



# Lane County Continuum of Care Program Standards

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## CONTENTS

A. Introduction.....	6
B. Core Values and Guiding Principles .....	6
Housing First.....	6
Client Centered Services .....	6
Harm Reduction Strategies .....	7
Trauma Informed Systems of Care.....	7
Equal Access and Non-Discrimination.....	7
Poverty and Homelessness Board: Strategic Plan .....	8
USICH: Home, Together .....	9
C. General Standards .....	9
Coordinated Entry Participation.....	9
HMIS Participation .....	9
Access to Mainstream Resources.....	9
Educational Resources .....	10
Termination and Grievance Policies.....	10
Participant Feedback.....	11
Language Access and Limited English Proficiency.....	11
D. Standards by Program Type .....	12
Permanent Supportive Housing .....	12
Eligibility.....	12
Prioritization .....	12
Essential Elements of PSH.....	13
Determining Income and Calculating Participant Rent.....	14
Expected Outcomes and Performance Indicators .....	14
Rapid Re-Housing .....	16

Eligibility.....	16
Prioritization .....	16
Essential Elements .....	16
Recommended Elements.....	16
Re-Evaluation and Continued Eligibility.....	17
Housing Stabilization Services.....	17
Rental Assistance Subsidy and Limitations .....	17
Utilities.....	19
Program Workflow.....	19
Termination of Assistance.....	20
Expected Outcomes and Performance Indicators .....	20
Bridge Housing .....	22
Eligibility.....	22
Prioritization .....	22
Essential Elements .....	22
Expected Outcomes and Performance Indicators .....	22
Transitional Housing - YOUTH .....	23
Emergency Shelter .....	23
Homelessness Prevention .....	23
Rapid Exit and Diversion .....	23
Engagement Services .....	23
Street Outreach .....	23
Access and Drop In Centers .....	23
Services Only .....	23
E. Additional Policies.....	24
Housing Quality .....	24
Occupancy Standards.....	24

Habitability and Housing Quality Standards .....	24
Lead-Based Paint.....	24
Environmental Review .....	25
Rent standards .....	25
Rent Reasonableness and Fair Market Rent .....	25
Program Income -CoC .....	26
Changes in Household Composition.....	26
Shared Housing .....	27
Access to Mainstream Benefits and SOAR .....	27
Participant Moves .....	28
Additional Security Deposits .....	28
Moving On Initiatives .....	28
Domestic Violence And VAWA Requirements .....	29
HMIS, Data Collection and Privacy.....	29
Notice of Rights Under VAWA and Emergency Transfers .....	29
E. Eligible Costs .....	30
I. References .....	32
Appendices .....	32
A. Sample Forms.....	32
B. Coordinated Entry Written Standards.....	87
C. HMIS Data Quality Standards .....	87

## A. INTRODUCTION

Lane County Human Services Division, in collaboration with the Poverty and Homelessness Board (PHB) and Lane County Continuum of Care (CoC), has developed these written standards in accordance with [24 CFR Part 578](#) (CoC Interim Rule) and [24 CFR Part 576](#) (ESG Interim Rule). These written standards represent the minimum standards for operating and distributing assistance through CoC- and ESG-funded programs within the Lane County CoC. **All CoC- and ESG-funded programs are required to comply with the requirements outlined in this document**, including when utilizing match or program income funds to support the project. All projects are also required to comply with applicable regulations, including the Notice of Funding Availability (NOFA) under which the project was originally awarded. Projects funded through other sources, such as local or State funding, are encouraged to align with these written standards when appropriate to ensure all projects meet minimum expected standards and participant experience remains consistent throughout the geographic area.

## B. CORE VALUES AND GUIDING PRINCIPLES

### HOUSING FIRST

Housing First is an approach to service provision that provides immediate access to permanent housing for people experiencing homelessness, without preconditions or requirements beyond that of a typical tenant. Under a Housing First approach, people experiencing homelessness are not expected to resolve issues such as substance use or behavioral health, obtain or increase income, or graduate from shorter term programs before obtaining permanent housing. It prescribes to the idea that everyone is “housing ready” and is guided by the belief that individuals need to meet basic needs such as housing prior to resolving other issues. Housing First is grounded in the idea that client choice in housing selection and service provision is critical in being successful and remaining housed. Once a participant is housed, the case manager works to engage the participant in voluntary supportive services and connect them to other supports with the ultimate goal of remaining stable in permanent housing and reaching self-sufficiency.

### CLIENT CENTERED SERVICES

As noted, one of the major tenets of Housing First is a client centered approach to housing and services. Clients should have choice regarding the location and type of housing they receive. While choice may be restricted based on availability and affordability or program limits, clients should be given choice to the greatest extent possible in their housing identification (neighborhood, scattered site vs. site based, etc.).

All services must also be client-centered and the client must have choice in what services they receive. A menu of services should be offered to be able to engage a client and meet their needs in a way that is meaningful and useful to them. Goals should be identified by the client and mutually supported by their case manager. A client-driven approach recognizes that each individual has different needs and therefore, requires different levels of support.

Additionally, all participants should be provided with a “client rights and responsibilities” document that outlines and clearly describes each of the following (*at minimum*):

- Confidentiality policy and right to confidential services
- Non-discriminatory practices

- Right to refuse services and have consequences, if any, explained
- Grievance policies
- Reasons for termination, if any, clearly outlined

## HARM REDUCTION STRATEGIES

Harm Reduction is a strategy or approach that involves utilizing techniques focused on reducing the negative consequences and harm resulting from engaging in risky behaviors, such as substance use. The Harm Reduction approach, while most often associated with substance use, can also apply to other risky behaviors such as dieting and weight loss, engaging in sex work, or gambling.

Housing programs should not exclude people who use substances or engage in risky behaviors, but should instead work with people to reduce the impacts of these behaviors on their housing. For more information on Harm Reduction in Housing Programs, please review the [Harm Reduction Housing Resource](#).

## TRAUMA INFORMED SYSTEMS OF CARE

A system that is trauma-informed realizes the impact of trauma, recognizes the signs and symptoms of trauma in individuals and families involved in the system, responds by fully integrating knowledge about trauma into policies, procedures, and practices, and actively works to avoid re-traumatization.<sup>1</sup> Lane County is committed to a homeless service system that is trauma-informed and recognizes trauma through policies and practice. Providers should ensure service delivery, as well as policies and procedures, within housing programs are trauma-informed. More information can be found at [Trauma Informed Oregon](#).

## EQUAL ACCESS AND NON-DISCRIMINATION

Lane County is committed to non-discrimination and equal access across the homeless service system. All providers are required to comply with all State and Federal statutes regarding non-discrimination including, but not limited to, the Fair Housing Act, the Americans with Disabilities Act, the Civil Rights Act, and the Equal Access to Housing Final Rule. Discriminatory housing practices based on race, color, religion, sex, national origin, disability, familial status, language, ethnicity, socio-economic status, sexual orientation, gender identity, veteran's status, or political beliefs are prohibited.

Additionally, providers should take steps to affirmatively market and outreach to those who are least likely to request assistance, remove barriers to accessing services, and ensure equity across services to the greatest extent possible.

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## CULTURAL COMPETENCE

Cultural competence is an approach to service delivery that acknowledges that services are more effective when they are provided within a cultural, gender-sensitive, and age-appropriate context. Agencies should ensure that staff is trained in cultural competence and that programming is adaptable to meet the needs of participants from diverse cultures.

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<sup>1</sup> <https://www.samhsa.gov/nctic/trauma-interventions>

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## RACIAL EQUITY

The Lane County CoC is committed to ensuring equity in service delivery and program implementation. Nationwide, we know that those in minority groups experience poverty and homelessness at higher rates than those who identify as White, creating significant racial disparities within the homeless service system. Locally, Lane County has conducted a Racial Disparities analysis to better understand the disparities evident within our own system. While we have committed to analyzing and addressing disparities at the system level, it is also imperative that all providers review their own approach to service delivery using a racial equity lens to better understand where disparities may exist as a result of agency policies, procedures, and system structures. For more information, please review the [Racial Equity Toolkit](#) and other resources.

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## FAMILIES AND HOUSEHOLD COMPOSITION

Family includes, but is not limited to, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability, regardless of marital status, actual or perceived sexual orientation, or gender identity<sup>2</sup>. A child who is temporarily away from the home because of placement in foster care is considered a member of the family. Any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served together as such. ESG- or CoC-funded programs cannot discriminate against a group of people presenting as a family based on the composition of the family, the age of any member of the family, the disability status of any members of the family, marital status, actual or perceived sexual orientation, or gender identity.

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## EQUAL ACCESS FINAL RULE

All HUD funded programs are required to comply with the Equal Access Final Rule entitled "Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs." The Equal Access rule ensures that HUD funded housing programs are open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status.

Providers should ensure internal agency policies and procedures are in place that reflect the requirements outlined in the final rule.

## POVERTY AND HOMELESSNESS BOARD: STRATEGIC PLAN

In order to better coordinate efforts around poverty and homelessness in Lane County, the Poverty and Homelessness Board (PHB) was formed in 2014. It is an action oriented group of elected officials, community stakeholders, and individuals who represent low-income and people experiencing homelessness in Lane County. The PHB serves as both the administrative board for the Lane County Community Action Agency (CAA) and the oversight body for the Lane County CoC.

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<sup>2</sup> <https://www.hudexchange.info/faqs/1529/how-is-the-definition-of-family-that-was-included/>



The [current PHB five-year Strategic Plan](#) (2016-2021) outlines goals and strategies to alleviate poverty and homelessness. The three main strategic focus areas are:

1. Increase availability and access to coordinated, supportive housing, shelter, and services.
2. Prevent homelessness and poverty
3. Inform and enhance public awareness and advocacy efforts.

## USICH: HOME, TOGETHER

The U.S. Interagency Council on Homelessness (USICH) leads the national effort to prevent and end homelessness in the United States. USICH is made up of 19 federal member agencies including HUD, Dept. of Veterans Affairs, Dept. of Labor, Dept. of Health and Human Services, Social Security Administration, etc. Home, Together: The Federal Strategic Plan to Prevent and End Homelessness, was issued in 2018 and builds upon strategies outlined in the first federal strategic plan, *Opening Doors*. The current plan reflects lessons learned since 2010 and outlines goals and objectives for effectively preventing and ending homelessness. The plan can be reviewed [here](#).

## C. GENERAL STANDARDS

The following standards apply to all programs, regardless of program model.

### COORDINATED ENTRY PARTICIPATION

All ESG-, CoC-, and OHCS or Lane County funded projects are required to participate in the CoC's established Coordinated Entry System. Participation refers to compliance with all established policies and procedures, including utilizing the Central Wait List to obtain referrals when required to do so. For more information, please see the [Coordinated Entry Written Standards](#) (Appendix A).

### HMIS PARTICIPATION

All ESG-, CoC-, and OHCS or Lane County funded projects are required to participate in the CoC's established Homeless Management Information System (HMIS) for data entry. For Lane County, the established HMIS is ServicePoint. Projects funded through other sources are also highly encouraged to participate in HMIS.

In order to access the system, each user must be provided a user license by the HMIS Lead (Lane County). All users are required to complete training, sign a user agreement, and follow all established policies and procedures. For more information, please see the [Lane County ServicePoint HMIS Policies and Procedures](#).

### ACCESS TO MAINSTREAM RESOURCES

All ESG- and CoC-funded projects are required to assist participants to access and obtain mainstream resources they may be eligible for including TANF, SNAP, Oregon Health Plan or Medicaid, SSI/SSDI, Veteran's benefits, Workforce funding, etc.

Providers are encouraged to streamline processes for applying for mainstream benefits, including using a single application or collecting all necessary information in one step. Providers should ensure staff are regularly trained and have current information on mainstream benefits and eligibility.

See also: [SOAR: SSI/SSDI Outreach, Access, and Recovery Program](#).

## EDUCATIONAL RESOURCES

Projects that serve households with children are required to designate a staff person as the educational liaison that will ensure children are enrolled in school and connected to appropriate services in the community including early childhood programming, Head Start, and McKinney Vento Educational Services.

Projects that serve households with children are also expected to incorporate the following within the service model and/or through policies and procedures, as appropriate:

- A case management model that includes developmentally appropriate intake and service planning for each member of the family.
- Services are provided where the child is living or the project provides space for home-based, early childhood services.
- Facilitation of on-site [development screening](#) for all children that enter the program.
- Actively assist families in accessing child care options.
- Assess, track, and monitor the health of children in the program, including providing connection to health care providers.

## TERMINATION AND GRIEVANCE POLICIES

Providers are required to have a written termination policy outlining the circumstances that would result in a termination from the program. Reasons for termination should be minimal (eligibility, threatened safety of staff or residents, fails to comply with requirements, etc.) and agencies should make all reasonable attempts to avoid termination of a household, taking all necessary steps to avoid discharge to a homeless situation including assisting with locating other housing options. The termination policy should outline reasons for termination, the process to appeal or review the decision, and circumstances under which an individual or family could receive further assistance.

In terminating assistance or *determining eligibility for assistance*, the agency must provide a formal process that recognizes the rights of the individual or family receiving assistance. The process, at a minimum, must:

- Provide the individual or family with a written copy of eligibility criteria, program rules and expectations, including the termination and grievance policies, prior to the household receiving assistance.
- Provide written notice to the individual or family outlining the reasons for termination or denial in alignment with the termination policy.
- Allow for a review and/or appeal of the decision, including providing the individual or family an opportunity to present objections to a person other than the person who made the decision.
- Provide written notice of the final decision to the individual or family.

Additionally, agencies are required to have a written grievance policy which outlines the procedure for a participant or applicant to present and resolve a complaint or grievance. The grievance policy should outline the

process for filing a grievance (e.g. form, written, oral, etc.), the steps or levels of review, and person responsible for review and resolution. The process should allow for multiple levels of review (i.e. Supervisor, Executive Director, etc.) and should outline the level at which a final resolution would be provided (i.e. Board of Directors).

## PARTICIPANT FEEDBACK

Providers should have a process for program participants to provide programmatic feedback (e.g. annual surveys, focus groups, etc.), including a method of receiving ongoing, anonymous feedback (e.g. comment cards). Agencies are encouraged to have a formalized process to review feedback received, including a designated person or entity responsible for ensuring feedback is received, heard, and responded to within an appropriate timeframe. The Lived Experience Advisory Group for Unhoused Engagement (LEAGUE) will conduct annual Participant Feedback Sessions (PFS) with CoC and other Lane County funded housing projects to gather feedback through a peer-led focus group. Projects selected for a PFS must choose one issue that arose from the feedback, respond to the issue, and communicate that response to participants. Results will be reviewed through annual Lane County monitoring.

## LANGUAGE ACCESS AND LIMITED ENGLISH PROFICIENCY

All providers should have a written Limited English Proficiency (LEP) policy in place that ensures individuals with limited English proficiency are able to adequately access needed services. It is highly recommended that providers also develop and implement a Language Access Plan, as outlined in Title VI of the Civil Rights Act of 1964. For more information on Title VI, LEP and LAPs, please review additional [HUD guidelines](#).

## D. STANDARDS BY PROGRAM TYPE

### PERMANENT SUPPORTIVE HOUSING

Permanent Supportive Housing (PSH) is a program model designed to serve highly vulnerable people who are homeless and have a disability, and is generally prioritized for people experiencing chronic homelessness (See: [Defining Chronic Homelessness](#)). PSH combines housing assistance or subsidy with ongoing, voluntary supportive services that build independent living skills and connect tenants with community-based supports, with no designated length of stay.

#### ELIGIBILITY

- Literally Homeless (Category 1)
- At least one member of the household must have a disability

*All projects are required to meet any additional requirements outlined in the Notice of Funding Availability (NOFA) under which the project was originally funded (e.g. Samaritan Bonus), as well as any requirements outlined within their grant agreement with HUD.*

#### PRIORITIZATION

The Lane County CoC has adopted the order of priority established by HUD in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. As such, all PSH is prioritized for households or individuals who are chronically homeless and have the highest vulnerabilities.

Projects with beds dedicated to serve chronically homeless persons or households must only serve those who meet the definition of chronically homeless in those beds, unless there are no chronically homeless persons in the geographic area.

Projects with beds designated as *Dedicated PLUS* are able to serve individuals meeting any of the following criteria:

- Experiencing chronic homelessness as defined in 24 CFR 578.3;
- Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- Residing in a place not meant for human habitation, emergency shelter, or safe have and had been admitted and enrolled in a permanent housing project within the last year but were unable to maintain a housing placement and met the definition of chronic homeless as defined by 24 CFR 578.3 prior to entering the project;
- Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household meets the definition of “homeless individual with a disability”; OR
- Receiving assistance through a Dept. of Veterans Affairs (VA) funded homeless assistance program and met one of the above criteria at initial intake to the VA’s homeless assistance system.

Please note, projects with beds designated for Dedicated PLUS may also have beds dedicated to serving people who are chronically homeless. In this case, the beds dedicated to serving chronically homeless people must be filled by individuals meeting the chronic homeless definition unless there are no chronically homeless persons in the geographic area.

*For more information about prioritization of PSH, please see Lane County Coordinated Entry Written Standards.*

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## ESSENTIAL ELEMENTS OF PSH

- No predetermined length of stay
- Individualized supportive services, including case management, must be made available to participants throughout the duration of their stay in PSH, and participation in such services cannot be required.
- Participants must have a lease or sublease agreement for an initial term of at least one year that is renewable and terminable only for cause. Leases or subleases do not have any provisions that would not be found in a typical lease for an unassisted unit or household.
- Service provision is distinct from housing or property management.
- Participants should pay no more than 30% of their income toward rent and utilities<sup>3</sup>.
- Linkages to mainstream or other community resources are made
- Upon termination of tenancy or eviction, participants are assisted in locating other housing

PSH can be either site-based (one site location, one/multiple building), or scattered site (dispersed units in the private market). A scattered-site model provides for the most integration with the broader community, while also allowing for the greatest amount of client choice in location, unit type/size, amenities, etc. To the greatest extent possible, people with disabilities should be provided with opportunities to receive services and obtain housing in an integrated setting that provides opportunity for interaction with people who do not have disabilities (See: [Olmstead](#)). The following additional elements should be incorporated, based on the type of PSH:

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### SITE-BASED

- Case management must be provided on-site. Other services may be provided on-site or can be made available through community resources.
- Property management and services must be handled separately.
- Participants are able to define their housing needs and preferences, such as type of unit and choice of roommates or to have no roommate.
- Participants are not limited in their ability to participate in the broader community and their activities are not restricted beyond what is typically found in unassisted housing (e.g. no visitor policy, curfew, or restricted access to unit)

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### SCATTERED SITE

- Case management may be provided on-site within the housing unit or at a community-based provider, but must be available at the unit if needed.

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<sup>3</sup> See: [Determining Income and Calculating Participant Rent](#)

- Lease or sublease must not contain any provisions that would not be found in a typical lease agreement for an unassisted unit.
- Support is provided to connect participants to community-based resources and build strong social support networks.

Regardless of model, PSH projects should align with [Dimensions of Quality Supportive Housing](#) (CSH).

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## DETERMINING INCOME AND CALCULATING PARTICIPANT RENT

Under CoC PSH, the rent contribution or the maximum occupancy charge is the *highest* of the following amounts (rounded to the nearest dollar):

- 30 percent of the household’s monthly adjusted income (as outlined at Part 5.609 and 5.611(a) of CoC Interim Rule);
- 10 percent of the household’s monthly gross income; or
- If the household is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family’s actual housing costs) is specifically designated by the agency to meet the family’s housing costs, the portion of the payments that is designated for housing costs.

For PSH projects in which CoC *rental assistance* is provided, the rent contribution is not optional and must equal the rent contribution specified above.

For PSH projects using CoC *leasing* funds, the occupancy charge is optional and can be lower but not higher than the maximum occupancy charge specified above.

Please note, CoC leasing funds may not be used to “lease units or structures owned by the recipient, subrecipient, their parent organization(s), any other related organization(s), or organizations that are members of a partnership, where the partnership owns the structure.”

For CoC PSH projects, income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). The provider must examine a participant’s income initially at Entry, and at least annually thereafter. If there is a change in family composition (e.g., birth of a child) or a decrease in the household income during the year, the participant may request an interim reexamination, and the occupancy charge or rent will be adjusted accordingly.

For more information about how to account for utilities, please review:

[DETERMINING A PROGRAM PARTICIPANT’S RENT CONTRIBUTION, OCCUPANCY CHARGE OR UTILITY REIMBURSEMENT IN THE CONTINUUM OF CARE \(COC\) PROGRAM WHEN THE PROGRAM PARTICIPANT IS RESPONSIBLE FOR THE UTILITIES](#)

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## EXPECTED OUTCOMES AND PERFORMANCE INDICATORS<sup>4</sup>

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<sup>4</sup> Performance Indicators based on current standard. Expected Outcomes are to be updated annually.

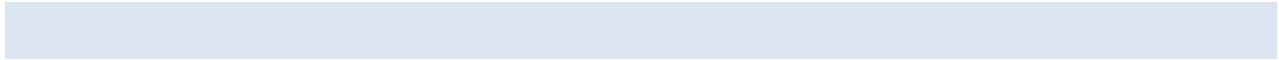
At least 90% of participants will move into permanent housing within 60 days of referral (reduce length of time homeless)

At least 85% of participants will exit to permanent housing (exits to permanent housing)

At least 85% of participants will remain permanently housed for 12 months or more (housing stability)

At least 15% of participants without a source of income at entry will obtain cash benefits or income from any source (increase income).

At least 25% of participants without non-cash benefits at entry will obtain non-cash benefits (increase benefits).



## RAPID RE-HOUSING

Rapid Re-housing (RRH) is a program model that combines housing relocation and stabilization services with short (1-3 months) or medium (4-24 months) term rental assistance to assist a household in obtaining and stabilizing in permanent housing as quickly as possible.

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### ELIGIBILITY

- Literally Homeless (Category 1)
- Fleeing or attempting to flee Domestic Violence (Category 4)

*All CoC projects are required to meet any additional requirements outlined in the Notice of Funding Availability (NOFA) under which the project was originally funded (e.g. population served restrictions), as well as any requirements outlined within their grant agreement with HUD.*

*Note: Individuals and families residing in Transitional Housing are not eligible for RRH assistance.*

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### PRIORITIZATION

All households meeting the eligibility criteria above will be prioritized for assistance through the established Coordinated Entry System written standards.

Currently, RRH is prioritized for individuals who have a VI-SPDAT score between 4-7 and families who have a VI-SPDAT score between 4-8, and is further prioritized based on chronic homelessness and length of time homeless.

See [Lane County Coordinated Entry Written Standards](#)

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### ESSENTIAL ELEMENTS

All programs utilizing a RRH model should provide the essential elements of Rapid Re-housing and provide for the [core components](#): Housing Identification, Case Management, and Rental Assistance.

- Maximum participation in a RRH program cannot exceed 24 months.
- Supportive services must be provided throughout the duration of assistance.
- Case management must be provided no less than once per month and should focus primarily on ensuring long term housing stability.
- Participants must enter into an initial lease agreement for a term of at least one year (CoC), or six months (EHA or ESG), which is terminable only for cause. The lease must be automatically renewable upon expiration for a term of at least one month.

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### RECOMMENDED ELEMENTS

The National Alliance to End Homelessness has outlined a series of [program standards](#) for RRH in the areas of *Housing Identification, Rent and Move-In Assistance, and Case Management and Services*. All programs must review these standards and make efforts to incorporate them into program design, as appropriate.



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## RE-EVALUATION AND CONTINUED ELIGIBILITY

At a minimum, projects are required to re-evaluate a program participant's eligibility and type/amount of assistance they need not less than every three months. The re-evaluation must demonstrate continued eligibility based on the following criteria:

- *Lack of Resources and Support Networks*: the household must lack sufficient resources and support networks to retain housing without assistance as evidenced by the Lane County [RRH Re-Evaluation Assessment](#).
- *Need*: the household must continue to demonstrate a need for assistance. The project must determine the amount and type of assistance that the household continues to need based on the [RRH Re-Evaluation Assessment](#) and a review of progress on goals outlined in the [Housing Stability Plan](#).
- *Income*: Under the [ESG program](#), the household income at re-evaluation must be at or below 30% of Area Median income (AMI) as evidenced by the [RRH Re-Evaluation Assessment](#) and associated documentation of income.

If a household is not yet housed at the time of initial re-assessment, the program staff should work with the participant to review the Housing Stability Plan and address any barriers to achieving housing goals. If progress is not made by the subsequent re-assessment, the program staff should discuss limitations and expectations of the RRH program and determine if other options would be appropriate.

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## HOUSING STABILIZATION SERVICES

Under the ESG Program, payment for housing stability case management services provided while the participant is seeking permanent housing shall not exceed 30 days. Under the CoC Program, there is not a limit on how many months a program can provide services before a participant is housed, so long as the program is actively assisting the program participant to locate housing options. Additionally, supportive services may be provided for up to 6 months after rental assistance stops.

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## RENTAL ASSISTANCE SUBSIDY AND LIMITATIONS

Projects may provide up to 24 months of rental assistance *in a 3 year period* and security deposits not to exceed two months' rent. Applicants may return for additional assistance if they have received less than 24 months of rental assistance during any 3 year period, as long as they meet eligibility criteria for the program (Literally Homeless – Category 1) and are referred through the established Coordinated Entry process. Households not meeting eligibility criteria (Category 2 – Imminent Risk) who are in need of rental assistance should be referred to [Homelessness Prevention](#).

Additional security deposits, such as the result of a move during program enrollment, may be paid on a case-by-case basis. See [Participant Moves](#) and [Additional Security Deposits](#)

Rental assistance cannot be provided to a participant who is already receiving rental assistance or living in a household or housing unit receiving rental assistance or operating assistance through other Federal, State, or local resources.

Generally, participants are expected to receive no more than 18 months of RRH rental assistance. An additional 6 months may be approved on a case-by-case basis; however approvals of this kind should be rare and only occur as absolutely necessary. In order to approve an extension beyond 18 months, the participant must be actively engaged with working toward housing stability goals outlined in the Housing Stability Plan and be working toward self-sufficiency. Households remaining in RRH after 18 months may need to be connected to other affordable housing or permanent subsidy options, such as Section 8 or Permanent Supportive Housing.

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## AMOUNT AND TYPE OF RENTAL ASSISTANCE

It is expected that the amount and type of rental assistance a household receives will be based on need and be no more than what is necessary for a household to obtain or maintain housing stability. Projects should determine or re-evaluate the amount of rental subsidy at least every three months, or when circumstances change, such as increase or loss of income. Participants enrolled in a RRH program (through any source) are expected to pay a portion of rent, unless the household has zero income.

The initial amount of rental assistance and level of participant contribution is determined for each household based on income and budget, client need, and other factors, using a progressive engagement approach. The provider is required to include a rationale within the client file for initial determination of rental assistance level, and any subsequent adjustments made. As noted above, adjustments should be made as circumstances change or no less than every three months.

### *General Rental Contribution Guidelines*

- The program may pay up to 100% of rent only for the first three months of subsidy, for households with income.
- On average, participants will pay between 30-50% of their gross monthly income toward rent.
- Participant rent contribution should not exceed 50% gross monthly income while enrolled in RRH.
- Subsidy should follow a graduated model, reducing subsidy over time, and be individualized to the household.
- Households with zero income will have no contribution to rent until income is gained.

Providers should use consistent methods when determining subsidy for participants and are encouraged to utilize a standard rent calculation form ([See Sample Forms](#)).

### *Things to Consider When Re-Evaluating Subsidy*

When re-evaluating a participant's subsidy, it is important to first take into account the General Rental Contribution Guidelines above, but also consider specific circumstances of the household that may impact their housing stability. The following are additional things to consider:

- Overall Household Budget and Income: Does the household have enough income to cover basic monthly expenses with the subsidy level outlined? Does the current subsidy allow for the household to save any income monthly? Are there any unnecessary expenses included in their budget that can be evaluated?
- The Unexpected: Has the household had any unexpected expenses recently (e.g. medical bills, other emergency, car repair, etc.) causing them to make choices between paying rent or other expenses?
- Employment: Has the household changed jobs since the subsidy was last determined? Has the household gained employment since the last calculation? Have the household hours been reduced?

- Household Changes: Has the household added family members (e.g. new baby, new partner, etc.) since the last subsidy? How does this impact their monthly income and expenses?

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## UTILITIES

Generally, participants in RRH are expected to pay for utilities not included with rent. If a participant is not able to pay utilities, the program may pay for utilities as needed.

For CoC-funded RRH projects, HUD requires that the rent be calculated as the sum of the total monthly rent for the unit and, if the tenant pays separately for utilities, the monthly allowance for utilities established by the public housing authority (PHA). Therefore, if utilities are not included in a program participant's rent, the rent calculation must incorporate the applicable utility allowance, and the program participant must be reimbursed for any amount that the allowance exceeds the program participant's share of rent. This utility reimbursement may be paid using rental assistance funds.

For more information about how to account for utilities, please review:

[DETERMINING A PROGRAM PARTICIPANT'S RENT CONTRIBUTION, OCCUPANCY CHARGE OR UTILITY REIMBURSEMENT IN THE CONTINUUM OF CARE \(COC\) PROGRAM WHEN THE PROGRAM PARTICIPANT IS RESPONSIBLE FOR THE UTILITIES](#)

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## PROGRAM WORKFLOW

Upon first engagement with the participant, the provider and participant will complete the **Initial RRH Program Service Assessment** (See [Sample Forms](#)) to determine recommended/anticipated *service level* for the household, as well as the **Housing Preferences Form** to gather pertinent housing search information. During this initial engagement, the case manager will also complete the **Self-Sufficiency Outcomes Matrix (SSOM)** with the participant and record the results in HMIS.

Based on the information provided in the **Initial RRH Program Service Assessment**, **SSOM**, and **Housing Preferences Form**, the provider will develop a **Housing Stability Plan** with the household and actively assist in locating a suitable unit while addressing potential housing barriers outlined in the **Initial RRH Program Service Assessment** and **Housing Stability Plan**.

Once a unit is identified, and it is determined to meet program requirements, the provider will review the household income, budget, and other circumstances to **determine an appropriate level of subsidy**.

The rental subsidy will be outlined in a **Rental Assistance Plan** and reviewed/signed by the participant. The Rental Assistance Plan should outline the level of subsidy, length of time approved, and plan for when subsidy ends. Additional assistance should not be discussed with the participant until re-assessment occurs at three months, or as household circumstances change.

Providers should then use the **RRH Re-Evaluation Assessment** to determine ongoing eligibility and service level recommendation every three months thereafter, or until the participant exits the program, as well as complete the **SSOM** quarterly to review self-sufficiency across the various domains.

While enrolled, monthly case management should focus primarily on housing stability and addressing barriers to maintaining permanent housing. Each participant should have a **Housing Stability Plan** which outlines the household’s goals related to housing and steps to address barriers to reaching those goals, as well as a **Household Budget** that is reviewed monthly.

Housing Stabilization Element	Frequency
<b>Initial RRH Program Service Assessment</b>	Intake Only
<b>Housing Preferences Form and Housing Stability Plan (Pre-Housing)</b>	Intake, Housing Search
<b>Housing Stability and Rental Assistance Plan</b>	Upon Securing Housing, Reviewed monthly, Revised at Recertification (every three months) or as circumstances change
<b>Self-Sufficiency Outcomes Matrix (SSOM)</b>	Intake, Reviewed and Revised quarterly at Recertification, Exit
<b>Housing Stability Case Management</b>	At least monthly
<b>Household Budget</b>	Developed at Intake, Reviewed and Revised monthly, Exit
<b>Transition Plan</b>	Developed upon Move-In, Reviewed monthly, Exit

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## TERMINATION OF ASSISTANCE

Assistance may be terminated under the following circumstances:

- Household has reached maximum amount of assistance (24 months)
- Household income is higher than 30% AMI at re-evaluation (required ESG and ESG-CV)
- Household percent of income being paid toward rent without subsidy is below 50%
- Household has achieved all housing stability goals
- Household no longer lacks resources or support networks to retain housing
- Household is not recommended for additional assistance based on Re-Evaluation Assessment.
- Household has not been in communication in at least 30 days and has not responded after multiple attempts/methods of contact by provider

All participants being exited from RRH should have a transition plan developed with the case manager that outlines a clear plan for maintaining housing once subsidy ends, community based supports and resources available to the household, circumstances under which the household may be eligible for additional assistance, and other referrals, as appropriate.

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## EXPECTED OUTCOMES AND PERFORMANCE INDICATORS<sup>5</sup>

At least 90% of participants will move into permanent housing within 90 days of referral (reduce length of time homeless)

At least 80% of participants will exit to permanent housing (exits to permanent housing)

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<sup>5</sup> Performance Indicators based on current standard. Expected Outcomes are to be updated annually.

At least 85% of participants exiting to permanent housing will remained housed at 12 month follow up.

At least 55% of participants without a source of income at entry will obtain cash benefits or income from any source (increase income).

At least 25% of participants without non-cash benefits at entry will obtain non-cash benefits (increase benefits).

## BRIDGE HOUSING

Bridge Housing is a program model that provides a temporary living situation for those who have been referred to Permanent Supportive Housing programs, but who have not yet been able to secure housing.

Bridge housing is typically site-based, but may also follow a scattered site model in limited circumstances.

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### ELIGIBILITY

- Literally Homeless (Category 1)
- At Imminent Risk of Homelessness (Category 2) - *limited\**
- Fleeing or attempting to flee Domestic Violence (Category 4)

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### PRIORITIZATION

Bridge Housing is prioritized for individuals who have been referred to PSH, but who have not yet secured housing. Following individuals awaiting PSH placement, Bridge Housing may also support individuals who have been referred to RRH who have not yet secured housing.

Under limited circumstances, individuals who are at-risk of losing their housing may be eligible to be referred to Bridge Housing, such as individuals who are residing in a PSH program that is closing where tenants need to be relocated to avoid homelessness, or individuals who are being assisted by PSH or RRH who can no longer remain in their unit due to safety or habitability concerns. These situations may be approved and prioritized as determined by the CoC.

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### ESSENTIAL ELEMENTS

- Housing and services are limited to no more than 6 months (typically 90 days or less, approval beyond 3 months on a case-by-case basis only)
- Supportive services and case management must be provided throughout the duration of assistance, either by the Bridge Housing program or by the PSH program with which the individual has been matched. Case management should focus primarily on moving toward permanent housing and stability.
- Participants must enter into an occupancy agreement while residing in Bridge Housing for a term of at least one month for a maximum of 6 months.

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### EXPECTED OUTCOMES AND PERFORMANCE INDICATORS<sup>6</sup>

At least 80% of participants will exit to permanent housing (exits to permanent housing)

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<sup>6</sup> Performance Indicators based on current standard. Expected Outcomes are to be updated annually.

TRANSITIONAL HOUSING - YOUTH

To Be Developed

EMERGENCY SHELTER

To Be Developed

HOMELESSNESS PREVENTION

To Be Developed

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RAPID EXIT AND DIVERSION

To Be Developed

ENGAGEMENT SERVICES

To Be Developed

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STREET OUTREACH

To Be Developed

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ACCESS AND DROP IN CENTERS

To Be Developed

SERVICES ONLY

To Be Developed

## E. ADDITIONAL POLICIES

The following additional policies apply to all projects funded through Lane County Human Services, unless otherwise indicated.

### HOUSING QUALITY

#### OCCUPANCY STANDARDS

Oregon landlord tenant law<sup>7</sup> states that occupancy “shall not be more restrictive than two persons per bedroom and must be reasonable.” A unit assisted with CoC funds must have at least one bedroom or living/sleeping room for each two persons. Children of the opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room. In determining whether or not a unit meets basic occupancy standards, providers may consider reasonable factors<sup>8</sup> such as the size of bedrooms and unit overall, the age of children, the configuration of the unit, physical limitations of the housing, as well as state or local law. Providers should use caution when imposing more restrictive occupancy standards to ensure any policy or procedure is not in violation of the federal Fair Housing Act or local/state law. If household composition changes significantly during the term of assistance, a household may be relocated to a more appropriately sized unit.

#### HABITABILITY AND HOUSING QUALITY STANDARDS

Units assisted with ESG funds must meet HUD minimum habitability standards, while units assisted with CoC funds must meet the more stringent Housing Quality Standards (HQS). Programs must document compliance with either applicable standard prior to assisting a unit with HUD funds or prior to a tenant signing a lease. Physical inspection is required, but is not required to be conducted by a certified HQS inspector. Should any deficiencies arise during inspection, the landlord or owner has 30 days to correct the issue. Providers should also ensure all assisted units meet state/local codes and are generally safe for occupancy. Units must be re-inspected at least annually to ensure they continue to meet habitability standards.

See: [Sample Forms – Habitability Inspection Form and HQS Inspection Form](#)

#### LEAD-BASED PAINT

All HUD or federally assisted housing (CoC, ESG, HOME, etc.) must be compliant with federal lead-based paint requirements. The Lead Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M and R apply to units assisted with ESG or CoC funds.

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<sup>7</sup> See ORS 90.262(3))

<sup>8</sup> <http://fhco.org/index.php/learning-resources/fhco-downloads/category/1-fhco-downloads?download=79:occupancy>



Agencies must provide the lead hazard information pamphlet to all households residing in a unit built before 1978. For units built prior to 1978, which will house one or more children under the age of 6, the landlord and tenant must also complete a Lead-Based Paint Disclosure form and a Visual Assessment must be completed by a trained staff person<sup>9</sup> or can take place at the same time as inspection, if conducted by a trained inspector.

See: [Sample Forms – Lead Based Paint Disclosure and Lead Screening Worksheet](#)

## ENVIRONMENTAL REVIEW

All HUD or federally assisted housing (CoC, ESG, HOME, etc.) must be compliant with environmental review requirements. Environmental Review is the process of reviewing potential environmental impacts of a project to determine whether it meets Federal, State, and local environmental standards. The environmental review process is required for all HUD-assisted projects to ensure that the proposed project does not negatively impact the surrounding environment and that the property itself will not have an adverse environmental or health effect on participants. Not every project is subject to a full environmental review. Providers should review the following resources to understand the level of ER required.

[CoC Program Environmental Review Flow Chart](#)

[Limited Scope Environmental Review - CoC](#)

## RENT STANDARDS

### RENT REASONABLENESS AND FAIR MARKET RENT

Units assisted with ESG or CoC funds must meet the applicable rent reasonableness and/or Fair Market Rent (FMR) standards. HUD established FMRs to determine a payment standard for HUD-funded programs that provide housing assistance, [published annually](#)<sup>10</sup> each federal fiscal year. The rent reasonableness standard is intended to ensure rents being paid for assisted units are reasonable in relation to rents being charged for comparable, unassisted units in the same market, or comparable unassisted units through the same owner. *All units for which rent is being paid with CoC or ESG funds must be reasonable.* Units funded through EHA or other State funds are not required to meet a rent reasonableness standard, however it is recommended that all agencies ensure rents are reasonable in comparison to other units in the area as a best practice.

<b>ESG</b>	Units assisted with <b>ESG funds</b> cannot exceed <i>the lesser of</i> rent reasonable or FMR, and providers are prohibited from using ESG funds to assist <i>any</i> portion of a unit over FMR, even if the portion paid does not exceed the FMR amount. If rent reasonable is below FMR, the gross rent for the unit being assisted may not exceed rent reasonable.
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<sup>9</sup> LBP Visual Assessment training can be completed online [here](https://apps.hud.gov/offices/lead/training/visualassessment/h00101.htm): <https://apps.hud.gov/offices/lead/training/visualassessment/h00101.htm>

<sup>10</sup> <https://www.huduser.gov/portal/datasets/fmr.html>

<b>CoC– Leasing</b>	<b>CoC programs</b> that utilize <b>Leasing</b> funds must ensure a unit meets rent reasonable standards and also may pay only up to FMR for a unit using CoC Leasing funds, even if the unit gross rent exceeds FMR. Providers may use match funds or other non-CoC funds to pay for amounts exceeding FMR under the CoC Program.
<b>CoC– Rental Assistance</b>	<b>CoC programs</b> that utilize <b>Rental Assistance</b> funds may use CoC funds to pay over FMR for a unit, as long as the unit gross rent is determined to meet rent reasonableness standards.
<b>EHA - Rental Assistance</b>	<b>EHA RRH</b> programs that provided rental assistance may use funds to pay over FMR for a unit, but should ensure the unit gross rent is reasonable in comparison to other units.

#### HOW TO DETERMINE RENT REASONABLENESS:

The selected unit for assistance should be compared to three other similar units in the area. Determination is made based on gross rent which must include rent and utilities, along with location, quality, size, type, and any amenities (parking, laundry, etc.).

Rent reasonableness should be completed prior to executing a lease or assisting a person in a new unit, and then must be updated annually and/or when there is any change in the rent or utilities being paid.

See: [Sample Forms – Rent Reasonableness](#)

#### PROGRAM INCOME -COC

Any income received by the program must be used toward program expenses only. Therefore, agencies are prohibited from using program income on any costs that would not be eligible under the funding source. Program income includes occupancy charges paid to the provider and/or the tenant’s portion of the rent, if the provider is also the landlord or owner and the program participant is paying rent directly to the service provider. Program income now may be used as a source of match for the CoC program.

#### CHANGES IN HOUSEHOLD COMPOSITION

Changes in household composition after a household is enrolled or housed may be accommodated by a program, to the extent possible and as allowed by program requirements. All individuals added to the household must still meet eligibility requirements at time of enrollment. If additional household members are requested to be added after the original household members have been housed, the program must be informed prior and make a determination regarding eligibility. Additionally, the household must coordinate with property management/landlord to ensure the additional household members may be added to the lease. The program must ensure the unit still meets occupancy standards and any other program requirements. Any adults added to the household must provide income documentation and household subsidy must be adjusted accordingly.

If the addition of household members deems the current unit ineligible, or otherwise causes the household to relocate to a new unit, the program may deny the request if unable to assist the household in locating a new unit that meets program requirements. See also: [Participant Moves](#)

If a member of the household *leaves* the current household and wishes to remain in the program as a separate household, the program may accommodate this request, to the extent possible and as allowed by program requirements. Program must review and ensure capacity to support the additional household in terms of budget and case management support. In the case of domestic violence, additional accommodations may be required. See also: VAWA.

## SHARED HOUSING

Agencies are encouraged to utilize shared housing as a way to maximize the use of limited unit availability, as appropriate or as requested by the participant. Shared housing, or roommate situations, could be appropriate under Rapid Re-housing to help program participants who are not part of the same household rent a shared unit. It is recommended that the program utilize roommate agreements or other methods of managing expectations in a shared housing situation. The program must also ensure all program requirements continue to be met including lease requirements, FMR/Rent Reasonable, occupancy standards, etc.

Each household in shared housing situation being assisted under RRH must have its own separate lease with the property owner and the provider must enter into a rental assistance agreement with the owner.

The Fair Market Rent (FMR) for shared housing is the *lower of*:

- the FMR for the family unit size (i.e.: FMR for a three bedroom apartment) OR
- the pro-rata share of the FMR for the shared housing unit size.

Pro-rata is calculated by dividing the number of bedrooms available for occupancy by the participant household by the total number of bedrooms in the unit. For example, in the case of a single person household renting one room in a 4 bedroom house, the FMR would be the lower of a one bedroom FMR or the pro-rata share of the 4 bedroom FMR. (E.g: A one bedroom FMR is \$500. A 4 BR FMR is \$1,120. \$1,120 divided by 4 bedrooms equals a \$280 FMR for each bedroom. The pro-rata FMR is lowest.)

All units utilized for shared housing must still meet rent reasonable requirements. The rent reasonableness limit for shared housing can be established by calculating the pro-rata share of rent in a comparable unit that is not shared housing. Calculating the pro-rata share is done by dividing the total rent by the number of bedrooms in the unit and additionally dividing the utility allowance for the unit by the number of bedrooms in the unit and adding the two together.

## ACCESS TO MAINSTREAM BENEFITS AND SOAR

Mainstream benefits are publicly funded services, programs, and/or entitlements available primarily for low-income households to address basic needs, including income or employment, housing, food and nutrition, health, as well as child and family services. All participants should be assisted in accessing mainstream benefits for which they may be eligible, including SNAP, TANF, Medicaid and Oregon Health Plan, and SSI/SSDI.

In order to increase access to SSI/SSDI benefits, particularly for those who are homeless and have a disability, all agencies are encouraged to have at least one SOAR-trained case manager or have all case management staff complete SOAR training, as appropriate. SSI/SSDI Outreach, Access, and Recovery (SOAR) is a program designed to increase access to, and ensure successful application for, the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder. SOAR is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and training is available at no costs online. For more information, please visit: <https://soarworks.prainc.com/> or contact the local SOAR lead, Alex Dreher at [alex.dreher@lanecountyor.gov](mailto:alex.dreher@lanecountyor.gov).

## PARTICIPANT MOVES

Individuals enrolled in tenant-based RRH or PSH projects wishing to move to another unit for elective purposes during their time in the program may do so only once in a 24 month period and elective moves are not recommended in the first 12 months of enrollment. The request must be discussed with the case manager, as well as the landlord with at least 30 days' notice given, or as otherwise stated in the lease agreement. Any costs incurred as a result of the move (e.g. fees for early lease termination) must be paid by the tenant, unless otherwise agreed upon by the program and as eligible costs allow. See also: [Additional Security Deposits](#).

Individuals residing in site-based PSH programs will forfeit their assistance in moving to a new unit outside of the designated building/units, as the assistance is attached to the unit, rather than the tenant.

Should a tenant need to move for other non-elective purposes, such as the unit being sold, health/safety, or other immediate threats to housing stability, the case manager should work to locate alternative options as soon as possible to avoid significant impacts on housing stability for the tenant.

Before moving a tenant to another unit, the case manager must ensure the unit meets all requirements of the program including, but not limited to rent reasonableness, FMR restrictions, occupancy standards, housing inspections, etc.

## ADDITIONAL SECURITY DEPOSITS

Individuals enrolled in a PSH or RRH program are typically eligible to receive a security deposit paid on their behalf, as eligible costs allow. If a tenant requires an additional security deposit beyond the initial deposit, such as upon moving to a new unit for elective purposes, the program may require the tenant to pay this additional deposit. Programs may choose to cover up to two additional deposits for tenants as program funds and regulations allow. Additional security deposits beyond that should be paid by the tenant. Security deposits being refunded are to be returned to the tenant after vacating a unit.

## MOVING ON INITIATIVES

In 2019, Lane County rolled out a Moving On process for individuals and families enrolled in Permanent Supportive Housing. The Move On process is a tool to assess households for the purposes of transitioning those who no longer need the intensive supportive services associated with PSH, but whom could still benefit from a permanent housing subsidy, to Section 8, using the local Housing Choice Voucher Continuum of Care preference. There are currently 25 CoC Vouchers available for this purpose. PSH providers should complete the Move-On Matrix (MOM)

along with the annual or interim review assessment(s). Based on the matrix assessment, if a household is determined to be an appropriate candidate for a Move-On voucher, the provider can complete the [referral form](#) and submit it to Lane County at [HSDHelpdesk@lanecountyor.gov](mailto:HSDHelpdesk@lanecountyor.gov).

## DOMESTIC VIOLENCE AND VAWA REQUIREMENTS

The Violence Against Women Act final rule (VAWA Final Rule, 24 CFR, Part 5, Subpart L) codifies the core protections across HUD's covered programs, ensuring survivors are not denied assistance as an applicant, or evicted or have assistance terminated as a tenant, because the applicant or tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.

All efforts should be made to protect the rights, privacy and safety of survivors of domestic violence, dating violence, sexual assault or stalking (referred to here as "survivors"). To protect survivors, the final rule prohibits any denial, termination, or eviction that is "a direct result of the fact that the applicant or tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the applicant or tenant otherwise qualifies for admission, assistance, participation, or occupancy."

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## HMIS, DATA COLLECTION AND PRIVACY

Agencies and programs that primarily serve survivors of domestic violence are prohibited from entering client data into the Homeless Management Information System (HMIS). These programs must instead enter client data into a comparable database and be able to generate reports using aggregate data.

All agencies, including non-victim service providers, must make all efforts to protect the privacy of individuals and families who indicate they are fleeing, or attempting to flee domestic violence.

The location of domestic violence shelters and housing locations shall not be made public.

Agencies should work to support survivors in accessing needed or requested services related to domestic violence while enrolled in housing or services (for example, a non-victim service provider can work with a survivor to locate advocacy and community-based domestic violence resources to assist in safety planning).

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## NOTICE OF RIGHTS UNDER VAWA AND EMERGENCY TRANSFERS

All CoC, ESG, HTBA, and EHA housing programs must provide a copy of the [VAWA Notice of Occupancy Rights](#) to every participant (regardless of DV status) who is applying for permanent housing assistance and must obtain and keep a record of a [signed acknowledgement](#) after providing this Notice to a participant. Programs must also ensure that the [VAWA Lease Addendum](#) is included as an addendum to the standard lease between owner and tenant.

Additionally, one of the key elements of VAWA's housing protections is the emergency transfer plan which allows for survivors to move to another safe and available unit if they fear for their life and safety. Agencies providing tenant-based rental assistance may use funds (CoC, ESG, EHA) to pay amounts owed for breaking the lease if the family qualifies for an emergency transfer under the emergency transfer plan established under §578.99(j)(8). Programs must follow the locally established [emergency transfer plan](#) for those fleeing domestic violence and complete an [Emergency Transfer Request](#), as applicable.

## E. ELIGIBLE COSTS

Programs must ensure all costs are eligible under the funding source and should review CoC Interim Rule, ESG and EHA Manuals for more detailed explanations of eligible costs.

<b>Rapid Re-Housing – Eligible Costs</b>			
	<b>ESG RRH (Includes ESG-CV)</b>	<b>CoC RRH</b>	<b>EHA</b>
Rental Assistance	<ul style="list-style-type: none"> <li>▪ Short Term (up to 3 months)</li> <li>▪ Medium Term (4 to 24 months)</li> <li>▪ Rent Arrears (one time, to cover up to 6 months of arrears, including late fees)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Short Term (up to 3 months)</li> <li>▪ Medium Term (4 to 24 months)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Short Term (up to 3 months)</li> <li>▪ Medium Term (4 to 24 months)</li> <li>▪ Rent Arrears (up to 6 months*)</li> <li>▪ Includes space rent for manufactured home, as well as RV lot rent if permanent living space as eligible</li> </ul>
Type of Rental Assistance	<ul style="list-style-type: none"> <li>▪ Tenant based</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tenant based</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tenant based</li> </ul>
Housing Relocation and Stabilization Services	<p>Financial Assistance</p> <ul style="list-style-type: none"> <li>▪ Rental application fees</li> <li>▪ Security deposits (up to 2 equivalent of 2 months' rent)</li> <li>▪ Last month's rent</li> <li>▪ Utility Deposits and payments (up to 24 months, including up to 6 months of arrears)</li> <li>▪ Moving costs</li> </ul> <p>Supportive Services</p> <ul style="list-style-type: none"> <li>▪ Housing Search and Placement</li> <li>▪ Housing Stability Case Management</li> <li>▪ Mediation</li> <li>▪ Legal services</li> <li>▪ Credit repair</li> <li>▪ Budgeting</li> <li>▪ Money Management</li> </ul> <p><i>ESG-CV Only</i></p> <ul style="list-style-type: none"> <li>▪ Landlord Incentives</li> </ul>	<p>Financial Assistance</p> <ul style="list-style-type: none"> <li>▪ Security deposits (up to 2 equivalent of 2 months' rent)</li> <li>▪ First and last month's rent</li> </ul> <p>Supportive Services</p> <ul style="list-style-type: none"> <li>▪ Case management</li> <li>▪ Child care</li> <li>▪ Educational services</li> <li>▪ Employment assistance and job training</li> <li>▪ Food</li> <li>▪ Housing search and counseling services, including mediation, credit repair, and payment of rental application fees</li> <li>▪ Legal services</li> <li>▪ Life skills training</li> <li>▪ Mental health services</li> <li>▪ Moving costs</li> <li>▪ Outpatient health</li> </ul>	<p>Financial Assistance</p> <ul style="list-style-type: none"> <li>▪ Rental application fees</li> <li>▪ Security deposits</li> <li>▪ Last month's rent</li> <li>▪ Utility Deposits and payments*, including utility arrears*</li> <li>▪ Moving costs</li> <li>▪ Pet deposits</li> </ul> <p>Supportive Services</p> <ul style="list-style-type: none"> <li>▪ Client direct services</li> <li>▪ Housing Search and Placement</li> <li>▪ Housing Stability Case Management</li> <li>▪ Self-sufficiency activities including education and training in such areas as personal finance and budgeting, job search and access to job training and literacy</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Volunteer Incentives</li> <li>▪ Hazard Pay</li> <li>▪ Training</li> </ul> <p>Note: Housing Stabilization Services are limited to 30 days under ESG</p>	<p>services</p> <ul style="list-style-type: none"> <li>▪ Outreach services</li> <li>▪ Substance abuse treatment</li> <li>▪ Transportation</li> <li>▪ Utility deposits</li> </ul>	<p>Other</p> <ul style="list-style-type: none"> <li>▪ Landlord engagement (such as incentives, communication, newsletters, etc.)</li> </ul>
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\*See EHA Manual for full details on eligible costs as it relates to utilities and arrears (limited).

## I. REFERENCES

[Homelessness Defined \(HUD\)](#)

[Defining Chronic Homelessness \(HUD\)](#)

[Documentation of Chronic Homelessness \(HUD\)](#)

[HEARTH Act \(HUD\)](#)

[CoC Interim Rule \(HUD\)](#)

[CoC Information Page \(HUD\)](#)

[VAWA \(HUD\)](#)

[Equal Access Final Rule \(HUD\)](#)

[Dimensions of Quality Supportive Housing \(CSH\)](#)

[Fair Housing Act \(HUD\)](#)

[City of Eugene](#)

[County Website](#)

[Oregon Housing and Community Services \(OHCS\)](#)

[State Manuals \(EHA, HTBA, ESG\)](#)

[RRH ESG vs. CoC Guide \(HUD\)](#)

[Motivational Interviewing Strategies and Techniques](#)

[FMR, Utility Allowances, and Income Levels](#)

[RRH Program Standards - NAEH](#)

[Additional Sample Forms \(NAEH\)](#)

## APPENDICES

### A. SAMPLE FORMS

[Habitability Inspection \(ESG/EHA\)](#)

[Housing Quality Inspection \(HQS\) \(CoC\)](#)

[Lead Based Paint Certification](#)

[Rent Reasonableness](#)



[Initial RRH Service Assessment](#)

[RRH Re-Certification Assessment](#)

[Rent Subsidy Calculation Form](#)

[Housing Stability and Rental Assistance Plan](#)

[Housing Preferences Form](#)

[Sample Client Budget](#)

[Sample Landlord/Program Agreement](#)

[RRH Landlord Closure Letter](#)

[RRH Client Closure Letter](#)

[Exit Planning Worksheet](#)

[Move On Process Checklist](#)

[Move On Matrix Assessment Tool](#)

[Move On Referral Form](#)

[Notice of Rights Under VAWA](#)

[Acknowledgement of Notice of Rights Under VAWA](#)

[Emergency Transfer Plan](#)

[Emergency Transfer Request Form](#)

## ESG MINIMUM HABITABILITY STANDARDS FOR EMERGENCY SHELTERS AND PERMANENT HOUSING: CHECKLISTS

### About this Tool

The Emergency Solutions Grants (ESG) Program Interim Rule establishes different habitability standards for emergency shelters and for permanent housing (the Rapid Re-housing and Homelessness Prevention components).

- **Emergency Shelter Standards.**
  - Emergency shelters that receive ESG funds for renovation or shelter operations must meet the minimum standards for safety, sanitation, and privacy provided in §576.403(b).
  - In addition, emergency shelters that receive ESG funds for renovation (conversion, major rehabilitation, or other renovation) also must meet state or local government safety and sanitation standards, as applicable.
- **Permanent Housing Standards.** The recipient or subrecipient cannot use ESG funds to help a program participant remain in or move into housing that does not meet the minimum habitability standards under §576.403(c). This restriction applies to all activities under the Homelessness Prevention and Rapid Re-housing components.

Recipients and subrecipients must document compliance with the applicable standards. Note that these checklists do not cover the requirements to comply with the Lead-Based Paint requirements at §576.403(a). For more discussion about how and when the standards apply, see *ESG Minimum Standards for Emergency Shelters and Permanent Housing*, located at <http://OneCPD.info/esg>.

The checklists below offer an optional format for documenting compliance with the appropriate standards. These are intended to:

1. Provide a clear summary of the requirements and an adaptable tool so recipients and subrecipients can formally assess their compliance with HUD requirements, identify and carry out corrective actions, and better prepare for monitoring visits by HUD staff.
2. Provide a tool for a recipient to monitor that its subrecipient is in compliance with HUD requirements. Where non-compliance is identified, the ESG recipient can use this information to require or assist the subrecipient to make necessary changes.

Prior to beginning the review, the subrecipient should organize relevant files and documents to help facilitate their review. For instance, this may include local or state inspection reports (fire-safety, food preparation, building/occupancy, etc.), or policy and procedure documents related to emergency shelter facility maintenance or renovations.

Carefully read each statement and indicate the shelter's or unit's status for each requirement (Approved or Deficient). Add any comments and corrective actions needed in the appropriate box. The reviewer should complete the information about the project, and sign and date the form. This template includes space for an "approving official," if the recipient or subrecipient has designated another authority to approve the review. When the assessment is complete, review it with program staff and develop an action plan for addressing any areas requiring corrective action.

## Minimum Standards for Emergency Shelters

**Instructions:** Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. A copy of this checklist should be placed in the shelter's files.

Approved	Deficient	<p style="text-align: center;"><b>Standard</b></p> <p style="text-align: center;"><i>(24 CFR part 576.403(b))</i></p>
		<p>1. <i>Structure and materials:</i></p> <ul style="list-style-type: none"> <li>a. The shelter building is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.</li> <li>b. Any renovation (including major rehabilitation and conversion) carried out with ESG assistance uses Energy Star and WaterSense products and appliances.</li> </ul>
		<p>2. <i>Access.</i> Where applicable, the shelter is accessible in accordance with:</p> <ul style="list-style-type: none"> <li>a. Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8;</li> <li>b. The Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and</li> <li>c. Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35.</li> </ul>
		<p>3. <i>Space and security:</i> Except where the shelter is intended for day use only, the shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.</p>
		<p>4. <i>Interior air quality:</i> Each room or space within the shelter has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.</p>
		<p>5. <i>Water Supply:</i> The shelter's water supply is free of contamination.</p>
		<p>6. <i>Sanitary Facilities:</i> Each program participant in the shelter has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.</p>
		<p>7. <i>Thermal environment:</i> The shelter has any necessary heating/cooling facilities in proper operating condition.</p>
		<p>8. <i>Illumination and electricity:</i></p> <ul style="list-style-type: none"> <li>a. The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety.</li> <li>b. There are sufficient electrical sources to permit the safe use of electrical appliances in the shelter.</li> </ul>
		<p>9. <i>Food preparation:</i> Food preparation areas, if any, contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.</p>
		<p>10. <i>Sanitary conditions:</i> The shelter is maintained in a sanitary condition.</p>
		<p>11. <i>Fire safety:</i></p> <ul style="list-style-type: none"> <li>a. There is at least one working smoke detector in each occupied unit of the shelter. Where possible, smoke detectors are located near sleeping areas.</li> <li>b. All public areas of the shelter have at least one working smoke detector.</li> <li>c. The fire alarm system is designed for hearing-impaired residents.</li> <li>d. There is a second means of exiting the building in the event of fire or other emergency.</li> </ul>
		<p>12. If ESG funds were used for renovation or conversion, the shelter meets state or local government safety and sanitation standards, as applicable.</p>
		<p>13. Meets additional recipient/subrecipient standards (if any).</p>

## CERTIFICATION STATEMENT

I certify that 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.

**COMMENTS:**

Property does not meet all of the above standards.

ESG Recipient Name: \_\_\_\_\_

ESG Subrecipient Name (if applicable): \_\_\_\_\_

Emergency Shelter Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Evaluator Signature: \_\_\_\_\_ Date of review: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Approving Official Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Approving Official Name (if applicable): \_\_\_\_\_

## MINIMUM STANDARDS FOR PERMANENT HOUSING

**Instructions:** Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved	Deficient	Standard <i>(24 CFR part 576.403(c))</i>
		1. <i>Structure and materials:</i> The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.
		2. <i>Space and security:</i> Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.
		3. <i>Interior air quality:</i> Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
		4. <i>Water Supply:</i> The water supply is free from contamination.
		5. <i>Sanitary Facilities:</i> Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
		6. <i>Thermal environment:</i> The housing has any necessary heating/cooling facilities in proper operating condition.
		7. <i>Illumination and electricity:</i> The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.
		8. <i>Food preparation:</i> All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
		9. <i>Sanitary condition:</i> The housing is maintained in sanitary condition.
		10. <i>Fire safety:</i> <ol style="list-style-type: none"> <li>a. There is a second means of exiting the building in the event of fire or other emergency.</li> <li>b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom.</li> <li>c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.</li> <li>d. The public areas are 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.</li> </ol>
		11. Meets additional recipient/subrecipient standards (if any).

**CERTIFICATION STATEMENT**

I certify that 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.

<p><b><u>COMMENTS:</u></b></p>
--------------------------------

ESG Recipient Name: \_\_\_\_\_

ESG Subrecipient Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

Apartment: \_\_\_\_\_

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

Evaluator Signature: \_\_\_\_\_ Date of review: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Approving Official Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Approving Official Name (if applicable): \_\_\_\_\_

## ESG AND COC LEAD SCREENING WORKSHEET

### About this Tool

The *Lead Screening Worksheet* is intended to guide agencies through the lead-based paint inspection process to ensure compliance with the rule. 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. Please see the *Lane County CoC Written Standards* for additional information.

### Instructions

To prevent lead-poisoning in young children, ESG and CoC assisted units must 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            Unit Number

City            State            Zip

Program Staff

### 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

## 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)

#### 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 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.
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.

**ATTACHMENT 1: LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION TEMPLATE**

I,           (PRINT NAME)          , 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           (property address and unit number)           on  
          (date of assessment)           .

- No problems with paint surfaces were identified in the unit or in the building’s common areas.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Client Name: \_\_\_\_\_

SP Client ID: \_\_\_\_\_

## RENT REASONABLENESS AND FMR CERTIFICATION

To verify that the rent for the unit you have selected is reasonable, find the address of other units in the neighborhood that are similar to the unit you have chosen. It must be the same type of unit and have the same number of bedrooms. Some ideas for places to look for comparable units include the local paper, the owner, your friends, and local real estate agents.

**The completed form must be in the client file to document rent reasonableness and FMR approval.**

	Selected Unit	Comparable Unit #1	Comparable Unit #2	Comparable Unit #3
<b>ADDRESS OF UNIT:</b>				
<b>TYPE OF UNIT/CONSTRUCTION:</b> (CHECK TYPE)	<input type="checkbox"/> APT. 1-4 FLOORS <input type="checkbox"/> APT. 5+FLOORS <input type="checkbox"/> DUPLEX/TOWNHOUSE <input type="checkbox"/> MANUFACTURED HOME <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> APT. 1-4 FLOORS <input type="checkbox"/> APT. 5+FLOORS <input type="checkbox"/> DUPLEX/TOWNHOUSE <input type="checkbox"/> MANUFACTURED HOME <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> APT. 1-4 FLOORS <input type="checkbox"/> APT. 5+FLOORS <input type="checkbox"/> DUPLEX/TOWNHOUSE <input type="checkbox"/> MANUFACTURED HOME <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> APT. 1-4 FLOORS <input type="checkbox"/> APT. 5+FLOORS <input type="checkbox"/> DUPLEX/TOWNHOUSE <input type="checkbox"/> MANUFACTURED HOME <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> OTHER: _____
<b># BEDROOMS:</b>				
<b>APPROXIMATE SQUARE FOOTAGE:</b>				
<b>GENERAL HOUSING CONDITION:</b>				
<b>LOCATION (I.E., NEAR SCHOOLS, BUS, PARK, ETC.):</b>				
<b>AMENITIES:</b> (CHECK <u>ALL</u> THAT APPLY)	<input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> GARBAGE DISPOSAL <input type="checkbox"/> DISHWASHER <input type="checkbox"/> WASHER/DRYER <input type="checkbox"/> CARPET <input type="checkbox"/> RECREATIONAL FACILITIES. <input type="checkbox"/> STORAGE AREAS <input type="checkbox"/> PARKING <input type="checkbox"/> MAINTENANCE SERVICE <input type="checkbox"/> HANDICAP ACCESSIBLE <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> GARBAGE DISPOSAL <input type="checkbox"/> DISHWASHER <input type="checkbox"/> WASHER/DRYER <input type="checkbox"/> CARPET <input type="checkbox"/> RECREATIONAL FACILITIES. <input type="checkbox"/> STORAGE AREAS <input type="checkbox"/> PARKING <input type="checkbox"/> MAINTENANCE SERVICE <input type="checkbox"/> HANDICAP ACCESSIBLE <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> GARBAGE DISPOSAL <input type="checkbox"/> DISHWASHER <input type="checkbox"/> WASHER/DRYER <input type="checkbox"/> CARPET <input type="checkbox"/> RECREATIONAL FACILITIES. <input type="checkbox"/> STORAGE AREAS <input type="checkbox"/> PARKING <input type="checkbox"/> MAINTENANCE SERVICE <input type="checkbox"/> HANDICAP ACCESSIBLE <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> GARBAGE DISPOSAL <input type="checkbox"/> DISHWASHER <input type="checkbox"/> WASHER/DRYER <input type="checkbox"/> CARPET <input type="checkbox"/> RECREATIONAL FACILITIES. <input type="checkbox"/> STORAGE AREAS <input type="checkbox"/> PARKING <input type="checkbox"/> MAINTENANCE SERVICE <input type="checkbox"/> HANDICAP ACCESSIBLE <input type="checkbox"/> OTHER: _____
<b>APPROXIMATE YEAR BUILT:</b>				
<b>UTILITIES(TYPE)</b>				
<b>UTILITIES INCLUDED?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>Selected Unit</b>	<b>Comparable Unit #1</b>	<b>Comparable Unit #2</b>	<b>Comparable Unit #3</b>

UNIT RENT				
UTILITY ALLOWANCE				
GROSS RENT				

## Certification

### A. Rent Reasonableness

_____	_____	_____
<b>PROPOSED CONTRACT RENT</b>	<b>+ UTILITY ALLOWANCE</b>	<b>= PROPOSED GROSS RENT</b>
_____	_____	_____
<b>AVERAGED COMP RENT</b>	<b>+ AVERAGED UTILITY ALLOWANCE</b>	<b>= AVERAGED GROSS RENT</b>

Based on a comparison with rents for comparable units, I have determined that the proposed gross rent

is  is not reasonable.

### B. Fair Market Rent

_____	_____	_____
<b>PROPOSED CONTRACT RENT</b>	<b>+ UTILITY ALLOWANCE</b>	<b>= PROPOSED GROSS RENT</b>
APPLICABLE FAIR MARKET RENT: \$ _____		
DOES PROPOSED GROSS RENT EXCEED FAIR MARKET RENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NAME OF PERSON COMPLETING THIS FORM:

SIGNATURE:

DATE:

TITLE:

AGENCY:

## RRH INITIAL SERVICE ASSESSMENT

*Prior to completing this form, ensure availability of documentation detailing income and housing status for the entire household.  
Use the guidelines below to confirm eligibility.  
Continue with assessment if household meets eligibility requirements.*

### RRH Eligibility Guidelines

Basic Entry Eligibility Requirements for all RRH households:

- Household must be literally homeless (HUD Category 1)
- Household must not have any other immediate housing options identified
- Household must not have any financial resources and support networks needed to obtain immediate housing
- Note – there is NO income requirement for RRH

Eligibility Verification

I certify that to the best of my knowledge and per the documentation presented, the household indicated on this form is eligible for the Rapid Re-Housing assistance type indicated below.

RRH Provider Initials: \_\_\_\_\_

### Assessment Information

Assessor's Name:	Date of Assessment: ____/____/____	<input type="checkbox"/> Individual <input type="checkbox"/> Family	Re- Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------	---------------------------------------	--	--

### Enrollment

Is this household being enrolled in RRH?

Yes  No

If household is NOT enrolled:

Head of Household HMIS ID:

Head of Household Name:

Reason for non-enrollment:

- Ineligible due to housing status (please explain): \_\_\_\_\_
- Ineligible due to other reason (please explain): \_\_\_\_\_
- Participant declines to participate (please explain): \_\_\_\_\_
- Other: \_\_\_\_\_

If not enrolled, which referrals were given? Mark all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> SNAP                              | <input type="checkbox"/> TANF                     |
| <input type="checkbox"/> Food Pantry/Food Boxes/Meal Sites | <input type="checkbox"/> Unemployment Benefits    |
| <input type="checkbox"/> Shelter/Alternative Shelter       | <input type="checkbox"/> Mental/Behavioral Health |
| <input type="checkbox"/> Employment/Workforce Development  | <input type="checkbox"/> Other (please specify)   |

### Head of Household (HoH) Basic Information

First Name:	Middle Name:	Last Name:
Suffix:	HMIS ID:	
Date of Birth: ___/___/_____	Last Four SSN:	

### Household Composition

Full Name	Relationship to HoH	Date of Birth

### Scoring for Service Level Recommendation

#### A. INCOME/EMPLOYMENT POTENTIAL

#### 1. Hours of Employment

a. Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many hours did you work last week?	_____ Hours
b. Is another adult member of your household employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many hours did he/she/they work last week?	_____ Hours
c. How many total hours did the working adults work last week? Select appropriate score.	<input type="checkbox"/> Not employed/0 hours= 0 <input type="checkbox"/> 1-19 hours =1 <input type="checkbox"/> 20-29 hours =3 <input type="checkbox"/> 30+ hours= 5

ENTER SCORE

#### 2. Type of Employment

a. If currently employed, is your work seasonal, temporary or permanent?	<input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
b. If another adult household member is currently employed, is this seasonal, temporary, or permanent work?	<input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> N/A
c. Based on answers to the two previous questions, select the appropriate score.	<input type="checkbox"/> No adults working = 0 <input type="checkbox"/> One adult has temporary or seasonal work = 1 <input type="checkbox"/> 2 adults have temporary or seasonal work = 3 <input type="checkbox"/> At least one adult has permanent work = 5

ENTER SCORE

#### 3. Employment History

<p>a. When did you last have employment that lasted longer than 30 days?</p>	<p><input type="checkbox"/> Never employed  <input type="checkbox"/> More than 2 years ago  <input type="checkbox"/> Within past 2 years  <input type="checkbox"/> Within past year  <input type="checkbox"/> Currently employed</p>
<p>b. When did another adult household member most recently have employment that lasted more than 30 days?</p>	<p><input type="checkbox"/> Does not apply  <input type="checkbox"/> Never employed  <input type="checkbox"/> More than 2 years ago  <input type="checkbox"/> Within past 2 years  <input type="checkbox"/> Within past year  <input type="checkbox"/> Currently employed</p>
<p>c. Based on answers to the two previous questions, select the appropriate score.</p>	<p><input type="checkbox"/> No adults ever employed =0  <input type="checkbox"/> At least one adult employed more than 2 years ago =1  <input type="checkbox"/> At least one adult employed within past 2 years =2  <input type="checkbox"/> At least one adult employed within past 1 year =3  <input type="checkbox"/> Some adults currently employed =4  <input type="checkbox"/> All adults currently employed =5</p>
<p><b>ENTER SCORE</b></p>	
<p><b>4. Current Education Activity and Education History</b></p>	
<p>a. Are you in school now, a job training program or working toward any degree or certificate?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. Is another adult household member in school now or working on any degree or certificate?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>c. Do you or another adult household member have a high school diploma or GED?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>d. If yes to either of the above questions, when will schooling be complete? Check appropriate score.</p>	<p><input type="checkbox"/> No = 0  <input type="checkbox"/> More than 6 months = 0  <input type="checkbox"/> 3-6 months =1  <input type="checkbox"/> Less than 3 months = 2  <input type="checkbox"/> At least one adult household member has high school diploma or GED = 3</p>
<p><b>ENTER SCORE</b></p>	
<p><b>5. Non-employment Income Sources</b></p>	
<p>a. Does any member of your household have another permanent source of income (such as Social Security, SSI, Veteran's benefits, pension) or time-limited source of income (unemployment benefits, TANF, short-term disability, child support)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>



b. Based on answer above, check appropriate score.

- N/A = 0
- Time-limited source =2
- Permanent source =5

ENTER SCORE

EMPLOYMENT/INCOME POTENTIAL SUBTOTAL SCORE (Sum of scores for question sets 1-5 in Section A)

**B. FINANCIAL STATUS**

**1. Household income**

a. Total gross household monthly income, including overtime (include all adult household members) \$

b. Total gross household annual income (include all adult household members) \$

c. Using Chart A below, enter 100% AMI (Annual) for appropriate household size \$

d. Determine the percentage Area Median Income (AMI) by dividing b: total gross household annual income by c: 100% AMI (Annual). Then, multiply by 100. \_\_\_\_\_%

e. Based on answer above, check appropriate score.

- No income = 0
- 0-15% AMI =1
- 16-30% AMI =3
- 31-49% AMI =5
- 50% or more AMI =6

ENTER SCORE

**Chart A. Area Median Income (AMI) Amounts for Various Household Sizes**

Income limits are based on the Eugene/Springfield/Lane County, OR HUD Metro FMR Area (HMFA) median family income. Standards are updated on an annual basis. Check the website <https://www.huduser.gov> for current information.

Household Size	100% AMI (Use for determining % AMI)		30% AMI (ESG Income Limit at Recertification)	
	Monthly	Annual	Monthly	Annual
1	\$4,083	\$49,000	\$1,225	\$14,700
2	\$4,666	\$56,000	\$1,437	\$17,240
3	\$5,250	\$63,000	\$1,810	\$21,720
4	\$5,833	\$70,000	\$2,183	\$26,200
5	\$6,300	\$75,600	\$2,557	\$30,680
6	\$6,767	\$81,200	\$2,930	\$35,160
7	\$7,400	\$88,800	\$3,303	\$39,640
8	\$7,700	\$92,400	\$3,677	\$44,120

**2. Income to Rent Ratio**

a. What is the minimum unit size needed for your household?

b. What is the Fair Market Rent for the minimum unit size needed for your household? (See Chart B below)

c. Calculate the rent to income ratio. (Minimum unit FMR divided by Monthly Household Income (cash only)) x 100 = ratio %

d. Based on answer above, select the appropriate score.

- Rent is greater than 120% of income = 0
- Rent is between 101-120% of income =1
- Rent is between 75-100% of income =2
- Rent is between 51 - 74% of income =4
- Rent is less than 50% of income =5

ENTER SCORE

Chart B. 2021 Eugene/Springfield/Lane County Fair Market Rent (FMR) Standards for Unit Sizes  
FMR Standards are updated on an annual basis. Check [www.huduser.gov](http://www.huduser.gov) for current standards.

Unit Size	Studio	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FMR	\$792	\$917	\$1201	\$1719	\$2,048

### 3. Household Debt

a. How much does your household currently owe in outstanding bills including utilities? \$

b. Based on answer above, select the appropriate score.

- More than \$1000 = 0
- \$1-999 =3
- \$0 =5

ENTER SCORE

FINANCIAL STATUS SUBTOTAL SCORE (Sum of all scores for question sets 1-3 in Section B)

## C. Housing and Legal History

### 1. Eviction History

a. How many evictions has any adult household member had within the past 5 years?

b. Based on answer above, select the appropriate score.

- 2 or more in past 5 years = 0
- 1 eviction in past 5 years =3
- No eviction history =5

ENTER SCORE

### 2. Rental/Mortgage History

Which of the following best describes your rental or mortgage history?

- No adult member previously held a lease or had other tenancy = 0
- At least one adult member has lived in another housing setting that can provide a reference =2
- At least one adult member has held a lease or mortgage for less than 2 years =3
- At least one adult member has held a lease or mortgage in the past for more than 2 years =5

ENTER SCORE

### 3. Episodes of Homelessness

a. How much of the last year have you been homeless or doubled up, without permanent housing?

\_\_\_ days  
\_\_\_ weeks  
\_\_\_ months  
\_\_\_ years

b. How many times in the last 3 years have you been homeless, without permanent housing?

- 4 or more times in the last 3 years = 0
- Homeless for a full year =0
- Homeless 2-3 times in last 3 years =1
- Current episode is first in the last 3 years =3

ENTER SCORE

### 4. Housing Barriers

a. Do any of the following apply to your household?

- Lack of reliable or affordable transportation
- Lack of reliable/affordable child care
- Large, ongoing out of pocket medical expenses
- Wages garnished by child support, overpayment, or other

b. Based on answers above, select score.

- Four or more barriers = 0
- Three barriers = 1
- Two barriers = 2
- Zero to one barriers = 3

ENTER SCORE

### 5. Legal History

What is your current involvement with the criminal justice system?

- Current outstanding criminal warrant, arson conviction or registered sex offender= 0
- Currently on parole or probation for serious crimes against persons or property (felony) =1
- Felony conviction within the past five years; not on parole or probation =2
- Felony conviction more than 5 years ago; not on parole or probation = 3
- No felony record; minor criminal violations; not on parole or probation =4
- No criminal history = 5

ENTER SCORE

**HOUSING AND LEGAL HISTORY SUBTOTAL SCORE** (Sum of all scores for questions sets 1-5 in Section C)

## Total Scoring

Assessment Area	Score
A. Employment/Income Potential Subtotal	
B. Financial Status Subtotal	
C. Housing and Legal History Subtotal	

### TOTAL ASSESSMENT SCORE

### SERVICE RECOMMENDATION GUIDE

Points Range	Level of Assistance	Service Recommendation Based on Score
45 - 60	<u>One</u>	Recommended for initial one to three-month rental assistance and/or deposit. Likely to require a total of 3-6 months of minimal supportive services and no additional rental assistance.
35 - 44	<u>Two</u>	Recommended for initial three- month rental assistance and/or deposit. Likely to require a total of 6-9 months of financial assistance and 12 months of moderate supportive services.
25 - 34	<u>Three</u>	Recommended for initial three- month rental assistance and/or deposit. Likely to require a total of 9-12 months of financial assistance and 12-18 months of intensive supportive services.
0-24	<u>Four</u>	Recommended for initial three-month rental assistance and/or deposit. Likely to require a total of 12-18 months of financial assistance and 18-24 months of intensive supportive services.
0-60 with income above 50% AMI	<u>Housing Location/supportive services only</u>	Recommended for housing location and case management services only, with possibility of initial start-up housing financial assistance (Barrier Busters).

### Initial Determination of Assistance

- Level Four assistance and initial three-month rental assistance and/or deposit.  
Likely to require a total of 12-18 months of financial assistance and at least 12 months of intensive supportive services.
- Level Three assistance and initial three-month rental assistance and/or deposit.  
Likely to require 9-12 months of financial assistance and at least 12 months of intensive supportive services.
- Level Two assistance and initial three-month rental assistance and/or deposit.  
Likely to require 6-9 months of financial assistance and up to 12 months of moderate supportive services.
- Level One assistance and initial one to three-month rental assistance and/or deposit.  
Likely to require up to 6 months of minimal supportive services.
- Housing location and supportive services only, with possibility of initial start-up housing financial assistance (Barrier Busters).

Did Initial Determination of Assistance differ from Service Level indicated by score? If yes, please explain:

### Verification of Information and Understanding

My signature below verifies that:

- The information I have given is correct to the best of my knowledge.
- I understand that this information will become part of my case record.
- I understand that a recommendation for assistance is dependent upon confirmation of eligibility.
- I understand that this service recommendation does not indicate or guarantee that level of assistance and is only an initial determination.

\_\_\_\_\_  
Head of household signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff signature

\_\_\_\_\_  
Date

If eligible for assistance, proceed to enter information into HMIS.

## RRH RECERTIFICATION ASSESSMENT

*Prior to completing this form, confirm current household composition, housing status, and income. Ensure income documentation is available.*

### Assessment Information

Assessor's Name:

Date of Assessment:

\_\_\_\_/\_\_\_\_/\_\_\_\_

### Type of Recertification:

- 3-month Recertification       6-month Recertification       9-month Recertification  
 12-month Recertification       15-month Recertification       18-month Recertification\*  
 21-month (FINAL) Recertification\*\*

\*Note: Approval is needed to continue assistance beyond 18 months

\*\*Households may not be recertified beyond 21 months (max 24 months assistance)

### 1. Household Information

Head of Household Name

HMIS ID

Reassessment Date (mm/dd/yyyy)

### 2. Service Level and Duration

a. What level of assistance is the household currently receiving from the Rapid Re-housing Program?

- Rental assistance with case management  
 Housing stabilization case management services only (no financial assistance)

b. How many total months of services has the household received to date? (counting from Entry date to current date, and including all episodes of RRH assistance, even if discontinuous)

\_\_\_\_\_ months of financial assistance

**Note:** Count all periods of Housing Stabilization enrollment, not just financial assistance. If the household has already received 21 months of financial assistance, consider when 24 months of financial assistance will occur and schedule a Transition Plan appointment with the Household now. Make certain no additional payments are provided beyond the 24th month of financial assistance.

**STOP:** If the household has received 24 months of financial assistance, stop here. The household is not eligible for financial assistance. Record the determination below and at end of this form. Complete all Rapid Re-housing Program exit documentation for all adults in the household.

**Ineligible for further financial assistance due to maximum assistance time limit.**

**3. Household**

a. Has household address or phone number changed?  No change in address or phone number.  Address and/or phone number has changed. New information below.

Current Street Address

City, State, Zip code

Phone number

Email address

b. Has the household composition changed since the last assessment? If no, skip to Question 4.  Yes  No

How many people are in the household?

How many are ADULTS in the household?

How many are CHILDREN under the age of 18 are currently living in this household?

**Note:** If Household increased, complete Intake for new member, modify Household as needed, and add Program Entry in HMIS. If Household decreased, complete the Exit form for the member who exited. Enter all changes into HMIS.

a. Total gross household monthly income, including overtime (include all adult household members) \$

b. Total gross household annual income (include all household members) \$

c. Using Chart A below, enter 100% AMI (Annual) for appropriate household size \$

d. Determine the percentage Area Median Income (AMI) by dividing b: total gross household annual income by c: 100% AMI (Annual). Then, multiply by 100. \_\_\_\_\_%

e. Based on answer above, check appropriate box.  No income  0-15% AMI  15-30% AMI  31-50% AMI  51-80% AMI

100% AMI (Use for determining % AMI)		30% AMI (ESG Income Limit at Recertification)	
Monthly	Annual	Monthly	Annual
\$4,083	\$49,000	\$1,225	\$14,700
\$4,666	\$56,000	\$1,437	\$17,240
\$5,250	\$63,000	\$1,810	\$21,720
\$5,833	\$70,000	\$2,183	\$26,200
\$6,300	\$75,600	\$2,557	\$30,680

\$6,767	\$81,200	\$2,930	\$35,160
\$7,400	\$88,800	\$3,303	\$39,640
\$7,700	\$92,400	\$3,677	\$44,120

FOR ESG: If household income is greater than 30% of AMI, **STOP** here. The household is no longer eligible for services or financial assistance. Record the determination at end of form and complete the exit process for all adults.

Ineligible for further financial assistance due to AMI greater than 30%.

### 5. Income to Rent Ratio

a. What is the household's total monthly market rate rent?

b. What was the household's most recent subsidy amount?

c. Total tenant share of rent (Subtract b from a)

d. Tenant percentage of rent (c/a x 100)

e. Calculate the rent to income ratio. (Total Monthly Rent divide by Monthly Household Income (cash only) x 100 = ratio %

f. Based on answer to question 5e, select the appropriate box.

Rent is greater than 80% of income  
 Rent is between 65-80% of income  
 Rent is between 50-64% of income  
 Rent is less than 50% of income

**STOP:** If household rent to income ratio is 50% or less, stop here. The client is no longer eligible for financial assistance. Record the determination on Page 9 of this form and complete the exit process for the household.

### 6. Income Source and Amount Changes

Have you had any changes since the last assessment to your last 30-day/monthly income amount or source?  Yes  No  
 If yes, note changes to amounts and sources in chart below.

#### HoH Monthly Income Information

Did you receive income from any source in the last 30 days?  Yes  No  
 If yes, please complete income information below.

Source	Monthly Amount	Start Date (day/month/year)
Alimony or spousal support	\$	
Child Support	\$	
Earned Income (Employment)	\$	
General Assistance (GA)	\$	



Pension from a former job	\$	
Private Disability Insurance	\$	
Retirement income from Social Security	\$	
Social Security Disability Income (SSDI)	\$	
Supplemental Security Income or SSI	\$	
Temporary Assistance for Needy Families (TANF)	\$	
Unemployment Insurance	\$	
Veteran's disability payment	\$	
Veteran's pension	\$	
Worker's compensation	\$	
Other source	\$	

Has any other household member (adult or child) had any changes since the last assessment to the last 30-day/monthly-income amount or source?  Yes  No  Does not apply  
If "Yes", complete the Income information below.

#### Other Household Members Monthly Income Information

Name of person with income change

HMIS ID

Did you receive income from any source in the last 30 days?  Yes  No

If yes, please complete chart below.

Source	Monthly Amount	Start Date (day/month/year)
Alimony or spousal support	\$	
Child Support	\$	
Earned Income (Employment)	\$	
General Assistance (GA)	\$	
Pension from a former job	\$	
Private Disability Insurance	\$	
Retirement income from Social Security	\$	
Social Security Disability Income (SSDI)	\$	
Supplemental Security Income or SSI	\$	
Temporary Assistance for Needy Families (TANF)	\$	
Unemployment Insurance	\$	
Veteran's disability payment	\$	

<b>Veteran's pension</b>	\$	
<b>Worker's compensation</b>	\$	
<b>Other source</b>	\$	

I certify that income has been verified and documentation on file for all household members.

RRH Provider Initials: \_\_\_\_\_

**7. Non-cash Benefit Changes**

**Have you had any changes since the last assessment to your last 30-day/monthly non-cash benefits amount or source?**

Yes  No

If yes, note changes to amounts and sources in chart below.

**HoH Non – Cash Benefit Update Information**

**Did you receive non-cash benefit income from any source in the last 30 days?**  Yes  No

If yes, please complete chart below.

Source	Start date (day/month/year)	Amount, if applicable
Supplemental Nutrition Assistance Program (SNAP/Food Stamps)		
Special Supplemental Nutrition Program for WIC		
TANF Child Care Services		
TANF Transportation Services		
Other TANF-Funded Services		

**Did any other household member have a change in non-cash benefits in the last 30 days?**

Yes  No  Does not apply

If yes, report changes and start date in chart below.

**Non – Cash Benefit Update Information – Other Household Members**

Name of person with income change

HMIS ID

**Did this household member receive non-cash benefits from any source in the last 30 days?**  Yes  No

If yes, please complete chart below.

Source	Start date (day/month/year)	Amount, if applicable
Supplemental Nutrition Assistance Program (SNAP/Food Stamps)		

Special Supplemental Nutrition Program for WIC	
TANF Child Care Services	
TANF Transportation Services	
Other TANF-Funded Services	
Other source: _____	

### 8. Health Insurance Changes

Have you had any changes since the last assessment to your health insurance coverage?  Yes  No  
 If yes, note changes to amounts and sources in chart below.

#### Head of Household Health Insurance Update Information

Did you receive health insurance from any source in the last 30 days?  Yes  No  
 If yes, please complete chart below.

Source	Start date (day/month/year)
MEDICAID/OHP	
MEDICARE	
State Children's Health Insurance Program	
Veteran's Administration (VA) Medical Services	
Employer-Provided Health Insurance	
Health Insurance obtained through COBRA	
Private Pay Health Insurance	
Indian Health Services Program	
Other:	

Did any other household member have a change in health insurance coverage in the last 30 days?  
 Yes  No  Does not apply  
 If yes, report changes and start date in chart below.

#### Health Insurance Update Information – Other Household Members

Name of person with health insurance change	
HMIS ID	
Did you receive income from any source in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete chart below.	
Source	Start date (day/month/year)
MEDICAID/OHP	
MEDICARE	
State Children's Health Insurance Program	
Veteran's Administration (VA) Medical Services	
Employer-Provided Health Insurance	
Health Insurance obtained through COBRA	
Private Pay Health Insurance	
Indian Health Services Program	
Other:	

### 9. Other Housing and Financial Support Options

- a. Have you identified other appropriate housing options (affordable to you and available as needed)?  Yes  No
- b. Does your household have the financial resources and support networks needed to retain permanent housing or to obtain temporary or permanent housing?  Yes  No

Please summarize result of above questions below. If the case manager marked yes to either of the first two questions in this section, please explain below and determine continued eligibility

### 10. Housing Stabilization Plan Goals

- a. This household's housing stabilization goals are:  Achieved  In progress  Not making adequate progress
- b. This household's employment or income goals are:  Achieved  In progress  Not making adequate progress
- c. This household's education goals are:  Achieved  In progress  Not making adequate progress  Does Not Apply
- d. This household's other stability goals are:  Achieved  In progress  Not making adequate progress  Does Not Apply

**STOP:** If the household has achieved and completed all goals of the Housing Stability plan, stop here. They are no longer in need of the RRH Program and should be exited. Record the determination at end of form. Complete exit process for all adults.

- Based on the household's progress on the Housing Stability plan, select appropriate answer:
- Housing Stability plan fully achieved; household to be exited.
  - Previous plan continues in effect.
  - Revised plan developed and agreed to with Head of Household; copy in file.

Assess other factors to take into consideration to determine continued eligibility and need for financial assistance (i.e. qualifying incident such as loss of job, job pending, medical issue that may be resolved, etc. within recertification timeframe) **Summary of Assessment:**

## Certification

By signing below, I certify that the above information is true and represents a true and complete accounting of my household situation.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

Eligibility Re-determination	
<input type="checkbox"/>	Household is eligible for up to an additional _____ months <b>financial assistance</b> . (Note: after initial 3 months, households may only be recertified for an additional three months of assistance at one time).
<input type="checkbox"/>	Household is eligible for up to an additional _____ months of <b>housing stability services</b> but no longer eligible for or needing financial assistance. Indicate additional months of case management assistance.
<input type="checkbox"/>	Household is no longer eligible for financial assistance and housing stabilization case management services. (Complete all Exit documentation)
If eligible for ongoing case management and/or financial assistance:	
<b>New Subsidy Start Date:</b>	
<b>Next reassessment due on:</b>	

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## Eligibility Determination Notification

After the decision of re-determination of eligibility, I have been notified that I am:

- No longer eligible for financial assistance
- Eligible for financial assistance for up to \_\_\_\_\_ months, consistent with the other terms of my participation agreement.

Additionally, I understand that although this recertification establishes my household as eligible for \_\_\_\_\_ additional months of financial assistance and services based on income and other assessed factors, any ongoing monthly financial assistance will be determined on a month-by-month basis.

Head of Household Signature

Date

Alternative Notification: Letter mailed to HoH on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date) (Copy in file)

## HOUSING STABILITY AND RENTAL ASSISTANCE PLAN

This Housing Stability and Rental Assistance Plan must be completed after eligibility is determined to develop a plan for gaining stability in permanent housing. The plan should be reviewed during monthly case management with the Participant and should be completed in conjunction with the Self-Sufficiency Outcomes Matrix (SSOM); the SSOM should be completed in ServicePoint.

Participant Name:

HMIS ID:

Entry Date:

Plan Date:

Pre-Housing Plan    Initial Plan    Recert. Plan ( \_\_\_ month): # of months RA received: \_\_\_\_\_

Exit/Transition Plan

### BARRIERS TO OBTAINING PERMANENT HOUSING AND HOUSING STABILITY GOALS

#### Assessment Domains

**Step 1:** Referring to the Initial RRH Service Assessment, indicate the areas below that the participant has identified as barriers to housing:

	Employment/Income		Mental Health, Health
	Legal/Criminal History		Substance Use
	Sex Offense History or Arson Offense History		Safety
	Arrears/Debt/Credit History		ID/Documentation
	Lack of Rental History		Other:
	Eviction History		Other:

#### Description of Goals to Achieving Housing Stability

**Step 2:** For each selected barrier, describe the Participant's goals to achieving housing stability. The goals should be achievable and specifically address the identified barrier(s) to stable housing. The Pre-Housing plan should focus primarily on barriers to *obtaining* housing, while ongoing plans should address barriers to *maintaining* stability in housing.

<b>GOAL 1</b>	
<b>GOAL 2</b>	
<b>GOAL 3</b>	
<b>Action Steps</b>	
<b>Step 3:</b> List specific, targeted Action Steps to achieving the identified goal(s) with estimated Dates of Completion. Both the Participant and the Case Manager are able to outline Action Steps.	
Tasks to be completed by the Participant:	Date for Completion:
<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	
Tasks to be completed by the Case Manager	Date for Completion:
<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	

**Financial Assistance**

**Step 4:** Based upon the assessment of strengths, needs, and barriers to stable housing, determine the minimum level of financial assistance to be provided.

**Rental Assistance Plan**

	Month:	Month:	Month:
Agency Portion (Subsidy)			
Participant Portion			

**Plan for When Subsidy Ends**

**Step 5:** Describe the Participant’s specific plan for when the subsidy ends.

*I have identified the above Housing Goal(s) and Actions Step(s) and agree to the Plan developed to achieve housing stability. I understand that I am to work toward completing the Action Step(s) identified in this Plan and participate in at least monthly case management to address any barriers. I understand that the Rental Assistance provided through RRH is temporary and I should be actively planning for when assistance ends.*

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**



## HOUSING PREFERENCES FORM

Before the participant(s) begin(s) their housing search, they should carefully think through the features of an apartment, building, and neighborhood that are most important to them. Have your participant(s) use this worksheet to help them determine the features they must have, those they would prefer, and those they can live without. Once they have made these decisions, they will be able to conduct a more targeted housing search.

Apartment	I Must Have	I Would Prefer	I Could Do Without
One bedroom (as opposed to an efficiency)			
More than one bedroom			
Furnished unit			
Washer and dryer in unit			
Dishwasher			
Air conditioning			
Utilities included			
Closets and storage			
One level (no stairs)			
Private apartment (versus renting room in shared house)			
Private bathroom			
Other:			
Other:			

<b>Building</b>	<b>I Must Have</b>	<b>I Would Prefer</b>	<b>I Could Do Without</b>
Specific type of building (single family, duplex, multifamily)			
Secured entrance			
On-site laundry facilities			
Yard/playground			
Off-street parking			
Handicap accessibility			
Elevator			
Pets allowed			
Storage space			
On quiet street			
Other:			
Other:			

<b>Neighborhood</b>	<b>I Must Have</b>	<b>I Would Prefer</b>	<b>I Could Do Without</b>
Near public transportation			
Near major roads/highways			

Neighborhood	I Must Have	I Would Prefer	I Could Do Without
Near schools/daycare			
Near work			
Near healthcare and supportive services			
Near parks/play areas/public library			
Near family/friends			
Near grocery store & shopping			
Near religious and recreation facilities			
Safe			
Children can play outside			
Quiet			
Other:			
Other:			

City/Neighborhood	I Must Have	I Would Prefer	Not Interested
Eugene			
Springfield			

City/Neighborhood	I Must Have	I Would Prefer	Not Interested
Junction City			
Creswell			
Cottage Grove			
Veneta			
Florence			
Oakridge			

**Do you have any other preferences/requirements not listed above? Please note anything else that would be helpful to understand about your housing search.**

**SAMPLE LETTER OF AGREEMENT**

This Letter of Agreement is entered into between \_\_\_\_\_ (“Agency”) and \_\_\_\_\_ (“Owner”).

The purpose of this Agreement is to assist the Household identified in Section I below to lease a decent, safe, and sanitary dwelling unit from Owner. Agency will make rental assistance payments to the Owner on behalf of Household in accordance with this Agreement.

**I. Dwelling Unit and Household**

This Agreement applies only to the Household and Dwelling Unit designated below. Owner has leased the Dwelling Unit to the Household through a separate and distinct lease agreement.

**Dwelling Unit Address** (“Unit”) \_\_\_\_\_

**Head of Household** \_\_\_\_\_

**II. Term of Agreement**

The term of this Agreement shall begin on \_\_\_\_\_ and shall end upon 30 days written notice from Agency.

**III. Rental Assistance Payment**

The Agency agrees to pay a portion, as determined and calculated by the Agency, of the Unit rent. This amount is subject to change at any time during the term of this Agreement. Any portion of the rent that is paid by Agency will be paid to Owner on or about the first day of the month for which the Unit rent is due. The rental assistance payment is equal to the difference between the Unit rent and the rent paid by the Household; at no time shall the rent paid by the Household and the rental assistance payment exceed the Unit rent. The Agency assumes no obligation for the Unit rent, or payment of any claim by the Owner against the Household, for damages or other amounts owed to the Owner.

**IV. Notification to the Agency**

During the term of this Agreement, Owner agrees to provide Agency with a copy of the following:

- A. Amendments to the lease agreement between the Owner and the Household, including but not limited to, changes in rent, utilities, ownership or mailing address; and
- B. Notices to the Household, including but not limited to, notices to comply, terminations of tenancy, or eviction.

**Agency**

**Landlord/Owner**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## HOUSEHOLD BUDGET

Client Name/ID: \_\_\_\_\_ Date: \_\_\_\_\_

CATEGORY	MONTHLY BUDGET	MONTHLY ACTUAL	DIFFERENCE	NOTE
<b>INCOME</b>				
Wages (incl. tips, bonuses, etc.)				
SNAP				
TANF				
Unemployment				
SSI/SSDI				
Child Support				
Other				
<b>HOUSING EXPENSES</b>				
Rent				
Electric/Gas				
Cable/Internet				
W/S/T				
Phone				
Other				
<b>FOOD</b>				
Groceries				
Dining Out				
<b>FAMILY</b>				
Child Support				
Child Care Expenses				

**SAMPLE BUDGET**

<b>CATEGORY</b>	<b>MONTHLY BUDGET</b>	<b>MONTHLY ACTUAL</b>	<b>DIFFERENCE</b>	<b>NOTE</b>
Child School Expense				
Other				
<b>HEALTH/MEDICAL</b>				
Insurance (Medical, Dental, Vision)				
Out of Pocket Medical Expenses (Copays, other)				
Prescriptions				
Fitness/Gym				
Other				
<b>TRANSPORTATION</b>				
Car Payment				
Car Insurance				
Gas/Fuel				
Repairs/Maintenance				
Public Transit				
<b>DEBTS/PAYMENTS</b>				
Student Loans				
Credit Card Payment				
Past Due Bills				
Fines, Fees, etc.				
Other Debts				
<b>ENTERTAINMENT/RECREATION</b>				
Entertainment (e.g. movies, bowling, etc.)				

**SAMPLE BUDGET**

<b>CATEGORY</b>	<b>MONTHLY BUDGET</b>	<b>MONTHLY ACTUAL</b>	<b>DIFFERENCE</b>	<b>NOTE</b>
<b>Computer, Video Games, etc.</b>				
<b>Hobbies</b>				
<b>Travel/Vacation</b>				
<b>Subscriptions, Dues</b>				
<b>PETS/SERVICE ANIMAL</b>				
<b>Pet Food</b>				
<b>Vet Bills, Grooming</b>				
<b>Other (Toys, Supplies etc.)</b>				
<b>CLOTHING/SHOPPING</b>				
<b>Clothing Purchase</b>				
<b>Other Purchases</b>				
<b>Laundry</b>				
<b>SAVINGS</b>				
<b>Savings</b>				
<b>MISCELLANEOUS</b>				
<b>Toiletries, Household Items</b>				
<b>Gifts/Donations</b>				
<b>Personal Care (Hair, Makeup, Nails, etc.)</b>				
<b>Cigarettes</b>				
<b>Alcohol/Substances</b>				
<b>Other Misc.</b>				
<b>Other Misc.</b>				



## SAMPLE BUDGET

	ESTIMATED	ACTUAL	DIFFERENCE	NOTES
TOTAL EXPENSES				
TOTAL INCOME				
BALANCE (TOTAL INCOME MINUS EXPENSES)				

### ACTIONS OR GOALS

**[AGENCY LETTERHEAD]**

**DATE**

**Client Name**

**Client Address**

**Dear CLIENT NAME,**

**This letter is to inform you that you have successfully completed our Rapid Re-Housing program. Effective DATE, you will be exited out of the program and will no longer be receiving a rent subsidy. This determination was made after consideration of the following factor(s):**

- **Goals identified on your Household Stability Plan accomplished**
- **No longer in need of rental assistance**

**Thank you for participating in this program. During your time enrolled, you have received X months of financial assistance and x months of case management. It is our hope that we have provided you with the tools you need to be successful in maintaining your housing. However, we have also connected you to the following community resources which can continue to assist you:**

- **Community Service Center (example)**

**If you have any questions, or need further assistance with your housing in the future, please do not hesitate to contact me at PHONE NUMBER AND/OR EMAIL**

**Best Regards,**

**CASE MANAGER**

**TITLE**

**CONTACT INFO**

**ATTACH: Additional Referrals and Information**

**[AGENCY LETTERHEAD]**

**DATE**

**LANDLORD NAME**

**ADDRESS**

**Dear LANDLORD,**

**This letter is to inform you that CLIENT NAME's participation in the AGENCY/PROGRAM NAME Rapid-Rehousing Program will be coming to a close on DATE. As such, payments on behalf of CLIENT NAME will not be made beyond that date.**

**Thank you for your participation in this program and helping us achieve safe and sustainable housing for our clients. We value our relationship with you and hope to continue working with you in the future. If you have any questions, please do not hesitate to contact me at PHONE or EMAIL**

**Best Regards,**

**CASE MANAGER**

**TITLE**

**Continuum of Care, Emergency Solutions Grant and Home Tenant Based Assistance Housing Providers**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>11</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>12</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Continuum of Care (CoC), Emergency Solutions Grant (ESG), and Home Tenant Based Assistance (Home TBA) housing providers (HPs), referred to as HPs throughout this document, are in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under CoC, ESG, and Home TBA housing providers you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under CoC, ESG, and Home TBA housing providers you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under CoC, ESG, and Home TBA housing providers solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

**Removing the Abuser or Perpetrator from the Household**

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<sup>11</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>12</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

## NOTICE OF RIGHTS UNDER VAWA

HPs may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HPs choose to remove the abuser or perpetrator, HPs may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HPs must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HPs must follow Federal, State, and local eviction procedures. In order to divide a lease, HPs may, but are not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, HPs may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HPs may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HPs will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HPs' emergency transfer plan provides further information on emergency transfers, and HPs must make a copy of its emergency transfer plan available to you if you ask to see it.

## NOTICE OF RIGHTS UNDER VAWA

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

HPs can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HPs must be in writing, and HPs must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HPs may, but do not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HPs as documentation. It is your choice which of the following to submit if HPs ask you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HPs with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HPs have agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HPs do not have to provide you with the protections contained in this notice.

If HPs receive conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HPs have the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HPs do not have to provide you with the protections contained in this notice.

### **Confidentiality**

HPs must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

## NOTICE OF RIGHTS UNDER VAWA

HPs must not allow any individual administering assistance or other services on behalf of HPs (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HPs must not enter your information into any shared database or disclose your information to any other entity or individual. HPs, however, may disclose the information provided if:

- You give written permission to HPs to release the information on a time limited basis.
- HPs needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HPs or your landlord to release the information.

VAWA does not limit HPs' duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HPs cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HPs can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HPs can demonstrate the above, HPs should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with Lane County Human Services at 541-682-3798 or HUD Portland Field Office at 971-222-2600.

### **For Additional Information**

## NOTICE OF RIGHTS UNDER VAWA

You may view a copy of HUD's final VAWA rule at [www.federalregister.gov](http://www.federalregister.gov). Additionally, HPs must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Additionally, below is a list of local organizations that offer assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

- Department of Human Services (Child Protective Services and Sexual Assault) 541.686.7555
- Eugene City Victim's Assistance Program 541.682.8432
- TransActive Gender Center 541.252.3000
- Lane County Victims' Assistance Program 541.682.4523
- Sexual assault Support Services 541.343.7277/ 800.788.4727
- Siuslaw Area Women's Center 541.997.4444/ 877.977.3687
- Womenspace 541.485.6513/ 800.281.2800

**Attachment:** Certification form HUD-5382



**ACKNOWLEDGMENT OF RIGHTS UNDER VAWA**

ACKNOWLEDGEMENT OF RECEIPT OF FORM HUD-5380, "NOTICE OF RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT" AND FORM HUD-5382 "CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION"

*You may refuse to sign this acknowledgement.*

I, \_\_\_\_\_, have received a copy of the HUD-5380 Form and the HUD 5382 Form, and acknowledge my rights under the Violence Against Women Act (VAWA).

\_\_\_\_\_  
(CLIENT SIGNATURE) (DATE)

FOR AGENCY USE ONLY:

We have attempted to obtain written acknowledgement, but could not obtain this because:

- Individual Refused to Sign
- Other (please specify) \_\_\_\_\_

*This acknowledgement must be signed by each adult household member occupying the unit.*

### **Continuum of Care, Emergency Solutions Grant and Home Tenant Based Assistance Housing Providers: Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking**

#### **Emergency Transfers**

Continuum of Care (CoC), Emergency Solutions Grant (ESG), and Home Tenant Based Assistance (Home TBA) housing providers (HPs), referred to as HPs throughout this document, are concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),<sup>13</sup> HPs allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.<sup>14</sup> The ability of HPs to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether HPs have another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that CoC, ESG, and Home TBA housing providers are in compliance with VAWA.

#### **Eligibility for Emergency Transfers**

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

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<sup>13</sup> Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

<sup>14</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

## EMERGENCY TRANSFER PLAN

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

### Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify the HPs' case manager and submit a written request for a transfer. HPs will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

### Confidentiality

HPs will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HPs written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

### Emergency Transfer Timing and Availability

HPs cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. HPs will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. HPs may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If HPs have no safe and available units for which a tenant who needs an emergency is eligible, HPs will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, HPs will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

### Safety and Security of Tenants

HPs will provide information on resources around domestic violence, sexual assault, and stalking. Call the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY). Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>. Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

- Department of Human Services (Child Protective Services and Sexual Assault) 541.686.7555
- Eugene City Victim's Assistance Program 541.682.8432
- TransActive Gender Center 541.252.3000
- Lane County Victims' Assistance Program 541.682.4523
- Sexual assault Support Services 541.343.7277/ 800.788.4727
- Siuslaw Area Women's Center 541.997.4444/ 877.977.3687
- Womenspace 541.485.6513/ 800.281.2800

## EMERGENCY TRANSFER PLAN REQUEST

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. Such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

### TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: \_\_\_\_\_

2. Your name (if different from victim's) \_\_\_\_\_

3. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_

4. Name(s) of other family member(s) who would transfer with the victim: \_\_\_\_\_  
\_\_\_\_\_

5. Address of location from which the victim seeks to transfer: \_\_\_\_\_

6. Address or phone number for contacting the victim: \_\_\_\_\_

7. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

**EMERGENCY TRANSFER PLAN REQUEST**

**8. Relationship of the accused perpetrator to the victim:** \_\_\_\_\_

**9. Date(s), Time(s) and location(s) of incident(s):** \_\_\_\_\_

\_\_\_\_\_

**10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11.**

\_\_\_\_\_

**11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.**

\_\_\_\_\_

\_\_\_\_\_

**12. If voluntarily provided, list any third-party documentation you are providing along with this notice:**

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

B. [COORDINATED ENTRY POLICIES AND PROCEDURES](#)

C. [HMIS POLICIES AND PROCEDURES](#)