960	49,200
3	20,750	34,650	41,580	55,350
4	23,050	38,450	46,140	61,500
5	24,900	41,550	49,860	66,450
6	26,750	44,650	53,580	71,350
7	28,600	47,700	57,240	76,300
8	30,450	50,800	60,960	81,200

MAXIMUM RENT LIMITS for all HOME, CDBG, and NSP Units As set by the U.S. Department of Housing and Urban Development

RENT LEVEL	Studio	1 BR	2 BR	3 BR	4 BR
LOW (Very Low-Income - 50%)	723	775	930	1,074	1,198
HIGH (Low Income - 65%)	820	956	1,187	1,362	1,500

Subtract from the maximum rent the approved utility allowance for any utilities that the tenant pays in addition to the rent. A utility allowance sheet is attached. Confirm the appropriate utility allowance with the Sonoma County Community Development Commission.

Published June 26, 2014

Final FY 2015 Sonoma County FMRs for All Bedroom Sizes

Final FY 2015 FMRs By Unit Bedrooms				
<u>Efficiency</u>	<u>One-Bedroom</u>	<u>Two-Bedroom</u>	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
\$898	\$1,047	\$1,370	\$2,019	\$2,367

Sonoma County Continuum of Care * Program Standards

VERIFICATION OF LACK OF RESOURCES AND SUPPORT NETWORKS

Participant Name: _____

This is to certify that the above named individual or household that is currently at-risk of homelessness lacks the resource and support networks to prevent homelessness without intervention.

Lack of Resources:

- 1.) The participant lacks the income necessary to pay rent and basic utilities
Proof of loss of income (i.e. unemployment stub indicating benefit end, termination letter);
Verification by third party contact with previous employer (name) _____
stating the client will no longer be employed as of __/__/__;
Proof of arrears in basic utilities required for habitability (electricity, water, and heat);
Proof of arrears in rent (i.e. Pay or Quit Notice, Late Notice);
Self-Declaration of At-Risk of Homelessness Attached.
- 2.) The participant lacks savings or assets that can prevent homelessness
Bank statement showing a balance too low to prevent homelessness;
The participant confirms that they do not have cash or savings that they can use to prevent them from becoming homeless;
The participant confirms that do not have assets that they can use to prevent them from becoming homeless that are beyond those necessary for transportation and housing.

Lack of Support Networks:

- 1.) The participant lacks support networks that can provide a safe and stable housing situation
The participant confirms that they do not have someone they can live with safely for two or more months;
The participant confirms that they do not have someone who can provide them the financial resources to ameliorate their housing crisis
Verification by third party contact that can verify the lack of support networks sufficient to prevent homelessness (name) _____ (relationship) _____
____/____/____.

Staff Certification

I understand that third-party verification is the preferred method of certifying lack of resources for an individual who is applying for assistance.

Documentation of attempt made for third-party verification:

Staff Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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SELF-DECLARATION OF AT-RISK OF HOMELESSNESS STATUS

Participant Name: _____

Household without dependent children (complete one form for each adult in the household)

Household with dependent children (complete one form for household)

Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.

Check only one:

- 1.) I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse;
And I [and my children] have not identified a subsequent residence;
And I [and my children] do not have the financial resources or support networks needed to obtain permanent housing.
- 2.) I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next ____ days;
And I [and my children] have not identified a subsequent residence;
And I [and my children] do not have the financial resources or support networks needed to obtain permanent housing.
- 3.) I [and my children] am/are at risk of becoming homeless due to the lack of funds to pay rent arrears in the amount of \$____, by __/__/__;
Or essential utilities (gas, electric, water) in the amount of \$____;
Or application fees and/or deposit to secure my new living situation.

I certify under penalty of perjury that the information above and any other information I have provided in applying for assistance is true, accurate and complete.

Participant Signature: _____ Date: _____

Staff Certification

I understand that third-party verification is the preferred method of certifying homelessness for an individual who is applying for assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification (must include attempts to contact landlord if client selects #3 or #4 above):

Staff Signature: _____ Date: _____

Sonoma County Continuum of Care * Program Standards

ACCEPTABLE FORMS OF IDENTIFICATION FOR PREVENTION/DIVERSION PROGRAMS

- Valid driver's license or identification card issued by DMV
- Valid driver's license or identification card from the state or country of origin
- Birth Certificate
- United States Passport
- Foreign passport
- Verification of citizenship, alienage, or immigration status
 - Permanent Resident Card or Alien Registration Receipt Card
 - Employment Authorization Document (Card) that contains a photograph
 - Green Card
 - Work Visa
- Certificate of Naturalization or Citizenship
- American Indian Card
- Voter's registration card
- US military card
- Military dependent's ID card
- Social Security Card or Tax ID number
- State Benefits Card

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ZERO-INCOME AFFIDAVIT

NAME: _____

DATE: _____

ADDRESS: _____

PROJECT: _____

This form is required only if an adult member of the household has no income from any source. THIS IS A STATEMENT OF NON-INCOME FOR A HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER.

I, _____, do hereby certify that I DO NOT receive income from any source.

I understand sources of income may include, but are not limited to:

EMPLOYMENT INCOME

SOCIAL SECURITY INCOME

SOCIAL SERVICES, INCLUDING:
TANF - TEMPORARY ASSISTANCE
TO NEEDY FAMILIES
GENERAL ASSISTANCE
DISABILITY BENEFITS

S.S.I. (SUPPLEMENT SOC. SEC.)

V.A. PENSION

RETIREMENT INCOME

INCOME FROM ASSETS

SPOUSAL SUPPORT

SCHOOL GRANTS

FAMILY SUPPORT (PARENTS, ETC.)

SELF EMPLOYMENT, INCLUDING:
CHILD CARE
HOUSEWORK
ANY WORK DONE FROM HOME

INTEREST FROM SAVINGS ACCOUNTS

INTEREST FROM CHECKING ACS

ANY OTHER INTEREST RECEIVED

UNEMPLOYMENT BENEFITS

I further understand that, should I become employed or begin receiving income from any other source, the income must be reported to the owner or property manager.

NAME (PLEASE PRINT)

SIGNATURE

DATE

PHONE

NOTE: Failure to fully disclose all income could result in the loss of a restricted rent level or the ability to continue occupying the unit.

Sonoma County Continuum of Care * Program Standards

Prevention & Diversion Case Management Functional Acuity & Barrier Assessment Matrix

Client's Name: _____ Last 4 of SSN: _____

Screening Date: _____

Assessment Date: _____

Referral by: _____

Basic Requirements

1. Income verification meets Extremely Low category of Sonoma County AMI	<u>Yes</u>	<u>No</u>
2. Meets Definition 2, 3 or 4 for Homelessness, or At Risk definitions per HUD	<u>Yes</u>	<u>No</u>
3. Willingness to participate in ongoing Case Management	<u>Yes</u>	<u>No</u>

Sonoma County Continuum of Care * Program Standards

Domains	(1) Little/No Barriers	(2) Low Barriers	(3) Medium Barriers	(4) Medium-High Barriers	(5) High Barriers
Rental History	An established local rental history. No evictions, landlord references are good to fair.	Rental History is limited or out of state	May have 1 explainable eviction for non-payment. Prior landlords may report a problem with timely rent. Partial damage deposit returned	Rental history includes up to 2 evictions for non-payment. Prior landlord references fair to poor. Security deposit may have been kept due to damage to unit. Some complaints by other tenants for noise. History of chronic homelessness.	Extremely poor rental history, multiple evictions, serious damage to apartment, complaints.
Credit History	Credit history is good, with the exception of a few late utility and credit card payments.	Credit history shows pattern of late or missed payments.	Credit history includes late payments and possible court judgments for debt, closed accounts.	Credit history is poor, includes records of late payments, judgments, wage garnishments, and/or closed accounts.	Credit history includes multiple judgments, unpaid debts to landlords, wage or bank garnishments, and/or closed accounts. Or no credit history
Criminal History	Household has no criminal history	Household has no serious criminal history, but may have a few minor offenses such as moving violations, a DUI, or a misdemeanor	Household may have some criminal history, but none involving drugs or serious crimes against persons or property	Criminal history, violations may include drug offense or crime against persons or property	Extensive criminal background
Employment History/ Income	Participant is employed full time Income is over \$1,450 per month for a single person. For a family, the combined family income is sufficient to meet all needs.	Participant is employed part time. Participant has strong employment history Income is over \$1350 for a single person. If a family, combined family income is sufficient to meet most needs	Participant has strong employment history. Participant has employable skills (i.e. CDL, Specialty license, education). The participant has at least 2 employment references. Income is over \$1200 per month for a single person. If a family, combined family income is not sufficient to meet needs	Participant has inconsistent employment history with gaps up to one year. The participant has at least one employment reference. Income is less than \$1200 for a single person. If a family, combined family income is low enough that it causes a great stressor and impacts ability to meet basic needs.	Participant has worked but has little employment history with gaps up to 24 months. The participant has no credible employment references Income is \$0 or the income Participant/family has is going to be cut off within the next few weeks.
Physical Health	No medical problems.	Immediate problems are being adequately addressed. The Participant has access to primary care provider and accesses care when necessary (annual checkup).	Participant has some chronic health problems (i.e. hypertension, diabetes, etc.) but help is available and Participant's quality of life is not severely impacted.	Participant has severe health problems (i.e. insulin dependent diabetes, severe chronic pain, seizure disorder, HIV) that have a significant impact on quality of life and the Participant is marginally engaged with medical care.	Participant has serious life threatening health (i.e. End-Stage Liver Disease, kidney failure, dialysis, AIDS) that puts Participant at imminent and acute risk if left untreated or if Participant remains homeless, but the Participant does not meet COPEs level of care for SNF placement.
Substance Abuse	No evidence to suggest that use of substances constitutes abuse or dependence; no evidence of behavioral disturbances related to substance use.	History of substance abuse/dependence; no current indication of dependence or abuse or need for treatment	History of substance abuse or dependence; is currently in treatment with ongoing abstinence or in need of treatment and voices willingness and desire to attend	Relapse risk ; voices desire to not use, but evidence indicates Participant may not be committed to treatment/abstinence; or Participant is in harm reduction group with ongoing use	Ongoing substance abuse crisis, refusal of treatment services; dangerous behaviors such as infection-risk; will require intensive effort on case manager's part to motivate

Sonoma County Continuum of Care * Program Standards

					Participant to enroll and remain in treatment
Relational Issues	No relational issues	Currently owns a pet	Has a history of domestic violence and/or child abuse	Has a recent history of domestic violence and/or child abuse; recent CPS case; has multiple pets	Ongoing domestic violence and/or child abuse; open CPS case
Mental Health	No problems or diagnoses	Immediate mental health problems are being addressed and are not impacting Participant's quality of life	Linked to mental health treatment, but his/her mental health issues interfere with quality of life; Participant continues to report continued mental health symptoms	Linked to mental health treatment, but has severe mental health problems that greatly impact his/her quality of life and functioning (i.e., frequent hospitalizations, going off meds and decompensating, recent suicide attempt(s))	Severe mental health problems not being addressed; Participant is not willing to engage in mental health treatment to receive help for severe mental health issues that interfere with his/her functioning
Column total	_____ +	_____ +	_____ +	_____ +	_____ +
TOTAL Priority Ratings: Level 1: 7-9 Level 2: 10-16 Level 3: 17-23					Level 4: 24 - 30 Level 5: 31+

Committee Review:

____ Approved

____ Not Approved/Reason (if not approved, provide referrals)

Supervisor Signature

Date

Prevention/Diversion Case Conference

Supervisor Signature

Date

Sonoma County Continuum of Care * Program Standards

Client Grievance Procedure

DEFINITIONS:

Complaint – When a client or community member doesn't like particular procedures, the outcome of a process, style differences between staff, time frame of staff responses, or behavioral styles that may feel abrupt or too direct when compared to other staff styles. A complaint may be handled in an informal conversation with staff person or supervisor, if necessary.

Grievance – When a client or community member states that they have been harmed by staff behavior and that behavior significantly deviates from appropriate, professional behavior or when a client's complaint is not resolvable with the staff person's supervisor. Filing a grievance is a formal procedure that will include management involvement and possible oversight from the relevant agency's Executive Director.

POLICY:

It is important to have a mechanism for clients to address grievances or complaints promptly. Clients need to feel that their concerns are well heard, that they are treated respectfully, and that the agency makes every effort to formally investigate complaints in a fair and thorough manner. Client needs to know that we are engaged in continuous improvement of our services.

PROCEDURE:

1. In the instance of every complaint or grievance we learn of, the client must be encouraged to first try to work out the issue with the staff person involved or the staff person in charge of the client program.
2. If the grievance cannot be resolved by informal discussion between the client and the staff member, the client may submit the grievance in writing to the staff member's supervisor. If the grievance cannot be resolved by the staff member's supervisor, the client may request the grievance be submitted to the Executive Office.
3. The Executive Office will review all the information presented by the client, the staff member, and the supervisor and may collect additional information to resolve the grievance. The decision of the Executive Office is final.
4. The client may request a written response to the grievance. The final decision with regard to the grievance shall be made a part of the client's files.

Client Name

Client Signature

Witness Name

Witness Signature

Date

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Occupancy Standards Comparison of Sonoma County and Santa Rosa Housing Authorities

SCHA	SRHA
1. DETERMINING FAMILY UNIT (VOUCHER) SIZE [24 CFR 982.402]	
<p>The PHA does not determine who shares a bedroom/ sleeping room but there must be at least one person per bedroom on the Voucher. The PHA's subsidy standards for determining voucher size shall be applied in a manner consistent with the needs of the family. All standards in this section relate to the number of bedrooms on the Voucher, not the family's actual living arrangements.</p> <p>The unit size on the Voucher remains the same as long as the family composition remains the same, regardless of the actual unit size rented.</p>	<p>The PHA must establish subsidy standards that determine the number of bedrooms needed for families of different sizes and compositions. This part presents the policies that will be used to determine the family unit size (also known as the voucher size) a particular family should receive and the policies that govern making exceptions to those standards. The PHA also must establish policies related to the issuance of the voucher, to the voucher term, and to any extensions or suspensions of that term.</p> <p>The subsidy standards must provide for the smallest number of bedrooms needed to house a family without overcrowding.</p> <p>The subsidy standards must be consistent with space requirements under the housing quality standards.</p> <p>The subsidy standards must be applied consistently for all families of like size & composition.</p>
For subsidy standards, an adult is a person 18 years or older.	[unstated]
<p>Generally, the PHA assigns one bedroom to two people within the following guidelines: [Live-in aides noted below, no statement about single-person families.]</p>	<p>The PHA will generally assign one bedroom for each two persons within the household, except in the following circumstances:</p> <p>Live-in aides will be allocated a separate bedroom.</p> <p>Single person families will be allocated one bedroom</p>
One bedroom will be allowed for adult(s) Head of Household.	[unstated]
Foster children will be included in determining unit size.	A child who is temporarily away from the home because of placement in foster care is considered a member of the family in determining the family unit size.
Live-In Aides who reside in the unit full-time will be provided a separate bedroom. This must be their only residence. No additional bedrooms are provided for the Aide's family. Aides who reside in the unit part-time and who maintain a separate residence will not be provided a separate bedroom.	<p>Any live-in aide (approved by the PHA to reside in the unit to care for a family member who is elderly or disabled) must be counted in determining the family unit size.</p> <p>Unless a live-in-aide resides with a family, the family unit size for any family consisting of a single person must be either a zero- or one-bedroom unit, as determined under the PHA subsidy standards.</p>
At the discretion of the housing authority, a child who is away at school but who lives with the family during school recesses, up to age 22, may be counted as part of the family in determining unit size. Verification must be provided to document that they are residing in the residence during school breaks.	[unstated]

Sonoma County Continuum of Care * Program Standards

SCHA	SRHA
[unstated]	A family that consists of a pregnant woman (with no other persons) must be treated as a two-person family.
2. EXCEPTIONS TO SUBSIDY STANDARDS [24 CFR 982.403(a) & (b)]	
The PHA may grant exceptions from the subsidy standards as a reasonable accommodation for a qualified person with a disability	[unstated]
<p>Changes for Participants</p> <p>The members of the family residing in the unit must be approved by the PHA. The family must obtain approval of any additional family member before the new member occupies the unit except for additions by birth, adoption, or court-awarded custody, in which case the family must inform the PHA within 14 days. If a unit does not meet HQS [housing quality standards] space standards due to an increase in family size, (unit too small), the PHA will issue a new Voucher of the appropriate size.</p>	[unstated]
3. UNIT SIZE SELECTED [24 CFR 982.402(c)]	
<p>The family may select a different size dwelling unit than that listed on the Voucher. There are three criteria to consider:</p> <p><u>Subsidy Limitation:</u> The family unit size as determined under the PHA subsidy standard for a family assisted in the Voucher program is based on the PHA's adopted payment standards. The payment standard for a family shall be the lower of:</p> <p>The payment standard amount for the family unit size; or</p> <p>The payment standard amount for the unit size rented by the family.</p> <p><u>Utility Allowance:</u> The utility allowance used to calculate the gross rent is based on the actual size of the unit the family selects, regardless of the size authorized on the family's Voucher.</p> <p><u>Housing Quality Standards:</u> The standards allow two persons per living/sleeping room and permit maximum occupancy levels (assuming a living room is used as a living/sleeping area) as shown in the table below. The levels may be exceeded if a room in addition to bedrooms and living room is used for sleeping.</p>	[See chart below]

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Sonoma County Housing Authority:

GUIDELINES FOR DETERMINING VOUCHER SIZE

Voucher Size	Persons in Household	
	Minimum Number	Maximum Number
0 Bedroom	1	2
1 Bedroom	1	4
2 Bedrooms	2	6
3 Bedrooms	3	8
4 Bedrooms	4	10
5 Bedrooms	5	12
6 Bedrooms	6	14

Santa Rosa Housing Authority:

The PHA will reference the following chart in determining the appropriate voucher size for a family:

Voucher Size	Persons in Household
	(Minimum – Maximum)
0 Bedroom	1
1 Bedroom	1-2
2 Bedrooms	2-4
3 Bedrooms	4-6
4 Bedrooms	6-8
5 Bedrooms	8-10

Sonoma County Continuum of Care * Program Standards

Prevention/Diversion/Rapid Re-Housing Housing Habitability Standards

Inspection Checklist

About this Tool

The standards for housing unit inspections under Prevention/Diversion/Rapid Re-Housing are based on the housing habitability standards described in the regulations for the Recovery Act-funded Homeless Prevention & Re-Housing Program (HPRP). These standards apply only when a program participant is receiving financial assistance and moving into a new (different) unit. Inspections must be conducted upon initial occupancy and then on an annual basis for the term of Prevention/Diversion/Rapid Re-Housing assistance.

The habitability standards are different from the Housing Quality Standards (HQS) used for other HUD programs. Because the HQS criteria are more stringent than the habitability standards, a grantee could use either standard. In contrast to HQS inspections, the habitability standards do not require a certified inspector. As such, Prevention/Diversion/Rapid Re-Housing program staff could conduct the inspections, using a form such as this one to document compliance.

Instructions: Mark each statement as 'A' for approved or 'D' for deficient. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved or Deficient	Element
	1. <i>Structure and materials:</i> The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
	2. <i>Access:</i> The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
	3. <i>Space and security:</i> Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep.
	4. <i>Interior air quality:</i> Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
	5. <i>Water Supply:</i> The water supply must be free from contamination.
	6. <i>Sanitary Facilities:</i> Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.

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Approved or Deficient	Element
	7. <i>Thermal environment</i> : The housing must have adequate heating and/or cooling facilities in proper operating condition.
	8. <i>Illumination and electricity</i> : The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
	9. <i>Food preparation and refuse disposal</i> : All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
	10. <i>Sanitary condition</i> : The housing and any equipment must be maintained in sanitary condition.
	11. <i>Fire safety</i> : Both conditions below must be met to meet this standard.
	<ul style="list-style-type: none"> a. Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. b. The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.

(Source: U.S. Department of Housing and Urban Development, Docket No. FR-5307-N-01, Notice of Allocations, Application Procedures, and Requirements for Homelessness Prevention and Rapid Re-Housing Grantees under the Recovery Act)

CERTIFICATION STATEMENT

I certify that I am not a HUD certified inspector and I have evaluated the property located at the address below to the best of my ability and find the following: ☐ Property meets all of the above standards.

☐ Property does not meet all of the above standards.

Therefore, I make the following determination: ☐ Property is approved. ☐ Property is not approved.

Case Name:			
Street Address:			
Apartment:	City:	State:	Zip:
Evaluator's Signature:		Date:	
Please Print. Name:			
Supervisor Initial:			

Sonoma County Continuum of Care * Program Standards

Prevention/Diversion/Rapid Re-Housing

Lead Screening Worksheet

About this Tool

The *Prevention/Diversion/Rapid Re-Housing Lead Screening Worksheet* is intended to guide grantees through the lead-based paint inspection process to ensure compliance with the rule. Prevention/Diversion/Rapid Re-Housing staff can use this worksheet to document any exemptions that may apply, whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the completed worksheet along with any additional documentation should be kept in each program participant's case file.

Instructions

To prevent lead-poisoning in young children, ESG grantees should comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed. A copy of the completed worksheet along with any related documentation should be kept in each program participant's file.

Note: ALL pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

Basic Information

Name of Participant

Address

City

HPRP Program Staff

State

Unit Number

Zip

Part 1: Determine Whether the Unit is Subject to a Visual Assessment

If the answer to one or both of the following questions is 'no,' a visual assessment is not triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant's file.

If the answer to both of these questions is 'yes,' then a visual assessment is triggered for this unit and program staff should continue to Part 2.

1. Was the leased property constructed before 1978?

Yes

No

2. Will a child under the age of six be living in the unit occupied by the household receiving HPRP assistance?

Yes

No

Sonoma County Continuum of Care * Program Standards

Part 2: Document Additional Exemptions

If the answer to any of the following questions is 'yes,' the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and supporting documentation for each exemption in the program participant's file. If the answer to all of these questions is 'no,' then continue to Part 3 to determine whether deteriorated paint is present.

1. Is it a zero-bedroom or SRO-sized unit?
Yes
No
2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?
Yes
No
3. Has this property had all lead-based paint identified and removed in accordance with HUD regulations?
Yes
No
4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher and is receiving HPRP assistance for a security deposit or arrears)?
Yes (Obtain documentation for the case file.)
No
5. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a).
Yes
No
Please describe the exemption and provide appropriate documentation of the exemption.

Part 3: Determine the Presence of Deteriorated Paint

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing HPRP financial assistance to the unit as outlined in the following training on HUD's website at: <http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.

If no problems with paint surfaces are identified during the visual assessment, then no further action is required at this time. Place this screening sheet and certification form (Attachment A) in the program participant's file.

If any problems with paint surfaces are identified during the visual assessment, then continue to Part 4 to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?
Yes
No
2. Were any problems with paint surfaces identified in the unit during the visual assessment?
Yes
No (Complete Attachment A – Lead-Based Paint Visual Assessment Certification Form)

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Part 4: document the level of identified problems

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimus levels (defined below), the use of lead safe work practices and clearance is required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?
 - 20 square feet on exterior surfaces Yes No
 - 2 square feet in any one interior room or space Yes No
 - 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim Yes No

If *any* of the above are 'yes,' then safe work practices and clearance are required prior to clearing the unit for assistance.

Part 5: Confirm all identified deteriorated paint has been stabilized

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the HPRP program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted?
Yes
No
2. Have all identified problems with the paint surfaces been repaired?
Yes
No
3. Were all identified problems with paint surfaces repaired using safe work practices?
Yes
No
Not Applicable – The area of paint to be stabilized did not exceed the *de minimus* levels.

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4. Was a clearance exam conducted by an independent, certified lead professional?
- Yes
No
Not Applicable – The area of paint to be stabilized did not exceed the *de minimus* levels.
5. Did the unit pass the clearance exam?
- Yes
No
Not Applicable – The area of paint to be stabilized did not exceed the *de minimus* levels.
Note: A copy of the clearance report should be placed in the program participant's file.

LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION TEMPLATE

I, _____, CERTIFY THE FOLLOWING:

- I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment at _____ on _____.
- No problems with paint surfaces were identified in the unit or in the building's common areas.

(Signature)

(Date)

Client Name: _____

Case Number: _____