HOMELESS HOUSING, ASSISTANCE, AND PREVENTION PROGRAM ROUND 2 ("HHAP-2")

SUBRECIPIENT AGREEMENT

Between

SHASTA COUNTY THROUGH ITS COMMUNITY ACTION AGENCY and

COUNTY OF SISKIYOU THROUGH ITS DEPARTMENT OF HEALTH AND HUMAN SERVICES

This Subrecipient Agreement is entered into between the County of Shasta, through its Housing and Community Action Agency, a political subdivision of the State of California ("SCHCAA") and County of Siskiyou through its department of Health and Human Services, a political subdivision of the State of California ("Subrecipient").

The term of this Agreement is: October 5, 2021 ("Effective Date") through June 30, 2026.

The maximum amount of this Agreement is: \$ 142,234.95

The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement:

TOTAL NUMBER OF PAGES ATTACHED: 62 pages			
Exhibit H:	Subrecipient Funding Application	28 pages	
Exhibit G:	Subrecipient's Request for Funds Form	1 page	
Exhibit F:	Special Terms and Conditions (SCHCAA)	8 pages	
Exhibit E:	State of California General Terms and Conditions	5 pages	
Exhibit D:	Special Terms and Conditions (HHAP-2)	2 pages	
Exhibit C:	General Terms and Conditions	9 pages	
Exhibit B:	Budget Detail and Disbursement Provisions	3 pages	
Exhibit A:	Authority, Purpose, and Scope of Work	6 pages	

Exhibits and Signature Page Follow

Authority, Purpose, and Scope of Work

Homeless Housing, Assistance, And Prevention Program Round 2 (HHAP-2)

1. Authority

The State of California has established the Homeless Housing, Assistance, and Prevention Program Round 2 ("HHAP-2" or "Program") pursuant to Chapter 6 (commencing with Section 50216) of Part 1 of Division 31 of the Health and Safety Code. (Added by Stats.2020, c. 15 (A.B. 83), § 7, eff. June 29, 2020.)

The Program is administered by the California Homeless Coordinating and Financing Council ("HCFC") in the Business, Consumer Services and Housing Agency ("Agency"). HHAP-2 provides one-time flexible block grant funds to Continuums of Care, large cities (population of 300,000+) and counties as defined in the November 13, 2020 HHAP-2 Notice of Funding Availability ("NOFA") to build on the regional coordination created through previous HCFC grant funding and support local jurisdictions in their unified regional responses to reduce and end homelessness.

This Subrecipient Agreement along with all its exhibits ("Agreement") is entered into by the SCHCAA and County of Siskiyou through its department of Health and Human Services under the authority of, and in furtherance of the purpose of, the Program. In signing this Agreement and thereby accepting this award of funds, the Subrecipient agrees to comply with the terms and conditions of the Agreement, the NOFA under which the SCHCAA applied, the representations contained in the Subrecipient's application, and the requirements of the authority cited above.

2. Purpose

The general purpose of the Program is to continue to build on regional coordination developed through previous rounds of funding of the Homelessness Emergency Aid Program (Chapter 5 (commencing with Section 50210)), the program established under this chapter, and COVID-19 funding to reduce homelessness. This funding shall:

- a) Continue to build regional collaboration between continuums of care, counties, and cities in a given region, regardless of population, and ultimately be used to develop a unified regional response to homelessness.
- b) Be paired strategically with other local, state, and federal funds provided to address homelessness in order to achieve maximum impact. <u>Subrecipients of this funding are encouraged to reference the Agency's Guide to Strategic Uses of Key State and Federal Funds to Reduce Homelessness During the COVID-19 Pandemic.</u>
- c) Be deployed with the goal of reducing the number of homeless individuals in a given region through investing in long-term solutions, such as permanent housing, and that the state be an integral partner through the provision of technical assistance, sharing of best practices, and implementing an accountability framework to guide the structure of current and future state investments.

In accordance with the authority cited above, an application was created and submitted by the SCHCAA for HHAP-2 funds to be allocated for eligible uses as stated in Health and Safety Code section 50220.5, subdivision (d)(1) - (8).

3. <u>Definitions</u>

The following HHAP-2 program terms are defined in accordance with Health and Safety Code section 50216, subdivisions (a) - (q):

- a) "Agency" means the Business, Consumer Services, and Housing Agency.
- b) "Applicant" means a Continuum of Care, city, or county.
- c) "City" means a city or city and county that is legally incorporated to provide local government services to its population. A city can be organized either under the general laws of this state or under a charter adopted by the local voters.
- d) "Continuum of Care" means the same as defined by the United States Department of Housing and Urban Development at Section 578.3 of Title 24 of the Code of Federal Regulations.
- e) "Coordinated Entry System" means a centralized or coordinated process developed pursuant to Section 578.7 of Title 24 of the Code of Federal Regulations, as that section read on January 10, 2019, designed to coordinate homelessness program participant intake, assessment, and provision of referrals. In order to satisfy this subdivision, a centralized or coordinated assessment system shall cover the geographic area, be easily accessed by individuals and families seeking housing or services, be well advertised, and include a comprehensive and standardized assessment tool.
- f) "Council" means the Homeless Coordinating and Financing Council created pursuant to Section 8257 of the Welfare and Institutions Code.
- g) "Emergency shelter" has the same meaning as defined in subdivision (e) of Section 50801.
- h) "Homeless" has the same meaning as defined in Section 578.3 of Title 24 of the Code of Federal Regulations, as that section read on January 10, 2019.
- i) "Homeless Management Information System" means the information system designated by a Continuum of Care to comply with federal reporting requirements as defined in Section 578.3 of Title 24 of the Code of Federal Regulations. The term "Homeless Management Information System" also includes the use of a comparable database by a victim services provider or legal services provider that is permitted by the federal government under Part 576 of Title 24 of the Code of Federal Regulations.

- j) "Homeless point-in-time count" means the 2019 homeless point-in-time count pursuant to Section 578.3 of Title 24 of the Code of Federal Regulations. A jurisdiction may elect to instead use their 2017 point-in-time count if they can demonstrate that a significant methodology change occurred between the 2017 and 2019 point-in-time counts that was based on an attempt to more closely align the count with United States Department of Housing and Urban Development ("HUD") best practices and undertaken in consultation with HUD representatives. A jurisdiction shall submit documentation of this to the agency by the date by which HUD's certification of the 2019 homeless point-in-time count is finalized. The agency shall review and approve or deny a request described in the previous sentence along with a jurisdiction's application for homeless funding.
- k) "Homeless youth" means an unaccompanied youth between 12 and 24 years of age, inclusive, who is experiencing homelessness, as defined in subsection (2) of Section 725 of the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11434a(2)). "Homeless youth" includes unaccompanied youth who are pregnant or parenting.
- 1) "Housing First" has the same meaning as in Section 8255 of the Welfare and Institutions Code, including all of the core components listed therein.
- m) "Jurisdiction" means a city, city that is also a county, county, or Continuum of Care, as defined in this section.
- n) "Navigation center" means a Housing First, low-barrier, service-enriched shelter focused on moving homeless individuals and families into permanent housing that provides temporary living facilities while case managers connect individuals experiencing homelessness to income, public benefits, health services, shelter, and housing.
- o) "Program" means the Homeless Housing, Assistance, and Prevention program established pursuant to this chapter.
 - i. "Round 1" of the program means the funding allocated under the program with moneys appropriated during the fiscal year beginning on July 1, 2019.
 - ii. "Round 2" of the program means the funding allocated under the program with moneys appropriated during the fiscal year beginning on July 1, 2020.
- p) "Program allocation" means the portion of program funds available to expand or develop local capacity to address immediate homelessness challenges.
- q) "Recipient" means a jurisdiction that receives funds from the agency for the purposes of the program.

Additional definitions for the purposes of the HHAP-2 program:

"Obligate" means that the Subrecipient has placed orders, awarded contracts, received services, or entered into similar transactions that require payment using HHAP-2 funding. Subrecipient, and the subrecipients who receive awards from those Subrecipients, must obligate the funds by the statutory deadlines set forth in this Exhibit A.

"Expended" means all HHAP-2 funds obligated under contract or subcontract have been fully paid and receipted, and no invoices remain outstanding. In the case of an award made through subcontracting, subcontractors are required to expend the funds by the same statutory deadlines.

4. Scope of Work

The Scope of Work ("Work") for this Subrecipient Agreement shall include uses that are consistent with Health and Safety Code section 50220.5, subdivision (d)–(f), and any other applicable laws. The Subrecipient shall expend funds on evidence-based solutions that address and prevent homelessness among eligible populations including any of the following:

- a) Rapid rehousing, including rental subsidies and incentives to landlords, such as security deposits and holding fees.
- b) Operating subsidies in new and existing affordable or supportive housing units, emergency shelters, and navigation centers. Operating subsidies may include operating reserves.
- c) Street outreach to assist persons experiencing homelessness to access permanent housing and services.
- d) Services coordination, which may include access to workforce, education, and training programs, or other services needed to promote housing stability in supportive housing.
- e) Systems support for activities necessary to create regional partnerships and maintain a homeless services and housing delivery system, particularly for vulnerable populations including families and homeless youth.
- f) Delivery of permanent housing and innovative housing solutions, such as hotel and motel conversions.
- g) Prevention and shelter diversion to permanent housing, including rental subsidies.
- h) New navigation centers and emergency shelters based on demonstrated need. Demonstrated need for purposes of this paragraph shall be based on the following:
 - i. The number of available shelter beds in the city, county, or region served by a Continuum of Care.

- ii. The number of people experiencing unsheltered homelessness in the homeless point-in-time count.
- iii. Shelter vacancy rate in the summer and winter months.
- iv. Percentage of exits from emergency shelters to permanent housing solutions.
- v. A plan to connect residents to permanent housing.

5. Contract Coordinator

The SCHCAA's Contract Coordinator for this Agreement is the Director or the Director's designee. Unless otherwise instructed, any notice, report, or other communication requiring an original signature for this Agreement shall be mailed to the SCHCAA Contract Coordinator. If there are opportunities to send information electronically, Subrecipient will be notified via email by the Director or the Director's designee.

The Representatives during the term of this Agreement will be:

	PROGRAM	SUBRECIPIENT
Entity:	Shasta County Housing and Community Action Agency	Siskiyou County Health and Human Services
Address:	1450 Court St., Suite #108 Redding, CA 96001	818 S. Main St. Yreka, CA 96097
Contract Manager	Jaclyn Disney	Ray A. Haupt
Phone Number:	(530) 225-5160	(530) 841-2761
Email	jdisney@co.shasta.ca.us	rhaupt@co.siskiyou.ca.us

6. Effective Date, Term of Agreement, and Deadlines

- a) This Subrecipient Agreement is effective upon approval by the SCHCAA (indicated by the signature provided by SCHCAA), when signed by all parties.
- b) Contractual Obligation:
 - i. Subrecipients must contractually obligate no less than **50 percent** of program allocations on or before **April 30, 2023**.
 - ii. Subrecipients that, after April 30, 2023, have contractually obligated less than 50 percent of program allocations must submit and have approved by SCHCAA an alternative disbursement plan as required under (Health & Safety Code, § 50220.5, subdivision (k)(2)).

- c) Full Expenditure of HHAP-2 Grant Funds
 - i. All HHAP-2 grant funds (100 percent) must be expended by May 30, 2026. Any funds not expended by that date shall revert to the General Fund (Health & Safety Code, § 50220.5, subdivision (o)).

7. **Special Conditions**

Subrecipient acknowledges and understands that pursuant to Agreement Number 21-HHAP-00076 between SCHCAA and the State, the State reserves the right to add any special conditions to its Agreement with SCHCAA which the State deems necessary to ensure the goals of the Program are achieved. In the event any such changes are made by the State to its Agreement with SCHCAA that necessitate changes to this Subrecipient Agreement, or other circumstances arise in which SCHCAA determines that in its discretion would necessitate changes, SCHCAA reserves the right to add any special conditions to this Agreement it deems necessary to ensure the goals of the Program are achieved.

Budget Detail and Disbursement Provisions

1. <u>Budget Detail & Changes</u>

The Subrecipient agrees that HHAP-2 funds shall be expended on uses that support regional coordination and expand or develop local capacity to address immediate homelessness challenges. Such activities must be informed by a best-practices framework focused on moving people experiencing homelessness into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing.

The Subrecipient shall expend HHAP-2 funds on eligible activities as detailed in the expenditure plan and funding plan submitted with the Subrecipient's approved application. The Subrecipient shall submit an updated funding plan with the annual report that revises and reports all actual and projected expenditures of HHAP-2 funds.

a) Budget Changes

- i. Changes may be made to the timing (e.g., fiscal year) of eligible use expenditures without prior approval by the SCHCAA so long as the total expenditures (actual and projected) for each eligible use category remain the same as described in the expenditure plan approved with the Subrecipient's application.
- ii. decrease increase to the total expenditures for Any or any eligible use category must otherwise be the SCHCAA's approved by Director or his/her designee, in writing, before the Subrecipient may expend HHAP-2 funds according to an alternative expenditure plan. The Director will respond to Subrecipient with approval or denial of request. Failure to obtain written approval from the Director his/her designee as required by this section may be considered a breach of this Agreement. A breach of this Agreement may result in remedies listed within Exhibit C of this Agreement.

2. General Conditions Prior to Disbursement

Subrecipient must submit the following forms prior to HHAP-2 funds being released:

- Fully Executed Subrecipient Agreement
- Request for Funds Form ("RFF") Exhibit G

3. Disbursement of Funds

The Subrecipient may request an initial one-time disbursement of up to 50% of the total awarded Grant funds. After the initial disbursement, Subrecipient must demonstrate prior to each subsequent disbursement request, using the RFF Exhibit G, that at least 80% of Grant funds previously disbursed have been expended by Subrecipient pursuant to the terms of this Agreement.

4. **Expenditure of Funds**

Specific requirements and deadlines for contractually obligating and expending awarded funds are set forth in the Homeless Housing, Assistance, and Prevention Program statutes. Health and Safety Code sections 50218.5 and 50220.5 mandate the following:

- a) Subrecipient shall use at least 8 percent of the funds allocated under this section for services for homeless youth populations unless otherwise authorized by SCHCAA.
- b) Subrecipient shall comply with Housing First as provided in Chapter 6.5 (commencing with Section 8255) of Division 8 of the Welfare and Institutions Code.
- c) Subrecipient shall obligate no less than 50 percent of HHAP-2 funds by April 30, 2023. If less than 50 percent is obligated after April 30, 2023, Subrecipient shall not expend any remaining portion of HHAP-2 program allocations until the following occurs:
 - i. On or before April 30, 2023, the Subrecipient submits an alternative disbursement plan to SCHCAA that includes an explanation for the delay and a plan to fully expend the remainder of the initial 50 percent disbursement by December 31, 2023;
 - ii. SCHCAA submits the Subrecipient's alternative disbursement plan to HCFC and receives approval; and
 - iii. Disbursement of the funds identified in the approved alternative disbursement plan must be fully expended by December 31, 2023 in order to draw the remainder of the HHAP-2 allocation per Exhibit B Section 3 Disbursement of Funds.
 - iv. All HHAP-2 funding must be fully obligated by May 30, 2025. Unexpended funds may be subject to recapture and reallocation by the SCHCAA.

5. Ineligible Costs

HHAP-2 funds shall not be used for costs associated with activities in violation of any law or for any activities not consistent with the intent of the Program and the eligible uses identified in Health and Safety Code section 50220.5.

SCHCAA reserves the right to request additional clarifying information to determine the reasonableness and eligibility of all uses of the funds made available by this Agreement. If the Subrecipient or its funded subrecipients use HHAP-2 funds to pay for ineligible activities, the Subrecipient shall be required to reimburse these funds to SCHCAA.

An expenditure which is not authorized by this Agreement, or by written approval of the Director or his/her designee, or which cannot be adequately documented, shall be disallowed and must be reimbursed to SCHCAA.

HCFC, at its sole and absolute discretion, shall make the final determination regarding the allowability of HHAP-2 fund expenditures.

Program funds shall not be used to supplant existing local funds for homeless housing, assistance, or prevention.

Reimbursements are not permitted in HHAP-2 for any expenditures prior to the date of execution of this Agreement.

6. Administrative Costs

Administrative costs are not an eligible expense under this Agreement.

Terms and Conditions
Homeless Housing, Assistance, and Prevention Program Round 2 (HHAP-2)

1. <u>Termination and Sufficiency of Funds</u>

- A. SCHCAA may terminate this Agreement at any time for cause by giving a minimum of 14 days' notice of termination, in writing, to the Subrecipient. Cause shall consist of violations of any conditions of this Agreement, any breach of contract as described in paragraph 6 of this Exhibit C; violation of any federal or state laws; or withdrawal of Subrecipient's expenditure authority. Upon termination of this Agreement, unless otherwise approved in writing by Agency, any unexpended funds received by the Subrecipient shall be returned to SCHCAA within 30 days of SCHCAA's notice of termination.
- B. This Agreement is valid and enforceable only if sufficient funds are made available to SCHCAA by legislative appropriation. In addition, this Agreement is subject to any additional restrictions, limitations or conditions, statutes or regulations, or any other laws, whether federal or those of the State of California, or of any agency, department, or any political subdivision of the federal or State of California governments, which may affect the provisions, terms or funding of this Agreement in any manner.

2. <u>Transfers</u>

Subrecipient may not transfer or assign by subcontract or novation, or by any other means, the rights, duties, or performance of this Agreement or any part thereof, except as allowed within Exhibit C Section 12 (Special Conditions – Subrecipient/SubGrantee) or with the prior written approval of SCHCAA and a formal amendment to this Agreement to affect such subcontract or novation.

3. Subrecipients' Application for Grant Funds

Subrecipient has submitted to SCHCAA an application attached hereto and incorporated herein as Exhibit H. for HHAP-2 funds to support regional coordination and expand or develop local capacity to address its immediate homelessness challenges. SCHCAA is entering into this Agreement on the basis of Subrecipient's facts, information, assertions and representations contained in that application. Any subsequent modifications to the original funding plans submitted within the original application must be requested through the formal HHAP Change Request Process and are subject to approval by SCHCAA.

Subrecipient warrants that all information, facts, assertions, and representations contained in the application and approved modifications and additions thereto are true, correct, and complete to the best of Subrecipient's knowledge. In the event that any part of the application and any approved modification and addition thereto is untrue, incorrect, incomplete, or misleading in such a manner that would substantially affect SCHCAA approval, disbursement, or monitoring of the funding and the grants or activities governed by this Agreement, then SCHCAA may declare a breach of this Agreement and take such action or pursue such remedies as are legally available.

4. Reporting/Audits

A. Annual Reports

By December 1, 2021, and annually on that date thereafter until all funds have been expended, the Subrecipient shall submit an annual report to SCHCAA in a format provided by SCHCAA from HCFC. Annual Reports will include a request for data on expenditures and people served with HHAP-2 funding in addition to details on specific projects selected for the use of HHAP-2 funding. If the Subrecipient fails to provide such documentation, SCHCAA may recapture any portion of the amount authorized by this Agreement with a 14-day written notification. No later than December 1, 2026, the Subrecipient shall submit a final report, in a format provided by SCHCAA from HCFC, as well as a detailed explanation of all uses of the Program funds.

B. Expenditure Reports

In addition to the annual reports, SCHCAA requires the Subrecipient to submit quarterly expenditure reports due the end of each fiscal quarter. Subrecipient shall submit a report to SCHCAA on a form and method provided by SCHCAA from HCFC that includes the ongoing tracking of the specific uses and expenditures of any program funds broken out by eligible uses listed, including the current status of those funds, as well as any additional information SCHCAA deems appropriate or necessary. If the Subrecipient fails to provide such documentation, SCHCAA may recapture any portion of the amount authorized by this Agreement with a 14-day written notification.

C. Reporting Requirements

Annual Report: The annual report shall contain detailed information in accordance with Health and Safety Code section 50222, subdivision (a). This information includes the following, as well as any additional information deemed appropriate or necessary by SCHCAA:

- a) Data collection shall include, but not be limited to, information regarding individuals and families served, including demographic information, information regarding partnerships among entities or lack thereof, and participant and regional outcomes.
- b) The performance monitoring and accountability framework shall include clear metrics, which may include, but are not limited to, the following:
 - i. The number of individual exits to permanent housing, as defined by the United States Department of Housing and Urban Development, from unsheltered environments and interim housing resulting from this funding.
 - ii. Racial equity, as defined by the council in consultation with representatives of state and local agencies, service providers, the Legislature, and other stakeholders.
- iii. Any other metrics deemed appropriate by the council and developed in coordination with representatives of state and local agencies, advocates, service providers, and the Legislature.

- c) Data collection and reporting requirements shall support the efficient and effective administration of the program and enable the monitoring of jurisdiction performance and program outcomes.
 - i. Expenditure Report: The expenditure report shall contain data on expenditures of HHAP-2 funding including but not limited to obligated funds, expended funds, interest accrued, and other funds derived from HHAP-2 funding.
 - ii. Final Expenditure Plan: During the final fiscal year of reporting, subrecipients may be required to include a plan to fully expend HHAP-2 grant funding. This plan must be submitted with the quarterly expenditure report in a format to be provided by HCFC.
 - iii. SCHCAA may require additional supplemental reporting with written notice to the Subrecipient.
 - iv. Subrecipient may, at their discretion, fully expend their HHAP-2 allocation prior to the end date of the grant term and will not be required to submit quarterly fiscal reports after the quarter in which their allocation was fully expended.

D. Auditing

SCHCAA reserves the right to perform or cause to be performed a financial audit. At SCHCAA request, the Subrecipient shall provide, at its own expense, a financial audit prepared by a certified public accountant. HHAP-2 administrative funds may be used to fund this expense. Should an audit be required, the Subrecipient shall adhere to the following conditions:

- i. The audit shall be performed by an independent certified public accountant.
- ii. The Subrecipient shall notify Agency of the auditor's name and address immediately after the selection has been made. The contract for the audit shall allow access by SCHCAA to the independent auditor's working papers.
- iii. The Subrecipient is responsible for the completion of audits and all costs of preparing audits.
- iv. If there are audit findings, the Subrecipient must submit a detailed response acceptable to SCHCAA for each audit finding within 90 days from the date of the audit finding report.

5. <u>Inspection and Retention of Records</u>

A. Record Inspection

SCHCAA or its designee shall have the right to review, obtain, and copy all records and supporting documentation pertaining to performance under this Agreement. The Subrecipient agrees to provide SCHCAA, or its designee, with any relevant information requested. The Subrecipient agrees to give SCHCAA or its designee access to its premises, upon reasonable notice and during normal business

hours, for the purpose of interviewing employees who might reasonably have information related to such records, and of inspecting and copying such books, records, accounts, and other materials that may be relevant to an investigation of compliance with the Homeless Housing, Assistance, and Prevention Program laws, the HHAP-2 program guidance document published on the website, and this Agreement.

In accordance with Health and Safety Code section 50220.5, subdivision (l), if upon inspection of records SCHCAA identifies noncompliance with grant requirements SCHCAA retains the right to impose a corrective action plan on the Subrecipient.

B. Record Retention

The Subrecipient further agrees to retain all records described in <u>subparagraph</u> A for a minimum period of 5 years after the termination of this Agreement.

If any litigation, claim, negotiation, audit, monitoring, inspection or other action has been commenced before the expiration of the required record retention period, all records must be retained until completion of the action and resolution of all issues which arise from it.

6. **Breach and Remedies**

A. Breach of Agreement

Breach of this Agreement includes, but is not limited to, the following events:

- a) Subrecipient's failure to comply with the terms or conditions of this Agreement.
- b) Use of, or permitting the use of, HHAP-2 funds provided under this Agreement for any ineligible activities.
- c) Any failure to comply with the deadlines set forth in this Agreement.

B. Remedies for Breach of Agreement

In addition to any other remedies that may be available to SCHCAA in law or equity for breach of this Agreement, SCHCAA may:

- a) Bar the Subrecipient from applying for future HHAP funds;
- b) Revoke any other existing HHAP-2 award(s) to the Subrecipient;
- c) Require the return of any unexpended HHAP-2 funds disbursed under this Agreement;
- d) Require repayment of HHAP-2 funds disbursed and expended under this Agreement;
- e) Require the immediate return to Agency of all funds derived from the use of HHAP-2 funds;
- f) Seek, in a court of competent jurisdiction, an order for specific performance of the defaulted obligation or participation in the technical assistance in accordance with HHAP-2 requirements.

- C. All remedies available to SCHCAA are cumulative and not exclusive.
- D. SCHCAA may give written notice to the Subrecipient to cure the breach or violation within a period of not less than 15 days.

7. Waivers

No waiver of any breach of this Agreement shall be held to be a waiver of any prior or subsequent breach. The failure of SCHCAA to enforce at any time the provisions of this Agreement, or to require at any time, performance by the Subrecipient of these provisions, shall in no way be construed to be a waiver of such provisions nor to affect the validity of this Agreement or the right of SCHCAA to enforce these provisions.

8. Nondiscrimination

During the performance of this Agreement, Subrecipient and its Subgrantees shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex (gender), sexual orientation, gender identity, gender expression, race, color, ancestry, religion, creed, national origin (including language use restriction), pregnancy, physical disability (including HIV and AIDS), mental disability, medical condition (cancer/genetic characteristics), age (over 40), genetic information, marital status, military and veteran status, and denial of medical and family care leave or pregnancy disability leave. Subrecipient and Subgrantees shall ensure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and Subrecipient and its Subgrantees shall comply harassment. with the provisions of California's laws against discriminatory practices relating to specific groups: the California Fair Employment and Housing Act (FEHA) (Gov. Code, § 12900 et seq.); the regulations promulgated thereunder (Cal. Code Regs., tit. 2, § 11000 et seq.); and the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code, §§ 11135 - 11139.5). Subrecipient and its Subgrantees shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.

9. Conflict of Interest

All Subrecipients are subject to state and federal conflict of interest laws. For instance, Health and Safety Code section 50220.5, subdivision (i) states, "For purposes of Section 1090 of the Government Code, a representative of a county serving on a board, committee, or body with the primary purpose of administering funds or making funding recommendations for applications pursuant to this chapter shall have no financial interest in any contract, program, or project voted on by the board, committee, or body on the basis of the receipt of compensation for holding public office or public employment as a representative of the county."

Failure to comply with these laws, including business and financial disclosure provisions, will result in the application being rejected and any subsequent contract being declared void. Other legal action may also be taken. Additional applicable statutes include, but are not

limited to, Government Code section 1090 and Public Contract Code sections 10410 and 10411.

- A. Current State Employees: No State officer or employee shall engage in any employment, activity, or enterprise from which the officer or employee receives compensation or has a financial interest, and which is sponsored or funded by any State agency, unless the employment, activity, or enterprise is required as a condition of regular State employment. No State officer or employee shall contract on his or her own behalf as an independent Subgrantee with any State agency to provide goods or services.
- B. Former State Employees: For the two-year period from the date he or she left State employment, no former State officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements, or any part of the decision-making process relevant to the contract while employed in any capacity by any State agency. For the twelve-month period from the date he or she left State employment, no former State officer or employee may enter into a contract with any State agency if he or she was employed by that State agency in a policy-making position in the same general subject area as the proposed contract within the twelve-month period prior to his or her leaving State service.
- C. Employees of the Subrecipient: Employees of the Subrecipient shall comply with all applicable provisions of law pertaining to conflicts of interest, including but not limited to any applicable conflict of interest provisions of a Political Reform Act of 1974 (Gov. Code, § 81000 et seq.).

Representatives of a County: A representative of a county serving on a board, committee, or body with the primary purpose of administering funds or making funding recommendations for applications pursuant to this chapter shall have no financial interest in any contract, program, or project voted on by the board, committee, or body on the basis of the receipt of compensation for holding public office or public employment as a representative of the county.

10. <u>Drug-Free Workplace Certification</u>

Certification of Compliance: By signing this Agreement, Subrecipient hereby certifies, under penalty of perjury under the laws of State of California, that it and its subrecipients will comply with the requirements of the Drug-Free Workplace Act of 1990 (Gov. Code, § 8350 et seq.) and have or will provide a drug-free workplace by taking the following actions:

Publish a statement notifying employees and subrecipients that unlawful manufacture distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees, Subrecipients, or subrecipients for violations, as required by Government Code section 8355, subdivision (a)(1).

- A. Establish a Drug-Free Awareness Program, as required by Government Code section 8355, subdivision (a)(2) to inform employees, Subrecipients, or subrecipients about all of the following:
 - a) The dangers of drug abuse in the workplace;
 - b) Subrecipient's policy of maintaining a drug-free workplace;
 - c) Any available counseling, rehabilitation, and employee assistance program; and
 - d) Penalties that may be imposed upon employees, Subrecipient, and subrecipients for drug abuse violations.
- B. Provide, as required by Government Code section 8355, subdivision (a)(3), that every employee and/or subrecipient that works under this Agreement:
 - a) Will receive a copy of Subrecipient's drug-free policy statement, and
 - b) Will agree to abide by terms of Subrecipient's condition of employment or subcontract.

11. Child Support Compliance Act

For any Contract Agreement in excess of \$100,000, the Subrecipient acknowledges in accordance with Public Contract Code 7110, that:

- A. The Subrecipient recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and
- B. The Subrecipient, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

12. Special Terms and Conditions – Subrecipients/Subgrantee

The Subrecipient agrees to comply with all conditions of this Agreement including the Special Terms and Conditions set forth in Exhibit D. These conditions shall be met to the satisfaction of Agency prior to disbursement of funds. The Subrecipient shall ensure that all Subgrantees are made aware of and agree to comply with all the conditions of this Agreement and the applicable State requirements governing the use of HHAP-2 funds. Failure to comply with these conditions may result in termination of this Agreement.

- A. The Agreement between the Subrecipient and any Subgrantee shall require the Subrecipient and its Subgrantees, if any, to:
 - i. Perform the work in accordance with Federal, State and Local housing and building codes, as applicable.
 - ii. Maintain at least the minimum State-required worker's compensation for those employees who will perform the work or any part of it.
 - iii. Maintain, as required by law, unemployment insurance, disability insurance, and liability insurance in an amount that is reasonable to compensate any person, firm or corporation who may be injured or damaged by the Subrecipient or any Subgrantee in performing the Work or any part of it.
 - iv. Agree to include all the terms of this Agreement in each subcontract.

13. Compliance with State and Federal Laws, Rules, Guidelines and Regulations

The Subrecipient agrees to comply with all state and federal laws, rules and regulations that pertain to construction, health and safety, labor, fair employment practices, environmental protection, equal opportunity, fair housing, and all other matters applicable and/or related to the HHAP-2 program, the Subrecipient, its subgrantees, and all eligible activities.

Subrecipient shall also be responsible for obtaining any and all permits, licenses, and approvals required for performing any activities under this Agreement, including those necessary to perform design, construction, or operation and maintenance of the activities. Subrecipient shall be responsible for observing and complying with any applicable federal, state, and local laws, rules or regulations affecting any such work, specifically those including, but not limited to, environmental protection, procurement, and safety laws, rules, regulations, and ordinances. Subrecipient shall provide copies of permits and approvals to SCHCAA upon request.

14. Inspections

- A. Subrecipient shall inspect any work performed hereunder to ensure that the work is being and has been performed in accordance with the applicable federal, state and/or local requirements, and this Agreement.
- B. SCHCAA reserves the right to inspect any work performed hereunder to ensure that the work is being and has been performed in accordance with the applicable federal, state and/or local requirements, and this Agreement.
- C. Subrecipient agrees to require that all work that is determined based on such inspections not to conform to the applicable requirements be corrected and to withhold payments to the subrecipient until it is corrected.

15. <u>Litigation</u>

- A. If any provision of this Agreement, or an underlying obligation, is held invalid by a court of competent jurisdiction, such invalidity, at the sole discretion of SCHCAA, shall not affect any other provisions of this Agreement and the remainder of this Agreement shall remain in full force and effect. Therefore, the provisions of this Agreement are and shall be deemed severable.
- B. The Subrecipient shall notify SCHCAA immediately of any claim or action undertaken by or against it, which affects or may affect this Agreement or SCHCAA, and shall take such action with respect to the claim or action as is consistent with the terms of this Agreement and the interests of SCHCAA.

SPECIAL TERMS AND CONDITIONS

Homeless Housing, Assistance, and Prevention Program Round 2 (HHAP-2)

- A. All proceeds from any interest-bearing account established by the Subrecipient for the deposit of HHAP-2 funds, along with any interest-bearing accounts opened by subrecipients to the Subrecipient for the deposit of HHAP-2 funds, must be used for HHAP-2-eligible activities and reported on as required by SCHCAA.
- B. Per Health and Safety Code Section 50220.5 (g), any housing-related activities funded with HHAP-2 funds, including but not limited to emergency shelter, rapid-rehousing, rental assistance, transitional housing and permanent supportive housing, must be in compliance or otherwise aligned with the core components of Housing First, as described in Welfare and Institutions Code section 8255, subdivision (b). Individuals and families assisted with these funds must not be required to receive treatment or perform any other prerequisite activities as a condition for receiving shelter, housing, or other services for which these funds are used. In addition, HHAP-2 funding shall be used to adopt a Housing First approach within the entire local homelessness response system, including outreach and emergency shelter, short-term interventions like rapid re-housing, and longer-term interventions like supportive housing.
- C. Subrecipient shall utilize its local Homeless Management Information System (HMIS) to track HHAP-2-funded projects, services, and clients served. Subrecipient will ensure that HMIS data are collected in accordance with applicable laws and in such a way as to identify individual projects, services, and clients that are supported by HHAP-2 funding (e.g., by creating appropriate HHAP-2-specific funding sources and project codes in HMIS).
- D. Subrecipient shall participate in and provide data elements, including, but not limited to, health information, in a manner consistent with federal law, to the statewide Homeless Management Information System (known as the Homeless Data Integration System or "HDIS"), in accordance with their existing Data Use Agreement SCHCAA entered into with HCFC, if any, and as required by Health and Safety Code section 50220.6. Any health information provided to, or maintained within, the statewide Homeless Management Information System shall not be subject to public inspection or disclosure under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code). For purposes of this paragraph, "health information" means "protected health information," as defined in Part 160.103 of Title 45 of the Code of Federal Regulations, and "medical information," as defined in subdivision (j) of Section 56.05 of the Civil Code. The Council may, as required by operational necessity, amend or modify required data elements, disclosure formats, or disclosure frequency.
- E. Subrecipient shall include in their annual report and upon request from HCFC an update on progress towards meeting goals provided within Section 4: HHAP Round 2 Goals of the HHAP-2 application. Subrecipient will report on these goals in a manner and format provided to Subrecipient by SCHCAA.

- F. Subrecipient agrees to accept technical assistance as directed by SCHCAA or by a contracted technical assistance provider acting on behalf of SCHCAA and report to SCHCAA on programmatic changes the subrecipient will make as a result of the technical assistance and in support of their grant goals.
- G. Subrecipient shall utilize the Coordinated Entry Process (CEP) to conduct initial evaluations of clients to determine baseline eligibility. The CEP combines HUD's regulations for determination of Homeless Status along with consideration of the VI-SPDAT assessment score to determine those at higher vulnerability risk. Clients served utilizing HHAP-2 funds must be selected through the Coordinated Entry System (CES) and each program must prioritize homeless persons within the CoC's geographic area for referral to housing services.
- H. Subrecipient agrees to demonstrate a commitment to racial equity and, per Section 50222 (a)(2)(B), the subrecipient shall use data provided through HDIS to analyze racial disproportionality in homeless populations and, in partnership with HCFC, establish clear metrics and performance monitoring for achieving equity in provision of services and outcomes for Black, Native, and Indigenous, Latinx, Asian, Pacific Islanders and other People of Color who are disproportionately impacted by homelessness and COVID-19
- I. Subrecipient should establish a mechanism for people with lived experience of homelessness to have meaningful and purposeful opportunities to inform and shape all levels of planning and implementation, including through opportunities to hire people with lived experience.

SPECIAL TERMS AND CONDITIONS STATE OF CALIFORNIA GENERAL TERMS AND CONDITIONS

1. Approval

This Agreement is of no force or effect until signed by both parties and approved by the SCHCAA, if required. Subrecipient may not commence performance until such approval has been obtained

2. Amendment

No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.

3. Assignment

This Agreement is not assignable by the Subrecipient, either in whole or in part, without the consent of the State in the form of a formal written amendment.

4. Audit

Subrecipient agrees that the awarding department, SCHCAA, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Subrecipient agrees to maintain such records for possible audit for a minimum of 3 years after final payment, unless a longer period of records retention is stipulated. Subrecipient agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Subrecipient agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., Code of California Regulations ("CCR") Title 2, Section 1896). The number of homeless individuals served by the Program funds in that year, and a total number served in all years of the Program, as well as the homeless populations served.

6. Disputes

Subrecipient shall continue with the responsibilities under this Agreement during any dispute.

7. <u>Termination For Cause</u>

The SCHCAA may terminate this Agreement and be relieved of any payments should the Subrecipient fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination the State may proceed with the

work in any manner deemed proper by the State. All costs to the State shall be deducted from any sum due the Subrecipient under this Agreement and the balance, if any, shall be paid to the Subrecipient upon demand.

8. <u>Independent Contractor</u>

Subrecipient, and the agents and employees of Subrecipient, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the SCHCAA or the State of California.

9. Recycling Certification

The Subrecipient shall certify in writing under penalty of perjury, the minimum, if not exact, percentage of post-consumer material as defined in the Public Contract Code Section 12200, in products, materials, goods, or supplies offered or sold to the State regardless of whether the product meets the requirements of Public Contract Code Section 12209. With respect to printer or duplication cartridges that comply with the requirements of Section 12156(e), the certification required by this subdivision shall specify that the cartridges so comply (Pub. Contract Code §12205).

10. Non-Discrimination Clause

During the performance of this Agreement, Subrecipient and its subcontractors shall not deny the contract's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Subrecipient shall insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. Subrecipient and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. Subrecipient shall permit access by representatives of the Department of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or Agency shall require to ascertain compliance with this clause. Subrecipient and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have

a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, §11105.)

Subrecipient shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the Agreement.

11. Certification Clauses

The CONTRACTOR CERTIFICATION CLAUSES contained in the document CCC 04/2017 are hereby incorporated by reference and made a part of this Agreement by this reference as if attached hereto. For purposes of CCC 04/2017, the term Contractor as used in CCC 04/2017 means the Subrecipient.

12. <u>Compensation</u>

The consideration to be paid Subrecipient, as provided herein, shall be in compensation for all of Subrecipient's expenses incurred in the performance hereof, including travel, per diem, and taxes, unless otherwise expressly so provided.

13. Governing Law; Venue; Notice of Claim

- A. If any claim for damages is filed with Subrecipient or if any lawsuit is instituted concerning Consultant's performance under this Agreement and that in any way, directly or indirectly, contingently or otherwise, affects or might reasonably affect SCHCAA, Consultant shall give prompt and timely notice thereof to SCHCAA. Notice shall be prompt and timely if given within 30 days following the date of receipt of a claim or 10 days following the date of service of process of a lawsuit. This provision shall survive the termination, expiration, or cancellation of this Agreement.
- B. This contract is governed by and shall be interpreted in accordance with the laws of the State of California. Any dispute between the Parties shall be governed by the laws of the State of California and any litigation shall be venued in Shasta County.

15. Antitrust Claims

The Subrecipient by signing this Agreement hereby certifies that if these services or goods are obtained by means of a competitive bid, the Subrecipient shall comply with the requirements of the Government Codes Sections set out below.

- a. The Government Code Chapter on Antitrust claims contains the following definitions:
 - i. "Public purchase" means a purchase by means of competitive bids of goods, services, or materials by the State or any of its political subdivisions or public agencies on whose behalf the Attorney General may bring an action pursuant to subdivision (c) of Section 16750 of the Business and Professions Code.

- ii. "Public purchasing body" means the State or the subdivision or agency making a public purchase. Government Code Section 4550.
- b. In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder. Government Code Section 4552.
- c. If an awarding body or public purchasing body receives, either through judgment or settlement, a monetary recovery for a cause of action assigned under this chapter, the assignor shall be entitled to receive reimbursement for actual legal costs incurred and may, upon demand, recover from the public body any portion of the recovery, including treble damages, attributable to overcharges that were paid by the assignor but were not paid by the public body as part of the bid price, less the expenses incurred in obtaining that portion of the recovery. Government Code Section 4553.
- d. Upon demand in writing by the assignor, the assignee shall, within one year from such demand, reassign the cause of action assigned under this part if the assignor has been or may have been injured by the violation of law for which the cause of action arose and (a) the assignee has not been injured thereby, or (b) the assignee declines to file a court action for the cause of action. See Government Code Section 4554.

16. Child Support Compliance Act

For any Agreement in excess of \$100,000, the Subrecipient acknowledges in accordance with Public Contract Code 7110, that:

- a. The Subrecipient recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and
- b. The Subrecipient, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

17. <u>Unenforceable Provision</u>

In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

18. <u>Priority Hiring Considerations</u>

If this Contract includes services in excess of \$200,000, the Subrecipient shall give priority consideration in filling vacancies in positions funded by the Contract to qualified recipients of aid under Welfare and Institutions Code Section 11200 in accordance with Pub. Contract Code §10353.

19. Small Business Participation and DVBE Participation Reporting Requirements

- A. If for this Subrecipient made a commitment to achieve small business participation, then Subrecipient must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) report to the awarding department the actual percentage of small business participation that was achieved. (Govt. Code § 14841.)
- B. If for this Subrecipient made a commitment to achieve disabled veteran business enterprise ("DVBE") participation, then Subrecipient must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) certify in a report to the awarding department: (1) the total amount the prime Subrecipient received under the Contract; (2) the name and address of the DVBE(s) that participated in the performance of the Contract; (3) the amount each DVBE received from the prime Subrecipient; (4) that all payments under the Contract have been made to the DVBE; and (5) the actual percentage of DVBE participation that was achieved. A person or entity that knowingly provides false information shall be subject to a civil penalty for each violation. (Mil. & Vets. Code § 999.5(d); Govt. Code § 14841.)

20. Loss Leader

If this contract involves the furnishing of equipment, materials, or supplies then the following statement is incorporated: It is unlawful for any person engaged in business within this state to sell or use any article or product as a "loss leader" as defined in Section 17030 of the Business and Professions Code. (BPC 10344(e)).

SPECIAL TERMS AND CONDITIONS SCHCAA

1. Employment Status of Subrecipient

Subrecipient shall, during the entire term of this Agreement, be construed to be an independent contractor, and nothing in this Agreement is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow SCHCAA to exercise discretion or control over the professional manner in which Subrecipient performs the work or services that are the subject matter of this Agreement; provided, however, that the work or services to be provided by Subrecipient shall be provided in a manner consistent with the professional standards applicable to such work or services. The sole interest of SCHCAA is to ensure that the work or services shall be rendered and performed in a competent, efficient, and satisfactory manner. Subrecipient shall be fully responsible for payment of all taxes due to the State of California or the federal government that would be withheld from Grant funds if Subrecipient were a SCHCAA employee. SCHCAA shall not be liable for deductions for any amount for any purpose from Subrecipients Grant funding. Subrecipient shall not be eligible for coverage under SCHCAA's workers' compensation insurance plan nor shall Subrecipient be eligible for any other SCHCAA benefit. Subrecipient must issue W-2 and 941 Forms for income and employment tax purposes, for all of Subrecipients assigned personnel under the terms and conditions of this Agreement.

2. Indemnification

To the fullest extent permitted by law, Subrecipient shall indemnify and hold harmless SCHCAA, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including, but not limited to, reasonable attorney's fees of County Counsel and counsel retained by County, expert fees, litigation costs, and investigation costs), damages, judgments, or decrees arising from the work or the provision of services undertaken pursuant to this Agreement by Subrecipient, or by any of Subrecipients' subcontractors, any person employed under Subrecipient, or under any subcontractor, or in any capacity, except when the injury or loss is caused by the sole negligence or intentional wrongdoing of SCHCAA. Subrecipient shall also, at Subrecipients' own expense, defend the SCHCAA, its elected officials, officers, employees, agents, and volunteers, against any claim, suit, action, or proceeding brought against SCHCAA, its elected officials, officers, employees, agents, and volunteers, arising from the work or the provision of services undertaken pursuant to this Agreement by Subrecipient, or any of Subrecipient subcontractors, any person employed under Subrecipient, or under any Subcontractor, or in any capacity. Subrecipient shall also defend and indemnify SCHCAA for any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency and shall defend, indemnify, and hold harmless SCHCAA with respect to Subrecipients' "independent contractor" status that would establish a liability on SCHCAA for failure to make social security deductions or contributions or income tax withholding payments, or any other legally mandated payment. The provisions of this paragraph are intended to be interpreted as broadly as permitted by applicable law. This provision shall survive the termination, expiration, or cancellation of this Agreement.

3. <u>Insurance Coverage</u>

- A. Without limiting Subrecipient's duties of defense and indemnification, Subrecipient and any subcontractor shall obtain, from an insurance carrier authorized to transact business in the State of California, and maintain continuously during the term of this Agreement Commercial General Liability Insurance, including coverage for owned and non-owned automobiles, and other coverage necessary to protect SCHCAA and the public with limits of liability of not less than \$1 million per occurrence; such insurance shall be primary as to any other insurance maintained by SCHCAA.
- B. Subrecipient and any subcontractor shall obtain and maintain continuously required Workers' Compensation and Employer's Liability Insurance to cover Subrecipient, subcontractor, Subrecipient's partner(s), subcontractor's partner(s), Subrecipient's employees, and subcontractor's employees with an insurance carrier authorized to transact business in the State of California covering the full liability for compensation for injury to those employed by Subrecipient or subcontractor. Each such policy shall be endorsed to state that the Workers' Compensation carrier waives its right of subrogation against SCHCAA, its elected officials, officers, employees, agents, and volunteers which might arise in connection with this Agreement. Subrecipient hereby certifies that Subrecipient is aware of the provisions of section 3700 of the Labor Code, which requires every employer to insure against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of the Labor Code, and Subrecipient shall comply with such provisions before commencing the performance of the work or the provision of services pursuant to this Agreement
- C. Subrecipient shall obtain and maintain continuously a policy of Errors and Omissions coverage with limits of liability of not less than \$1 million per occurrence.
- D. Subrecipient shall require subcontractors to furnish satisfactory proof to SCHCAA that liability and workers' compensation and other required types of insurance have been obtained and are maintained similar to that required of Subrecipient pursuant to this Agreement.
- E. With regard to all insurance coverage required by this Agreement:
 - 1. Any deductible or self-insured retention exceeding \$25,000 for Subrecipient or subcontractor shall be disclosed to and be subject to approval by the SCHCAA Risk Manager prior to the effective date of this Agreement.
 - 2. If any insurance coverage required hereunder is provided on a "claims made" rather than "occurrence" form, Subrecipient or subcontractor shall maintain such insurance coverage with an effective date earlier or equal to the effective date of this Agreement and continue coverage for a period of three years after the expiration of this Agreement and any extensions thereof. In lieu of maintaining post-agreement expiration coverage as specified above, Subrecipient or subcontractor may satisfy this provision by purchasing tail coverage for the claims-made policy. Such tail coverage shall, at a minimum, provide the insurance coverage required hereunder for claims received and reported three years after the expiration date of this Agreement.

- 3. All insurance (except workers' compensation and professional liability) shall include an endorsement or an amendment to the policy of insurance which names SCHCAA, its elected officials, officers, employees, agents, and volunteers as additional insureds. In the event that coverage is reduced or canceled, a notice of said reduction or cancellation shall be provided to SCHCAA within 24 hours. Any available insurance proceeds in excess of the specified minimum limits and coverage pursuant to the terms of this Agreement shall be applicable to the Additional Insured. The additional insureds coverage shall be equal to Insurance Service Office endorsement CG 20 10 for on-going operations, and CG 20 37 for completed operations.
- 4. Each insurance policy (except for workers' compensation and professional liability policies), or an endorsement thereto, shall contain a "separation of insureds" clause which shall read:

"Separation of Insureds.

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each suit insured against whom a claim is made or suit is brought."
- 5. Subrecipient shall provide SCHCAA with an endorsement or amendment to Subrecipient's policy of insurance as evidence of insurance protection before the effective date of this Agreement.
- 6. The insurance coverage required herein shall be in effect at all times during the term of this Agreement. In the event any insurance coverage expires at any time during the term of this Agreement, Subrecipient shall provide SCHCAA, at least 20 days prior to said expiration date, a new endorsement or policy amendment evidencing insurance coverage as provided for herein for not less than the remainder of the term of this Agreement or for a period of not less than one year. In the event Subrecipient fails to keep in effect at all times insurance coverage as herein provided and a renewal endorsement or policy amendment is not provided within 10 days of the expiration of the endorsement or policy amendment in effect at inception of this Agreement, SCHCAA may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.
- 7. If the endorsement or amendment does not reflect the limits of liability provided by the policy of insurance, Subrecipient shall provide SCHCAA a certificate of insurance reflecting those limits.
- 8. Any of Subrecipient's Excess Insurance shall contain a provision that such coverage shall also apply on a primary and non-contributory basis for the benefit of SCHCAA.

4. Notice of Claim; Applicable Law; Venue

- A. If any claim for damages is filed with Subrecipient or if any lawsuit is instituted concerning Subrecipient's performance under this Agreement and that in any way, directly or indirectly, contingently or otherwise, affects or might reasonably affect SCHCAA, Subrecipient shall give prompt and timely notice thereof to SCHCAA. Notice shall be prompt and timely if given within 30 days following the date of receipt of a claim or 10 days following the date of work of process of a lawsuit. This provision shall survive the termination, expiration, or cancellation of this Agreement.
- B. Any dispute between the Parties, and the interpretation of this Agreement, shall be governed by the laws of the State of California. Any litigation shall be venued in SCHCAA.

5. <u>Performance Standards</u>

Subrecipient shall perform the work or services required by this Agreement in accordance with the industry and/or professional standards applicable to Subrecipient's work or services.

6. Notices

A. Except as provided in Exhibit C, Section 1.A. of this Agreement, any notices required or permitted pursuant to the terms and provisions of this Agreement shall be given to the appropriate party at the address specified below or at such other address as the party shall specify in writing Such notice shall be deemed given: (1) upon personal delivery; or (2) if sent by first class mail, postage prepaid, two days after the date of mailing.

If to SCHCAA: Director

Shasta County Department of Housing and

Community Action Agency 1450 Court Street, Suite 108

Redding, CA 96001

Telephone (530) 225-5160

Fax (530) 225-5178

If to Subrecipient: Board of Supervisors Chairperson

Siskiyou County Health and Human Services

818 South Main Street Yreka, CA 96097

Telephone (530) 841-2761 Email: rhaupt@co.siskiyou.ca.us

B. Any oral notice authorized by this Agreement shall be given to the persons specified in Section 6.A. above and shall be deemed to be effective immediately.

C. Unless otherwise stated in this Agreement, any written or oral notices on behalf of the SCHCAA as provided for in this Agreement may be executed and/or exercised by the Shasta County Executive Officer.

7. Agreement Preparation

It is agreed and understood by SCHCAA and Subrecipient that this Agreement has been arrived at through negotiation and that neither party is to be deemed the party which created any uncertainty in this Agreement within the meaning of section 1654 of the Civil Code.

8. Compliance with Political Reform Act

Subrecipient shall comply with the California Political Reform Act (Government Code, sections 81000, *et seq.*), with all regulations adopted by the Fair Political Practices Commission pursuant thereto, and with the SCHCAA's Conflict of Interest Code, with regard to any obligation on the part of Subrecipient to disclose financial interests and to recuse from influencing any SCHCAA decision which may affect Subrecipients financial interests. If required by the SCHCAA's Conflict of Interest Code, Subrecipient shall comply with the ethics training requirements of Government Code sections 53234, *et seq.*

9. **Property Taxes**

Subrecipient represents and warrants that Subrecipient, on the date of execution of this Agreement, (1) has paid all property taxes for which Subrecipient is obligated to pay or (2) is current in payments due under any approved property tax payment arrangement. Subrecipient shall make timely payment of all property taxes at all times during the term of this Agreement.

10. <u>Severability</u>

If any portion of this Agreement or application thereof to any person or circumstance is declared invalid by a court of competent jurisdiction or if it is found in contravention of any federal or state statute or regulation or SCHCAA ordinance, the remaining provisions of this Agreement, or the application thereof, shall not be invalidated thereby and shall remain in full force and effect to the extent that the provisions of this Agreement are severable.

11. Scope and Ownership of Work

All research data, reports, and every other work product of any kind or character arising from or relating to this Agreement shall become the property of the SCHCAA and be delivered to the SCHCAA upon completion of its authorized use pursuant to this Agreement. SCHCAA may use such work products for any purpose whatsoever.

All works produced under this Agreement shall be deemed works produced by a contractor for hire, and all copyright with respect thereto shall vest in the SCHCAA without payment of royalty or any other additional compensation. Notwithstanding anything to the contrary

contained in this Agreement, Subrecipient shall retain all of Subrecipient's rights in Subrecipient's own proprietary information, including, without limitation, Subrecipient's methodologies and methods of analysis, ideas, concepts, expressions, know how, methods, techniques, skills, knowledge, and experience possessed by Subrecipient prior to, or acquired by Subrecipient during the performance of this Agreement and Subrecipient shall not be restricted in any way with respect thereto.

12. Prevailing Wages

County shall and shall require Subrecipient and Subrecipient's subcontractor(s) performing any work that constitutes a public works project as defined by California law including, but not limited to, construction, improvement, demolition, alteration, renovation, or repair of a publicly leased or operated building or structure, to comply with all provisions of California law regarding construction that constitutes a public works project. Any Agreement between County, Subrecipient and a third party for work that constitutes a public works project shall include the following provision:

A. Subrecipient shall pay, and shall require any subcontractor to pay, not less than the specified prevailing rates of per diem wages to all laborers, workers, and mechanics employed by them in the execution of this Agreement in accordance with the provisions of Article 2 (commencing with section 1770) of Chapter 1 of Part 7 of Division 2 of the Labor Code. Copies of the prevailing rate of per diem wages are on file at Shasta County's Department of Public Works, located at 1855 Placer Street, Redding, California, and are available to Subrecipient upon request. Subrecipient shall also pay, and shall require each subcontractor to pay, travel and subsistence payments to each laborer, worker, and mechanic needed to execute the work.

13. California Environmental Quality Act ("CEQA"): Notice of Exemption

For purposes of this Subrecipient Agreement, the County is acting in the capacity as a pass-through entity for purposes of disbursing funds to the Subrecipient. The Subrecipient agrees that it will comply with any and all environmental laws and regulations, including but not limited to CEQA, that are applicable to any and all work, expenditure of funds, activities, or projects arising out of or related to the use of funds disbursed to Subrecipient by this Agreement.

14. Counterparts/Electronic, Facsimile, And PDF Signatures

This Subrecipient Agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this Agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act (("CUETA") Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this Agreement. The Parties further agree that the electronic signatures of the Parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to

or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of "electronic signature" as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

Signature Page Follows

IN WITNESS WHEREOF, SCHCAA and Subrecipient have executed this Agreement on the dates set forth below. By their signatures below, each signatory represents that he/she has the authority to execute this Agreement and to bind the party on whose behalf his/her execution is made.

	SCHCAA
Date:	- ,
	Jaclyn Disney, Director Shasta County Housing and Community Action Agency
Approved as to form: RUBIN E. CRUSE, JR County Counsel	
By:	Date:
Name:	Title:
RISK MANAGEMENT APPROVAL	
By:	Date:
Name:	Title:
SUBRECIPIENT	
By:	Date:
Name:	Title:
By:	Date:
Name:	Title:

Tax I.D.#: 94-6000537

EXHIBIT G							
Shasta County Housing and Community Action Agency 1450 Court Street Ste 108 Redding, CA 96001							
Homeless Housing, Assistance, and Prevention Program Round 2 (HHAP-2)							
Subrecipient Request for Funds Form (RFF)							
Contract Number: SCHCAA							
Invoice Number:							
Subrecipient: Contact Person:							
Contact Person Title: E-Mail:							
Phone Number:							
Instructions: Please attach copies of invoices, or expenditure documents, and a project narrative with the RFF.							
This billing is for the period of	to	<u>.</u>					
Budget Break	down	REQUEST Draw Amount					
		Di aw Amount					
Rapid Rehousing	\$ -0-						
Operating Subsidies and Reserves \$ -0-							
Street Outreach	\$ -0-						
Service Coordination	\$ -0-						
Delivery of Permanent Housing	\$ 142,234.95						
Prevention and Shelter Diversion to	\$ -0-						
Permanent Housing							
New Navigation Centers and Emergency Shelters	\$ -0-						
TOTAL	\$ 142,234.95						
By signing below, I certify that at least 80% of the grant funding previously drawn down has been expended pursuant to the terms of this agreement.							
Name of Authorized Person							
Signature of Authorized Person Date							
SCHCAA Use Only							

Homeless Housing, Assistance, and Prevention (HHAP) Round 2 Funds

I. Summary

A.	Agen	ncy Information				
	Agen	ency Legal Name: Siskiyou County Health and Human Services Agency				
	Agend	cy Address: 818 South Main Street, Yreka, CA 96097				
	Prima	mary Contact: Maddelyn Bryan Title: Staff Services Analyst III			ices Analyst III	
	Telep	hone Number: 530-841-2748	Email	Address:		
	Tax Id	lentification #: 94-6000537	DUNS	S Number: 966433104		
	Prepa	nrer Name: Maddelyn Bryan	Title:	Staff Serv	ices Analyst III	
В.	Proje	oject Component				
	Check	neck the HHAP-eligible component that this project will address:				
		Rapid Rehousing				
		Operating Subsidies and Reserves				
		Street outreach				
		Service Coordination				
] Systems Support				
		Delivery of Permanent Housing				
		Prevention & Shelter Diversion to Permanent Housing				
		New Navigation Centers & Emergency Shelton	ers			
	Is the Target Population for this project categorized as homeless youth (Youth-Set Aside)?					
		Yes No				

C. Project Summary

If allocated HHAP-2 funding, Siskiyou County Health and Human Services Agency (SCHHSA) will utilize these funds to support the delivery of Permanent Supportive Housing and Innovative Solutions. Currently, there are no Permanent Supportive Housing units available within the jurisdiction and there is an extreme shortage of housing stock, particularly for low-income households. The recent Slater fire exacerbated this shortage. SCHHSA and Rural Communities Housing Development Corporation (RCHDC) are collaborating on a No Place Like Home (NPLH) project to develop Permanent Supportive Housing. Siskiyou County has been awarded several grants/allocations, including a Partnership HealthCare grant, an HHAP-1 grant, NPLH non-competitive funding, the Permanent Local Funding Allocation, and Mental Health Services Act (MHSA) funding for this purpose. In partnership with RCHDC, SCHHSA applied for and received Round 3 NPLH competitive funding. Awarding of HHAP-2 funds to this project will likewise increase the county's competitiveness in its applications for additional funding, such as tax credits, and will support the development of this essential component in the Continuum of Care.

D. Collaborative Partnerships

Describe how your agency will collaborate with other agencies in the scope of this project. Please include how your agency is involved in efforts to create sustainable housing solutions for people experiencing homelessness or at risk of homelessness.

SCHHSA will collaborate with RCHDC to develop and provide property management for a 50 unit apartment complex. SCHHSA's Behavioral Health Division (BHD) will offer mental health and Substance Use Disorder treatment services. SCHHSA is already cultivating a strong referral process with numerous community and county organizations, ranging from medical hospitals to employment-training centers, for supplementary services to meet individual client needs.

II. Project Detail

A. Project Design

Describe the project design (limit to 250 words):

The Permanent Supportive Housing development, named Siskiyou Crossroads, will be a new construction project with 9 zero bedrooms, 20 one-bedroom, 20 two-bedroom, and 1 three-bedroom units serving households with incomes ranging from 30-60 percent of Area Median Income (AMI), as well as 1 manager's unit. Of the total units, 9 zero bedroom, 11 one bedroom, 4 two-bedroom units will be reserved for NPLH qualified households (chronically homeless and those with a serious mental illness) with incomes at or below 30 percent AMI. Each unit will have air conditioning, a refrigerator, curtains/blinds, and a balcony. On-site amenities include a community room and kitchen, Tot lot/playground, and a laundry room. The location is within walking distance to a bus stop and within close proximity to medical clinics, schools, grocery stores, a library, a park, and fire/police services. BHD staff will provide intensive case management and mental health services for chronically homeless individuals in the NPLH assisted units. Case managers will link clients to mainstream benefits and other community assistance programs. SCHHSA has created several formal partnerships with various organizations to ensure a rich breadth of services.

B. Use of Evidence Based Practices

Describe your agency's use of evidence-based practices for this project (limit to 250 words):

Siskiyou Crossroads will utilize Permanent Supportive Housing as an evidence based practice for addressing the intersection of homelessness and disabling conditions. SCHHSA's staff will continue to use evidenced based practices throughout their interactions with clients, including through a Critical Time Intervention strategy to assist individuals with periods of transition. SCHHSA also recognizes that an individual's experience of trauma can interfere with their ability to cope with the barriers of exiting homelessness. BHD staff are trained in trauma-informed care strategies and clinical staff will provide Trauma-Focused Cognitive Behavioral Therapy in the mental health treatment practices.

C. Compliance with Housing First

Briefly describe the project will comply with the core components of Housing First as defined in Welfare and Institutions Code 8255(b) (limit to 250 words):

Tenants will be selected through the CoC Coordinated Entry System. Tenants must have a qualifying serious mental illness or a co-occurring mental health and a substance use disorder to qualify for the NPLH units. Tenants in NPLH assisted units will also be either homeless, chronically homeless or at-risk of chronic homelessness. Housing/tenancy at Siskiyou Crossroads will not be based on sobriety status, rental/eviction history, or credit history. Nor will we reject potential clients due to a criminal background. Siskiyou Crossroads will offer an abundant variety of voluntary services only and tenancy will not depend on participation in those services. We will seek to continuously evaluate our policies and processes to remove barriers to housing.

D. Resources Addressing Homelessness

Briefly describe your agency's existing programs and resources used to address homelessness.

SCHHSA currently has two housing programs in operation through its Social Services Division (SSD). SSD can offer Rapid-Rehousing and Emergency Shelter to eligible CalWORKs families through our Housing Support Program. SSD also administers a Whole Person Care grant program to provide temporary emergency shelter for homeless individuals with an acute medical need. Additionally, SSD has recently received several smaller funds to address youth homelessness, including a portion of the HHAP-1 grant from the county's allocation, two Transitional Housing Program grants, and a Housing Navigators Program grant. BHD likewise has two programs that may provide housing services to their clients. Through MHSA funding, BHD has a Full Service Partnership program that may pay for housing-related costs if staff deem it necessary for a client's mental health treatment plan. BHD also offers Emergency Shelter for homeless individuals who are being discharged from hospitals. A California Emergency Solutions and Housing Program grant funds this service. The state has awarded Siskiyou County another HHAP-2 grant that will allow SCHHSA to expand housing services to a larger demographic once the funds are received.

III. PARTICIPATION INFORMATION

A. Household Served

Number of <u>Unduplicated Households</u> projected to be served by the project during the grant period of approximately December 2020 to June 2026.

Once the construction is complete, Siskiyou Crossroads' NPLH assisted units will serve 24 households at any given time. The remaining units will serve 26 low-income households.

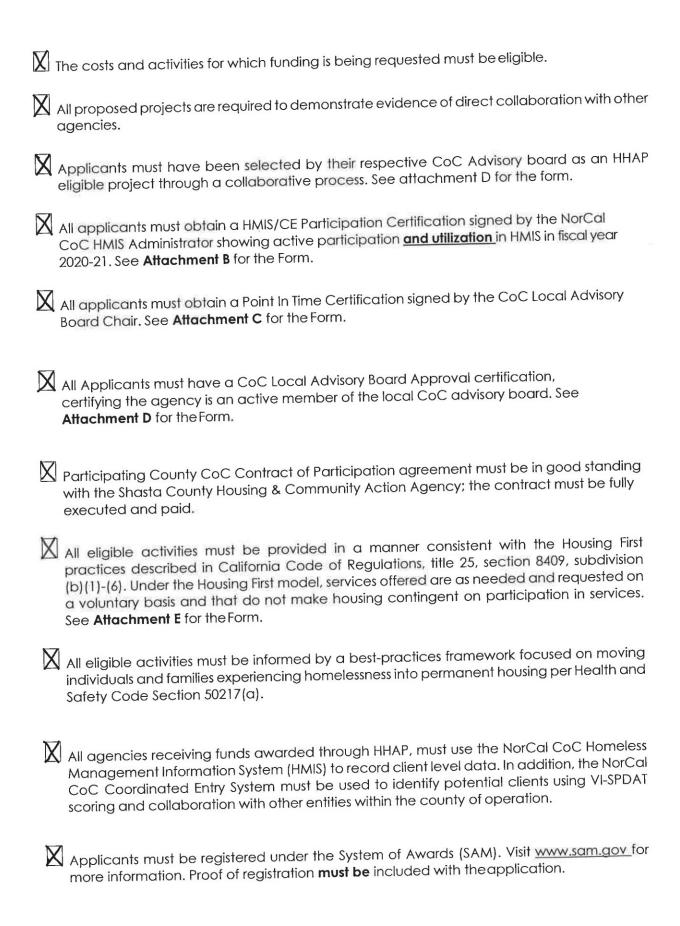
IV. Project Budget

Eligible Use	FY 20/21	FY21/22	FY22/23	FY23/24	FY24/25	FY 25/26	Total
Category		1					
Rapid Rehousing							
Operating							
Subsidies and							
Reserves							
Street outreach							
Service							
Coordination							
Systems Support							
Delivery of		\$142,234.95					
Permanent							
Housing							
Prevention and							
Shelter Diversion							
to Permanent							
Housing							
New Navigation							
Centers and							
Emergency			1				
Shelters							

V. Threshold Requirements

All applicants <u>must meet</u> the local and HUD defined threshold requirements as detailed below. If a request/application does not demonstrate that the proposed project meets these threshold requirements, the Applicant will be advised that its request will not be considered for funding.

The Applicant must be a public agency or private nonprofit agency, requesting HHAP funds to provide direct services to homeless persons or persons at-risk of becoming homeless.



V. CERTIFICATION

I certify that:

- 1. To the best of my knowledge and belief, that information in this application is true and correct.
- 2. The undersigned is an authorized certifying official of the organization here represented and is authorized to submit this application on their behalf.
- 3. The organization responsible for carrying out the project activities under this proposal will comply with all applicable local and federal laws and regulations.

Organization Name: Siskiyou County Health and Human Services Agency

Project Name: Siskiyou Crossroads Permanent Supportive Housing

Project Address: The site is currently undeveloped and does not have an address. The APN is #053-651-820.

Certifying Official: Sarah Collard, Ph.D.

Title: SCHHSA Director

Signature:

Date: 6 29 21



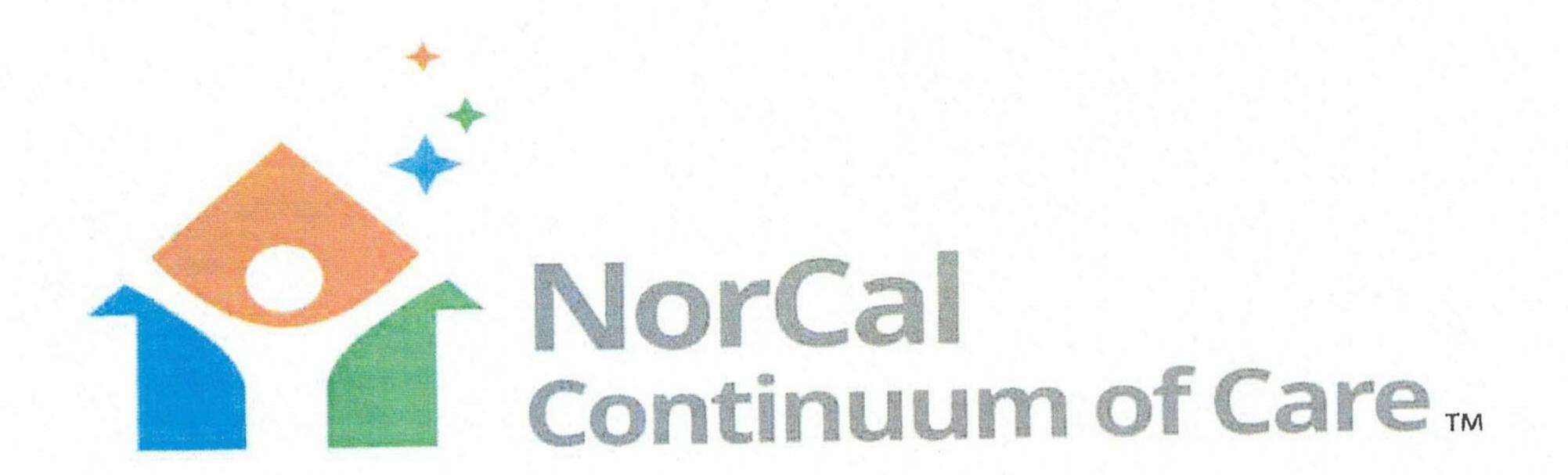
Certification of Point In Time Participation

We, _C	certify that staff from our agency participated in the Point In count by performing one or more of the below listed activities within our community:
*	Surveyed persons using the paper survey forms.
	Coordinated the Point In Time Count in our County.
#	Assisted the coordinator within the County.
×	Other: Surveyed persons is inj the "Counting Us" app.

Dated: (4)22/21

Printed Name PIT Committee Chair

Signature of PIT Committee Chair



Certification of Local Advisory Board Approval for Applicant

By signing below, the Local Advisory Board certifies that <u>SCHFSA</u> is and active participant at their Local Advisory Board and recommended to apply for Homeless Housing, Assistance, and Prevention (HHAP) Round 2 funds to operate <u>Permanent Supportive Housing</u> within the County of <u>Siskingou</u>. The Local Advisory Board further certifies, the Applicant has presented a HHAP eligible project to the Local Advisory Board through acollaborative process.

Duane Lega

Printed Name of Advisory Board Chair

Signature

____ understands that



HOUSING FIRST COMPLIANCE AND TRAINING CERTIFICATION

Housing First is a homeless assistance approach that prioritizes providing permanent housing to persons who are experiencing homelessness. This approach is guided by the understanding that people need necessities like food and shelter before being required to gain employment, pursue life skills courses, or attend substance use education. Housing First does not require persons experiencing homelessness to address behavioral health issues or to graduate through a series of programs before accessing safe, stable housing.

All eligible HHAP 2 activities must be provided in a manner consistent with the Housing First practices described in California Code of Regulations, title 25, section 8409, subdivision (b)(1)-(6). Under the Housing First model, services offered are as needed and requested on a voluntary basis and that do not make housing contingent on participation in services. Agencies must participate in annual Housing First training and utilize Housing First practices.

By signing this document, I certify that SCHHS

housing is the foundation for life improven	nent and it awarded ESG CV tunds will:
	Title HHSA Director Agency Wunty & Fiskupu HHSA



HMIS Database Certificate

Agency I	Name: <u>Siskiyou County Health and Human S</u>	ervic	es Agency.	<u>-</u>		
Agency E	Entering Data (if different from Agency/Applicant):					
outcome d be reporte Assistance	te the Project Level Performance the Applicant is required at a using HMIS. The report to be attached with this for out of an HMIS or a comparable database if the provider. Attach the CoC APR Report for the most really have questions about retrieving the reports, please	orm is Appli ecent	the CoC APR cant is a Vic 12 months.	2019 ctim S	The data provider of	led must or Legal
,	na mare queeneme about retine mig tine reporte, produce		HMIS Data	Or	Comparable Database	
	Total # of Individuals served	1	83			
	Total # of Individual Leavers who exited to permanent housing destination	o a 2	29			
M	Total # of Individual Leavers who exited a destination	ny 4	4			
	The Applicant did not use HMIS during the a HMIS Contract dated: CERTIFICATION OF THE APPLICATION OF THE AP	PLICA docum	TION INFOR	<i>MATI</i> (enerat	ON ed from an HMIS	
	Paul Tunison Housi	Housing and Community Program Specia				
	Printed Name of HMIS Administrator	Title		CON	STACOUNTY AND AGENCY	
	Pauleturion					
	HMIS Administrator Signature					
	06/21/2021					
	Date					

Report Options

Name

Description

Provider Type

Provider O Reporting Group

Provider *

Siskiyou County Health and Human Services (Agency

(267)

This provider AND its subordinates ○ This provider ONLY

Program Date Range * 06/21/2020

to 06/21/2021

Entry/Exit Types *

Basic Center Program Entry/Exit <u>Basic</u>

<u>HUD</u>

<u>PATH</u> <u>Call</u>

🖾 Quick 🖾 <u>RHY</u>

Transitional Living Program Entry/Exit <u>Standard</u>

MPRP (Retired) <u>VA</u>

CoC-APR Report Results - Date Ran: 06/21/2021 01:59:01 PM - Report ID: 3737

Organization Name	Org. ID	Project Name	Project ID	HMIS Project Type	Method for Tracking ES	Affiliated with a residential project?	Project IDs of Affiliation	CoC Codes	Geocodes	Victim Service Provide
Missing	Missing	CalWorks ES	648	Missing		(SSO)		Missing	Missing	False
Missing	Missing	CWS Emergency Shelter	649	Missing	•		· :	Missing	Missing	False
Siskiyou County Health and Human Services (Agency	267	SisCHHS Case Management (CM)	270	Other (HUD)			•	CA-516	069093	False
Siskiyou County Health and Human Services (Agency	267	SisCHHS Housing Support Program (ES)	552	Emergency Shelter (HUD)	Entry/Exit Date		· ;	CA-516	069093	False
Siskiyou County Health and Human Services (Agency	267	SisCHHS Housing Support Program (RRH)	268	PH - Rapid Re- Housing (HUD)				CA-516	069093	False
Siskiyou County Health and Human Services (Agency	267	SisCHHS MDT Program	673	Other (HUD)	•			CA-516	069093	False
Siskiyou County Health and Human Services (Agency	267	SisCHHS Partnership Health (RRH)	269	PH - Rapid Re- Housing (HUD)			•	CA-516	069093	False
HMIS Lead (Shasta County)	1	Siskiyou County Health and Human Services (Agency	267	Missing				CA-516	069093	False
Missing	Missing	Siskiyou HSP Transitional Housing	647	Missing		••		Missing	Missing	False

Showing 1-9 of 9

5a - Report Validations Table		
Report Validations Table		
1. Total Number of Persons Served		183
2. Number of Adults (age 18 or over)		93
3. Number of Children (under age 18)		90
4. Number of Persons with Unknown Age		0
5. Number of Leavers		112

6. Number of Adult Leavers							68
7. Number of Adult and Head of Household Le	avers						68
8. Number of Stayers							71
9. Number of Adult Stayers							25
10. Number of Veterans							8
11. Number of Chronically Homeless Persons							24
12. Number of Youth Under Age 25							5
13. Number of Parenting Youth Under Age 25	with Children						2
14. Number of Adult Heads of Household							73
15. Number of Child and Unknown-Age Heads	of Household						0
16. Heads of Households and Adult Stayers in	the Project 365 Days or More						1
6a - Data Quality: Personally Identifiable I	information						
			Client Doesn't				
Data Element			Know/Client Refused	Information Missing	Data Issues	Total	% of Error Rat
Name (3.1)			0	0	0	0	0%
SSN (3.2)			5	1	0	6	3%
Date of Birth (3.3)			0	0	O	0	0%
Race (3.4)			4	0		4	2%
Ethnicity (3.5)			0	0		0	0%
Gender (3.6)			O	0	•	0	0%
Overall Score		•	•			9	5%
6b - Data Quality: Universal Data Elements	•					_	
Data Element						Error Count	% of Error Rate
Veteran Status (3.7)						0	0%
Project Start Date (3.10)						0	0%
Relationship to Head of Household (3.15)						22	12%
Client Location (3.16)						0	0%
Disabling Condition (3.8)						5	3%
6c - Data Quality: Income and Housing Dat	a Quality						
Data Element						Error Count	% of Error Rate
Destination (3.12)			•			32	29%
Income and Sources (4.2) at Start							9%
Income and Sources (4.2) at Annual Assessme		•				·	100%
					•	·	$(\mathbf{z}_{i})_{i} = (\mathbf{z}_{i})_{i} + (\mathbf{z}_{i})_{i}$
Income and Sources (4.2) at Exit						5	7%
6d - Data Quality: Chronic Homelessness				_			
		Missing time in	Missing time in	Approximate Date started	Number of	Number of months	% of records
Entering into project type	Count of total records	institution (3.917.2)	housing (3.917.2)	(3.917.3) DK/R/missing	times (3.917.4) DK/R/missing	(3.917.5) DK/R/missing	unable to calculate
ES, SH, Street Outreach	42	(313 ;		16	21	21	50%
•	_	_				 ·	•
TH		0	O :	0	. O	O	0%
PH(all)	47	0	1	1	3	7	17%
Total							33%
6e - Data Quality: Timeliness							
		l tambal kara sana sa kara sa kara sa sa sa kara kara kar	and the contract of the state of	- Marketarring of the production of the productive section of the consistency for		Number of	Number of
Time For Record Entry						Project Start Records	Project Exit Records
0 days					•	16	2
1 - 3 days			•			24	13
4 - 6 days						12	. 6
7 - 10 days							14
11+ days						69	ਹੈ. ⁻⁷ 77
6f - Data Quality: Inactive Records: Street	Cultageh and Emerana etc.	· Itar		SALE SALES			
					# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Stre	eet Outreach or ES - NBN)				0	O	0%
Bed Night (All clients in ES - NBN)			•		0	0	0%
7a - Number of Persons Served							
				Without	With Children	With Only	Unknown
			Total	Children	and Adults	Children	Household Type
Adults			93	35	58		0
Children			90		84	6	0
Client Doesn't Know/Client Refused							
			0	0	0	0	• 0
Data not collected			0 0	o o	0	0	• O

Total

For PSH and RRH - the total persons served who moved into housing	E.4				
	51	21	30	0	·
7b - Point-in-Time Count of Persons on the Last Wednesday				_	
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	61	4	55	2	0
April	59	2	55	2	0
July	54	6	44	<u>-</u>	0
October	37	"	28	,	0
			40	*	
8a - Number of Households Served					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	73	30	43	0	0
For PSH and RRH - the total persons served who moved into housing	28	18	10	0	0
			. *		
Bb - Point-in-Time Count of Households on the Last Wednesday					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	17	2	15	0	0
April	12	1	11	0	G
July	19	5	14	0	0
October	13	•	9	0	0
9a - Number of Persons Contacted					
			First Contact - NOT staying on	First contact - WAS staying on	First contact -
		All Persons	the Streets, ES,	Streets, ES, or	Worker unable
		Contacted	or SH	SH	to determine
Once		0	o	O	0
2-5 Times		0	O	0	0
6-9 Times		0	0	0	0
10+ Times		0	0	O	0
Total Persons Contacted		0	0	O	0
b - Number of Persons Engaged					
			First Contact -	First contact -	
			NOT staying on	WAS staying on	First contact -
		All Persons Contacted	the Streets, ES, or SH	Streets, ES, or SH	Worker unable to determine
Once	•	• • • • • • • • • • • • • • • • • • • •	O	O	 O
2-5 Times		 O		: •	ο
6-9 Times		0	·	0	
10+ Times			0	0	
Total Persons Engaged		0			
				0	00/
Rate of Engagement		0%	0%	0%	0%
Oa - Gender of Adults					
		Total	Without Children	With Children and Adults	
Male			Office Cit		Unknown Household Tyne
		40	31	•	
Camania		40	21	19	Household Type 0
		•	21 14	•	
Trans Female (MTF or Male to Female)				19	Household Type 0
Trans Female (MTF or Male to Female)			14	19	Household Type 0
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male)			14	19	Household Type 0
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female)			14	19	Household Type 0
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected			14 0 0	19 39 0 0	Household Type 0
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected			14 0 0	19 39 0 0	Household Type 0
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal		53 0 0 0 0	14 0 0 0 0	19 39 0 0 0	Household Type 0
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal		53 0 0 0 0	14 0 0 0 0 0 35	19 39 0 0 0 0 0 58	Household Type O O O O O O O O O O O
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal		53 0 0 0 0	14 0 0 0 0	19 39 0 0 0	Household Type 0 0 0 0 0 0 0 0 Unknown
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children		53 0 0 0 0 0 93	14 0 0 0 0 0 35 With Children	19 39 0 0 0 0 0 58	Household Type 0 0 0 0 0 0 0 0 Unknown
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children		53 0 0 0 0 0 93	14 0 0 0 0 0 0 35 With Children and Adults	19 39 0 0 0 0 0 58	Household Type 0 0 0 0 0 0 0 0 Unknown
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children Male Female		53 0 0 0 0 0 93 Total 51	14 0 0 0 0 0 35 With Children and Adults 48	19 39 0 0 0 0 0 58	Household Type O O O O O O O O O O O O O
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children Male Female Trans Female (MTF or Male to Female)		53 0 0 0 0 0 93 Total 51	14 0 0 0 0 0 35 With Children and Adults 48	19 39 0 0 0 0 0 58	Household Type O O O O O O O O O O O O O O O O O O
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male)		53 0 0 0 0 0 93 Total 51	14 0 0 0 0 0 35 With Children and Adults 48	19 39 0 0 0 0 0 58	Household Type O O O O O O O O O O O O O O O O O O
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female)		53 0 0 0 0 0 93 Total 51	14 0 0 0 0 0 35 With Children and Adults 48	19 39 0 0 0 0 0 58	Household Type 0 0 0 0 0 0 0 0 Unknown
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused		53 0 0 0 0 0 93 Total 51	14 0 0 0 0 0 35 With Children and Adults 48	19 39 0 0 0 0 0 58	Household Type O O O O O O O O O O O O O
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected		53 0 0 0 0 93 Total 51 39 0 0 0	14 0 0 0 0 0 35 With Children and Adults 48 36 0 0 0 0	19 39 0 0 0 0 0 58	Household Type 0 0 0 0 0 0 0 0 Unknown
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal		53 0 0 0 0 0 93 Total 51	14 0 0 0 0 0 35 With Children and Adults 48	19 39 0 0 0 0 0 58	Household Type O O O O O O O O O O O O O
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal		53 0 0 0 0 93 Total 51 39 0 0 0	14 0 0 0 0 0 35 With Children and Adults 48 36 0 0 0 0	19 39 0 0 0 0 0 58	Household Type O O O O O O O O O O O O O
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal		53 0 0 0 0 0 93 Total 51 39 0 0 0 0 90 Without	14 0 0 0 0 0 35 With Children and Adults 48 36 0 0 0 0 0 0 0 0 0 With Children	19 39 0 0 0 0 58 With Only Children 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Household Type 0 0 0 0 0 0 0 Unknown Household Type 0 0 0 0 0 0 0 0 0 0 0 0 0
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Oc - Gender of Persons Missing Age Information	Total	53 0 0 0 0 93 70tal 51 39 0 0 0	14 0 0 0 0 0 35 With Children and Adults 48 36 0 0 0 0 0 0 0 0 0 0 0 0 0	19 39 0 0 0 0 58 With Only Children 3 3 0 0 0 6	Household Type O O O O O O O O O O O O O O O O O O
Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Oc - Gender of Persons Missing Age Information	Total	53 0 0 0 0 0 93 Total 51 39 0 0 0 0 90 Without	14 0 0 0 0 0 35 With Children and Adults 48 36 0 0 0 0 0 0 0 0 0 With Children	19 39 0 0 0 0 58 With Only Children 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Household Type O O O O O O O O O O O O O O O O O O
Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Ob - Gender of Children Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Subtotal Oc - Gender of Persons Missing Age Information Male Female	Total	53 0 0 0 0 0 93 Total 51 39 0 0 0 0 90 Without	14 0 0 0 0 0 35 With Children and Adults 48 36 0 0 0 0 0 0 0 0 0 With Children	19 39 0 0 0 0 58 With Only Children 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Household Type 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Trans Male (FTM or Female to Male)		0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)		0	0	O	0	0
Client Doesn't Know/Client Refused		0	0	0	0	0
Data not collected		0	• 0	0	o	0
Subtotal		o	O	o	o	0
11 - Age						
			Without	With Children	With Only	Unknown
		Total	Children	and Adults	Children	Household Type
Under 5		34		31	3	0
5 - 12		35		33	2	0
13 - 17		21		20	1	0
18 - 24		6	1	E	-	0
25 - 34		25	*	20		0
		35	-	28		Ū
35 - 44		24	5	19		•
45 - 5 4	•	11	6	5		0
55 - 61		6	6	0		O
62 +		11	10	1		0
Client Doesn't Know/Client Refused		0	O	0	0	0
Data not collected		0	0	0	0	O
Total		183	35	142	6	O
12a - Race						
			Without	With Children	With Only	Unknown
		Total	Children	and Adults	Children	Household Type
White		100	21	75	4	O
Black or African American	•	2	1	1	0	0
Asian		G	O	O	0	0
American Indian or Alaska Native		4	0	4	0	. 0
Native Hawaiian or Other Pacific Islander		0	n	0	0	0
Multiple races		45		~ ~		•
	:	45	11	34	-	0
Client Doesn't Know/Client Refused			2	28	2	0
Data not collected			0	•	0	0
Total		183	35	142	6	O
12b - Ethnicity						
	ne-reskande erskingereskanskerskerskanten er en		Without	With Children	With Only	Unknown
		Totai	Children	and Adults	Children	Household Type
Non-Hispanic/Non-Latino		173	34	135	4	0
Hispanic/Latino		10	1	7	2	0
Client Doesn't Know/Client Refused		0	0	0	0	0
Data not collected		0	; O	0	0	0
Total		183	35	142	6	o
13a1 - Physical and Mental Health Conditions at Start						
			Adults in HH	Children in HH		
		Without	with Children	with Children	With Only	Unknown
	Total Persons	Children	and Adults	and Adults	Children	Household Type
Mental Health Problem	35	16	15	4	0	0
Alcohol Abuse	.	2	1.	0	0	o
Drug Abuse	11	5	6	0	0	0
Both Alcohol and Drug Abuse	2	1	1	O	0	0
Chronic Health Condition	27	18	9	0	0	0
HIV/AIDS	O	0	O	O	0	0
Development Disability	7	4	3	0	. 0	0
Physical Disability	21	16		•	0	0
13b1 - Physical and Mental Health Conditions at Exit						
		Without	Adults in HH with Children	Children in HH with Children	With Only	Unknown
	Total Persons	Children	and Adults	and Adults	Children	Household Type
Mental Health Problem	24	14	9	1.	0	0
Alcohol Abuse	2	1	1	o	0	· • • • • • • • • • • • • • • • • • • •
Drug Abuse	: . 9	5 5	4	0	O	0
Both Alcohol and Drug Abuse	2	 1	· 1	0	ñ	ň
Chronic Health Condition	20	14	. .	0	. ~ .	^
	·	•		-		•
HIV/AIDS	0	0	. 0	0	0	U
Development Disability	6	4	2	0	O	0
Physical Disability	1.7	14	3	O	<u> </u>	
13c1 - Physical and Mental Health Conditions of Stayers				P		
			Adults in HH	Children in HH		
		140141 *			表面通信排除。 🚗 🐣	8 8 9
	Total Persons	Without Children	with Children and Adults	with Children and Adults	With Only Children	Unknown Household Type

0

Trans Male (FTM or Female to Male)

	11	2	6	3	O	0
Alcohol Abuse	. 1	1	0	0	0	0
Drug Abuse	2	0	2	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0	0
Chronic Health Condition	7	4	3	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	1	0	1	0	0	0
Physical Disability	4	2	1.	1	0	Ö
13a2 - Number of Conditions at Start						
			Adults in HH	Children in HH		
	Total Persons	Without Children	with Children and Adults	with Children and Adults	With Only Children	Unknown Household Type
None	117	6	27	78	6	0
1 Condition	31	5	21	5	0	0 .
2 Conditions	16	10	6	0	O	0
3+ Conditions	13	11	2	0	0	0
Condition Unknown	2	2	0	0	0	O
Client Doesn't Know/Client Refused	2	0	2	0	0	0
Data not collected	2	1	O	1	0	0
Total	183	35	58	84	6	0
13b2 - Number of Conditions at Exit						
		10/2424	Adults in HH	Children in HH		
	Total Persons	Without Children	with Children and Adults	with Children and Adults	With Only Children	Unknown Household Type
None	61	4	16	41	0	0
1 Condition	21	5	15	1.	0	0
2 Conditions	11	7	4	0	0	0
3+ Conditions	11	10	1	0	0	0
Condition Unknown	2	2	. 0	0	0	. O
Client Doesn't Know/Client Refused	4	0	3	1	0	0
Data not collected	2		• 0	1	0	0
Total	112	29	39	44	.	0
13c2 - Number of Conditions for Stayers						
		Without	Adults in HH with Children	Children in HH with Children	With Only	Unknown
	Total Persons	Children	and Adults	and Adults	Children	Household Type
None .	54	 2	10	36	6	O
1 Condition	10	. 0	4	0	
2 Conditions	5	3	2	0	0	0
3+ Conditions	2	1	1	0	0	• 0
Condition Unknown		0	Λ.	~		•
fillant Hangen't Whalliff Hant Daties	—			0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0
Data not collected	0	0 0	0	0	0	0
Data not collected Total	0 0 71	0 0 6	0 0 19	0 0 0 40	0 0 0 6	0 0
Data not collected	0 0 71	0 0 6			0 0 0 6	
Data not collected Total	0 71	O O 6	0 19 Without Children	0 0 40 With Children and Adults	0 0 6 With Only Children	O O O O Unknown Household Type
Data not collected Total	71	0 6 Total 34	Without	With Children		
Data not collected Total 14a - Domestic Violence History	71		Without Children	With Children and Adults		
Data not collected Total 14a - Domestic Violence History Yes	71	34	Without Children 10	With Children and Adults 24		
Total 14a - Domestic Violence History Yes No	71	34	Without Children 10	With Children and Adults 24		
Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused	0 71	34	Without Children 10	With Children and Adults 24		
Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected	0 71	34 56 2 1	Without Children 10 24 1	With Children and Adults 24 32 1		
Data not collected Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total	0 71	34 56 2 1 93	Without Children 10 24 1 0 35	With Children and Adults 24 32 1 1 58	Children 0 0 0 0 0 With Only	Household Type 0 0 0 0 0 Unknown
Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total 14b - Persons Fleeling Domestic Violence	0 71	34 56 2 1	Without Children 10 24 1 0	With Children and Adults 24 32 1 1 58	Children 0 0 0 0 0	Household Type 0 0 0 0 0
Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total 14b - Persons Fleeling Domestic Violence	0 71	34 56 2 1 93 Total	Without Children 10 24 1 0 35	With Children and Adults 24 32 1 1 58 With Children and Adults 5	Children 0 0 0 0 0 With Only	Household Type 0 0 0 0 0 Unknown
Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total 14b - Persons Fleeing Domestic Violence Yes No	0 71	34 56 2 1 93	Without Children 10 24 1 0 35	With Children and Adults 24 32 1 1 58	Children 0 0 0 0 0 With Only	Household Type 0 0 0 0 0 Unknown
Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total 14b - Persons Fleeling Domestic Violence Yes No Client Doesn't Know/Client Refused	0 71	34 56 2 1 93 Total	Without Children 10 24 1 0 35	With Children and Adults 24 32 1 1 58 With Children and Adults 5	Children 0 0 0 0 0 With Only	Household Type 0 0 0 0 0 Unknown
Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total 14b - Persons Fleeing Domestic Violence Yes No	0 71	34 56 2 1 93 Total	Without Children 10 24 1 0 35	With Children and Adults 24 32 1 1 58 With Children and Adults 5	Children 0 0 0 0 0 With Only	Household Type 0 0 0 0 0 Unknown
Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total 14b - Persons Fleeing Domestic Violence Yes No Client Doesn't Know/Client Refused Data not collected Total	0 71	34 56 2 1 93 Total 7 21 2	Without Children 10 24 1 0 35 Without Children 2 7 1	With Children and Adults 24 32 1 1 58 With Children and Adults 5 14 1 1	Children 0 0 0 0 0 With Only	Household Type 0 0 0 0 0 Unknown
Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total 14b - Persons Fleeing Domestic Violence Yes No Client Doesn't Know/Client Refused Data not collected	0 71	34 56 2 1 93 Total 7 21 2	Without Children 10 24 1 0 35 Without Children 2 7 1 0 10	With Children and Adults 24 32 1 1 58 With Children and Adults 5 14 1 4 24	Children 0 0 0 0 With Only Children 0 0 0 0	Household Type 0 0 0 0 0 0 Unknown Household Type 0 0 0 0
Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total 14b - Persons Fleeing Domestic Violence Yes No Client Doesn't Know/Client Refused Data not collected Total	0 71	34 56 2 1 93 Total 7 21 2	Without Children 10 24 1 0 35 Without Children 2 7 1	With Children and Adults 24 32 1 1 58 With Children and Adults 5 14 1 1	Children 0 0 0 0 0 With Only	Household Type 0 0 0 0 0 Unknown
Data not collected Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total 14b - Persons Fleeling Domestic Violence Yes No Client Doesn't Know/Client Refused Data not collected Total 15 - Living Situation Homeless Situations	0 71	34 56 2 1 93 Total 7 21 2 4 34	Without Children 10 24 1 0 35 Without Children 2 7 1 0 10 Without	With Children and Adults 24 32 1 1 58 With Children and Adults 5 14 1 4 24 With Children	Children 0 0 0 0 With Only Children 0 0 0 0 0 0 0 0 0 0 0 0 0	Household Type 0 0 0 0 Unknown Household Type 0 0 0 0 0
Total I4a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total I4b - Persons Fleeling Domestic Violence Yes No Client Doesn't Know/Client Refused Data not collected Total Total I5 - Living Situation Homeless Situations Emergency shelter, including hotel or motel paid for with emergency shelter voices	o 71	34 56 2 1 93 Total 7 21 2 4 34	Without Children 10 24 1 0 35 Without Children 2 7 1 0 10 Without	With Children and Adults 24 32 1 1 58 With Children and Adults 5 14 1 4 24 With Children	Children 0 0 0 0 With Only Children 0 0 0 0 0 0 0 0 0 0 0 0 0	Household Type 0 0 0 0 Unknown Household Type 0 0 0 0 0
Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total 14b - Persons Fleeing Domestic Violence Yes No Client Doesn't Know/Client Refused Data not collected Total 15 - Living Situation Homeless Situations Emergency shelter, including hotel or motel paid for with emergency shelter voice. Transitional housing for homeless persons (including homeless youth)	o 71	34 56 2 1 93 Total 7 21 2 4 34 34	Without Children 10 24 1 0 35 Without Children 2 7 1 0 10 Without	With Children and Adults 24 32 1 1 58 With Children and Adults 5 14 1 4 24 With Children and Adults	Children 0 0 0 0 With Only Children 0 0 0 0 0 0 0 0 0 0 0 0 0	Household Type 0 0 0 0 Unknown Household Type 0 0 0 0 0
Total 14a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total 14b - Persons Fleeing Domestic Violence Yes No Client Doesn't Know/Client Refused Data not collected Total 15 - Living Situation Homeless Situations Emergency shelter, including hotel or motel paid for with emergency shelter vot Transitional housing for homeless persons (including homeless youth) Place not meant for habitation	0 71	34 56 2 1 93 Total 7 21 2 4 34 34	Without Children 10 24 1 0 35 Without Children 2 7 1 0 10 Without	With Children and Adults 24 32 1 1 58 With Children and Adults 5 14 1 4 24 With Children and Adults	Children 0 0 0 0 With Only Children 0 0 0 0 0 0 0 0 0 0 0 0 0	Household Type 0 0 0 0 Unknown Household Type 0 0 0 0 0
Total I4a - Domestic Violence History Yes No Client Doesn't Know/Client Refused Data not collected Total I4b - Persons Fleeing Domestic Violence Yes No Client Doesn't Know/Client Refused Data not collected Total I5 - Living Situation Homeless Situations Emergency shelter, including hotel or motel paid for with emergency shelter voice.	0 71	34 56 2 1 93 Total 7 21 2 4 34 34	Without Children 10 24 1 0 35 Without Children 2 7 1 0 10 Without Children 4 0	With Children and Adults 24 32 1 1 58 With Children and Adults 5 14 1 4 24 With Children and Adults 1 4 24	Children 0 0 0 0 With Only Children 0 0 0 0 0 0 0 0 0 0 0 0 0	Household Type 0 0 0 0 Unknown Household Type 0 0 0 0 0

Host Home (non-crisis)	0	0	0	O	0
Subtotal	66	29	37	0	0
Institutional Settings					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	O	0	0	O	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	Ō	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Rental by client, no ongoing housing subsidy	1	0	1	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	7	2	5	0	0
Staying or living in a friend's room, apartment or house	9	2	7	0	0
Staying or living in a family member's room, apartment or house	9	2	7	0	0
Client Doesn't Know/Client Refused	1	0	1	0	0
Data not collected	0	. 0	0	0	0
Subtotal	27	6	21	0	0
Total	93	35	58	O	

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	26	0	23
\$1 - 150	2	0	1
\$151 - \$250	0	0	0
\$251 - \$500	7	0	4
\$501 - \$1000	34	0	24
\$1001 - \$1500	11	0	7
\$1 501 - \$2000	5	0	5
\$2001 +	2	0	2
Client Doesn't Know/Client Refused	0	0	o
Data not collected	6	0	2
Number of adult stayers not yet required to have an annual assessment		24	
Number of adult stayers without required annual assessment		1	
Total Adults	93	25	68

16 - Cash Income - Ranges

17 - Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	3	0	3
Unemployment Insurance	5	0	1
Supplemental Security Income (SSI)	20	0	16
Social Security Disability Insurance (SSDI)	9	0	8
VA Service - Connected Disability Compensation	O	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	33	0	21
General Assistance (GA)	1	0	1
Retirement Income from Social Security	1	0	1
Pension or retirement income from a former job	1.	0	1.
Child Support	6	0	3
Alimony and other spousal support	1	0	0
Other Source	3	0	2
Adults with Income Information at Start and Annual Assessment/Exit		O	0

18 - Client Cash I	ncome Category	- Earned/Other Inc	ome Category - b	y Start and Annu	ial Assessment/Exil	: Status			
							Number of	Number of Adults at Annual Assessment	Number of Adults at Exit
	s by Income Cate						Adults at Start	(Stayers)	(Leavers)
·		Employment Income	2)				1	0	1
Adults with Only O							58	0	40
Adults with No Inc	arned and Other In	Come					32	0	2 25
		it Refused Income In	formation				0	0	0
	g Income Informati		ioi macion				0	0	0
		ired to have an annua	al assessment					24	
		ired annual assessme						1	
Total Adults							93	25	68
1 or More Source o	of Income						63	0	47
Adults with Income	e Information at St	art and Annual Asses	sment/Exit					0	O
19a1 - Client Cast	ı Income Change	- Income Source -	by Start and Late	st Status					
Income Change by Income Category					Did Not Have the Income			Performance	
(Universe: Adult Stayers with Income Information at Start and Annual Assessment)	Had Income Category at Start and Did Not Have It at Annual Assessment	Retained Income Category But Had Less \$ at Annual Assessment Than at Start	Retained Income Category and Same \$ at Annual Assessment as at Start	Retained Income Category and Increased \$ at Annual Assessment	Category at Start and Gained the Income	Did Not Have the Income Category at Start or at Annual Assessment	Total Adults (including those with No Income)	Measure: Adults who Gained or Increased Income from	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	C	0	0	0	0	0	0	0	0%
Average Change in Earned Income	O	0		0	0			0	
Number of Adults with Other Income	O	0	O	0	0	0	O	: : O	0%
Average Change in Other Income	0	O		0	. O			· · · ·	
Number of Adults with Any Income (i.e., Total Income)	0	0	O	C	· •	0	0	O	0%
Average Change in Overall Income	C	0		0	• • •			0	
19a2 - Client Cash	Income Change	- Income Source -	by Start and Exit						
Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category But Had Less \$ at Exit Than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not Have the Income Category at Start and Gained the Income Category at Exit	Did Not Have the Income Category at Start or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Exit, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	2	0	1.	64	68		1%
Average Change in Earned Income	0	0		0	800			800	
Number of Adults with Other Income	0	0	38	0	3	22	68	3	4%
Average Change in Other Income	0	O		o	493.33	· · · · ·		493.33	
Number of Adults with Any Income (i.e., Total Income)	0	0	39	0	3	21	68	:	4%
Average Change in Overall Income	O	0		O	760			760	
19b - Disabling Co	nditions and Inco	ome for Adults at E	xit						
	AO: Adult w): Adult ithout sabling AO: Tota	AO: percent with Disabling al Condition	with 1	C: Adult without isabling AC: Tot	AC: percent with Disabling al Condition	with w	: Adult ithout sabling UK: Tot	UK: percent with Disabling al Condition

	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: percent with Disabling Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling Condition by Source
Earned Income	1	0	1	100%	2	1	3	67%	0	0	0	0%
Supplemental Security Income (SSI)	8	1	9	89%	5	0	5	100%	0	0	0	0%
Social Security	6	0	6	100%	2	0	2	100%	0	0	0	0%

Disability Insurance												
(SSDI)												
VA Service -												
Connected Disability	0	o	0	0%	0	0	0	0%	0	0	0	0%
Compensation												
Private	•											
Disability	0	0	0	0%	0	0	0	0%	0	0	0	0%
Insurance												
Worker's Compensation	0	0	0	0%	0	0	0	0%	O	O	0	0%
Temporary												
Assistance for		_		4000				FT - 0.4				2.5
Needy Families	1	0	1	100%	10	9	19	53%	0	0	0	0%
(TANF)												
Retirement							:					
Income from Social	1	O	1	100%	0	0	0	0%	O	0	0	0%
Security												
Pension or												
retirement income from	1	0	1	100%	0	0	0	0%	0	0	0	0%
a former job												
Child Support	0	O	O	0%	2	1	3	67%	0	0	0	0%
Other Source	3	0	3	100%	0	1	1	0%	0	0	0	0%
No Sources	7	3	10	70%	7	4	11	64%	. 6	O	0	0%
Unduplicated		_			•	•	erine. Letter	0170	: : :	J	·	
Total Adults	22	4	26		20	16	36		O	0	0	
20a - Type of Non-	-Cash Benefil	t Source										
										Benefit a	at .	
										Latest Ann	ual	
									Benefit at Star	Assessment Stayers		Benefit at Exit for Leavers
Supplemental Nutri	ition Assistanc	e Program (SN	AP) (Previousl	ly known as Food	Stamps)				76	0	• •	54
Special Supplemen									1	O		1
TANF Child Care Se		-	. ,	•					0	0		0
TANF Transportation									0	0		n
Other TANF-Funded	•								n	· · · · · · · · · · · · · · · · · · ·	·	. 0
•	2 0 3. 7. 0 53											
Other Source					•	•			0	n		0
Other Source									0	0		0
20b - Number of N	lon-Cash Ben	iefit Sources							0	0		0
	lon-Cash Ben	iefit Sources							0	0 Benefit a Latest Ann		0
	Ion-Cash Ben	efit Sources							Benefit at Star	Latest Ann Assessment	ual t for	Benefit at Exit
20b - Number of N	Ion-Cash Ben	efit Sources							Benefit at Star	Latest Ann Assessment	ual t for	for Leavers
20b - Number of N No Sources	lon-Cash Ben	efit Sources							13	Latest Ann Assessment	ual t for	for Leavers
20b - Number of N No Sources 1 + Source(s)										Latest Ann Assessment	ual t for	for Leavers
20b - Number of N No Sources 1 + Source(s) Client Doesn't Know	w/Client Refuse	e d							13	Latest Ann Assessment Stayers 0 0	ual t for	for Leavers
No Sources 1 + Source(s) Client Doesn't Know Data Not Collected/	w/Client Refuse	e d	nnual Assessi	ment					13	Latest Ann Assessment Stayers 0 0	ual t for	for Leavers 11 55 0 2
No Sources 1 + Source(s) Client Doesn't Know Data Not Collected/ Total	w/Client Refuse /Not stayed lor	e d	nnual Assessi	ment					13	Latest Ann Assessment Stayers 0 0	ual t for	for Leavers
No Sources 1 + Source(s) Client Doesn't Know Data Not Collected/	w/Client Refuse /Not stayed lor	e d	nnual Assessi	ment					13	Latest Ann Assessment Stayers 0 0	ual t for	for Leavers 11 55 0 2
No Sources 1 + Source(s) Client Doesn't Know Data Not Collected/ Total	w/Client Refuse /Not stayed lor	e d	innual Assessi	ment					13	Latest Ann Assessment Stayers 0 0 25 25	ual t for I	11 55 0 2 68
No Sources 1 + Source(s) Client Doesn't Know Data Not Collected/ Total	w/Client Refuse /Not stayed lor	e d	innual Assessi	ment					13	Latest Ann Assessment Stayers 0 0 25 25	ual t for E	for Leavers 11 55 0 2
No Sources 1 + Source(s) Client Doesn't Know Data Not Collected/ Total	w/Client Refuse /Not stayed lor	e d	nnual Assessi	ment					13 77 0 3 93	Latest Ann Assessment Stayers 0 0 25 25 At Annua Assessment	ual t for E	for Leavers 11 55 0 2 68
No Sources 1 + Source(s) Client Doesn't Know Data Not Collected/ Total 21 - Health Insura	w/Client Refuse /Not stayed lor	e d	nnual Assessi	ment					13 77 0 3 93	Latest Ann Assessment Stayers 0 0 25 25 At Annua Assessment	ual t for E	for Leavers 11 55 0 2 68 At Exit for Leavers
No Sources 1 + Source(s) Client Doesn't Know Data Not Collected/ Total 21 - Health Insura	w/Client Refuse /Not stayed lor	ed ng enough for A	nnual Assessi	ment					13 77 0 3 93	Latest Ann Assessment Stayers 0 0 25 25 At Annua Assessment	ual t for E	for Leavers 11 55 0 2 68 At Exit for Leavers
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No Sources 1 + Source(s) Client Doesn't Know Data Not Collected/ Total 21 - Health Insura MEDICAID MEDICARE State Children's Health Veteran's Administration Employer-Provided Health Insurance of	w/Client Refuse /Not stayed lor alth Insurance ration (VA) Med Health Insuran	ed ng enough for A Program dical Services	innual Assessi	ment					13 77 0 3 93	Latest Ann Assessment Stayers 0 0 25 25 At Annua Assessment	ual t for E	for Leavers 11 55 0 2 68 At Exit for Leavers
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No Sources 1 + Source(s) Client Doesn't Know Data Not Collected/ Total 21 - Health Insura MEDICARE State Children's Health Insurance of Private Pay Health Insura Indian Health Service Other No Health Insurance Client Doesn't Know Data not collected Number of stayers in 1 Source of Health Insurance Medical Private Pay Health Insurance Client Doesn't Know Data not collected Number of stayers in 1 Source of Health Insurance More than 1 Source	alth Insurance ation (VA) Mediath Insurance brained through Insurance ance for Adults ces Program e v/Client Refuse and yet require and yet require insurance insurance and yet require insurance in the alth Insurance in the alth Insurance in the alth Insurance is of Health Insurance in the alth Insurance in the alth Insurance is of Health Insurance in the alth Insurance in the alth Insurance is of Health Insurance in the alth Insurance in the alth Insurance is of Health Insurance in the alth Insurance in the alth Insurance is of Health Insurance in the alth Insurance in the alth Insurance is of Health Insurance in the alth Insurance in the alth Insurance is of Health Insurance in the alth Insur	Program dical Services nce h COBRA	nnual assessm						13 77 0 3 93 At Start 168 5 0 0 0 0 13 0 0 13 7	Latest Ann Assessment Stayers O O O 25 25 25 At Annua Assessment Stayers O O O O O O O O O O O O O O O O O O	ual for I	11 55 0 2 68 At Exit for Leavers 105 3 0 0 0 7 0 0 7 0 0 99 6
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91 to 180 days			34	18	16
181 to 365 days			56	34	22
366 to 730 Days (1-2 Yrs)			6	0	6
731 to 1,095 Days (2-3 Yrs)			0	0	C C
1,096 to 1,460 Days (3-4 Yrs)			0		_
1,461 to 1,825 Days (4-5 Yrs)				0	0
			0	0	0
More than 1,825 Days (>5 Yrs)			0	0	0
Data not collected			0	0	O
Total	Santinon n-minnistranini linarimomini et altologa et altologa et altologa et altologa et altologa et al esta	en karadan karan kar	183	112	71
22b - Average and Median Length of Participation in Days					
A				Leavers	Stayers
Average Length				116	170
Median Length				88	153
22c - Length of Time between Project Start Date and Housing Move-in Date					
	Total	Without Children	With Children	With Only	Unknown
7 days or loss			and Adults	Children	Household Type
7 days or less	36	13	23	U	Ü
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	O
22 to 30 days	O	O	0	O	O
31 to 60 days	1	1	0	0	0
61 to 180 days	2	2	0	O	O
181 to 365 days	2	0	2	o	O
366 to 730 Days (1-2 Yrs)	O	0	0	0	0
Total (persons moved into housing)	41	16	25	o	o
Average length of time to housing	19	12	23	0	O
Persons who were exited without move-in	25	3	22	0	O
Total	66	19	47	- 0	· · · · · · · · · · · · · · · · · · ·
					
22e - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started	~_4_1	Without	With Children	With Only	Unknown
	Total	Children	and Adults	Children	Household Type
7 days or less	6	1		O	0
8 to 14 days	3	0	3	0	0
15 to 21 days	1	1	O	0	• • • • • • • • • • • • • • • • • • •
22 to 30 days	13	0	13	0	0
31 to 60 days	20	4	16	0	0
61 to 180 days	2.7	6	21	0	0
181 to 365 days	3	1	2	0	O
366 to 730 Days (1-2 Yrs)	8	3	5	0	O
731 days or more	11	6	5	0	0
Total (persons moved into housing)	92	22	70	0	0
Not yet moved into housing	30	4	22	4	0
Data not collected	57	5	50	2	0
Total Persons	179	31	142	6	
23c - Exit Destination - All persons					
		Without	With Children	With Only	Unknown
	Total	Children	and Adults	Children	Household Type
Moved from one HOPWA funded project to HOPWA PH					
Moved from one HOPWA funded project to HOPWA PH	_	_	= •	Ū	O .
	. O	. 0	-		
Owned by client, no ongoing subsidy	0	: 0 - 0	. O	0	0
Owned by client, no ongoing subsidy Owned by client, with ongoing subsidy	0 0 0	0	0	0 0	0
Owned by client, no ongoing subsidy Owned by client, with ongoing subsidy Rental by client, no ongoing subsidy	0 0 0 22	0 0 0 2	0	0 0 0	0 0
Owned by client, no ongoing subsidy Owned by client, with ongoing subsidy Rental by client, no ongoing subsidy Rental by client, with VASH subsidy	0 0 22 0	0 0 0 2 0	20	0 0 0	O O O
Owned by client, no ongoing subsidy Owned by client, with ongoing subsidy Rental by client, no ongoing subsidy Rental by client, with VASH subsidy Rental by client with GPD TIP subsidy	0 0 22 0	0 0 2 0 0	0 20 0	0 0 0 0	0 0 0
Owned by client, no ongoing subsidy Owned by client, with ongoing subsidy Rental by client, no ongoing subsidy Rental by client, with VASH subsidy	0 0 22 0 0	0 0 0 2 0 0	0 0 20 0	0 0 0 0	
Owned by client, no ongoing subsidy Owned by client, with ongoing subsidy Rental by client, no ongoing subsidy Rental by client, with VASH subsidy Rental by client with GPD TIP subsidy	0 0 22 0 0	0 0 0 2 0 0	0 20 0 7	0 0 0 0 0	
Owned by client, no ongoing subsidy Owned by client, with ongoing subsidy Rental by client, no ongoing subsidy Rental by client, with VASH subsidy Rental by client with GPD TIP subsidy Rental by client, other ongoing subsidy	0 0 22 0 0 7	0 0 0 2 0 0	0 20 0 7 0 0	0 0 0 0 0	
Owned by client, no ongoing subsidy Rental by client, no ongoing subsidy Rental by client, with VASH subsidy Rental by client with GPD TIP subsidy Rental by client, other ongoing subsidy Permanent Housing (other than RRH) for formerly homeless persons Staying or living with family, permanent tenure	0 0 22 0 0 0	0 0 2 0 0 0	0 20 0 0 7 0	0 0 0 0 0	
Owned by client, no ongoing subsidy Rental by client, no ongoing subsidy Rental by client, with VASH subsidy Rental by client with GPD TIP subsidy Rental by client, other ongoing subsidy Permanent Housing (other than RRH) for formerly homeless persons Staying or living with family, permanent tenure	0 0 22 0 0 0 7 0	0 0 2 0 0 0 0	0 0 20 0 0 7 0 0		
Owned by client, no ongoing subsidy Rental by client, no ongoing subsidy Rental by client, with VASH subsidy Rental by client with GPD TIP subsidy Rental by client, other ongoing subsidy Permanent Housing (other than RRH) for formerly homeless persons Staying or living with family, permanent tenure Staying or living with friends, permanent tenure	0 0 7 0		0 0 20 0 0 7 0 0		
Owned by client, no ongoing subsidy Rental by client, no ongoing subsidy Rental by client, with VASH subsidy Rental by client with GPD TIP subsidy Rental by client, other ongoing subsidy Permanent Housing (other than RRH) for formerly homeless persons Staying or living with family, permanent tenure Staying or living with friends, permanent tenure Rental by client, with RRH or equivalent subsidy Rental by client, with HCV voucher (tenant or project based)	0 0 7 0		0 0 20 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Owned by client, no ongoing subsidy Rental by client, with ongoing subsidy Rental by client, with VASH subsidy Rental by client with GPD TIP subsidy Rental by client, other ongoing subsidy Permanent Housing (other than RRH) for formerly homeless persons Staying or living with family, permanent tenure Staying or living with friends, permanent tenure Rental by client, with RRH or equivalent subsidy Rental by client, with HCV voucher (tenant or project based) Rental by client in a public housing unit	0 7 0 0 0 0		0 0 7 0 0 0	0 0 0 0 0 0	
Owned by client, no ongoing subsidy Rental by client, no ongoing subsidy Rental by client, no ongoing subsidy Rental by client, with VASH subsidy Rental by client with GPD TIP subsidy Rental by client, other ongoing subsidy Permanent Housing (other than RRH) for formerly homeless persons Staying or living with family, permanent tenure Staying or living with friends, permanent tenure Rental by client, with RRH or equivalent subsidy Rental by client, with HCV voucher (tenant or project based) Rental by client in a public housing unit Subtotal	0 0 7 0	0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 7 0 0 0		
Owned by client, no ongoing subsidy Rental by client, no ongoing subsidy Rental by client, no ongoing subsidy Rental by client, with VASH subsidy Rental by client with GPD TIP subsidy Rental by client, other ongoing subsidy Permanent Housing (other than RRH) for formerly homeless persons Staying or living with family, permanent tenure Staying or living with friends, permanent tenure Rental by client, with RRH or equivalent subsidy Rental by client, with HCV voucher (tenant or project based) Rental by client in a public housing unit Subtotal Temporary Destinations	0 7 0 0 0 0		0 0 7 0 0 0		
Owned by client, no ongoing subsidy Rental by client, no ongoing subsidy Rental by client, no ongoing subsidy Rental by client, with VASH subsidy Rental by client with GPD TIP subsidy Rental by client, other ongoing subsidy Permanent Housing (other than RRH) for formerly homeless persons Staying or living with family, permanent tenure Staying or living with friends, permanent tenure Rental by client, with RRH or equivalent subsidy Rental by client, with HCV voucher (tenant or project based) Rental by client in a public housing unit Subtotal Temporary Destinations Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0 7 0 0 0 0	0 0 2 0 0 0 0 0 0 0	0 0 7 0 0 0		
Owned by client, no ongoing subsidy Rental by client, no ongoing subsidy Rental by client, with VASH subsidy Rental by client with GPD TIP subsidy Rental by client, other ongoing subsidy Permanent Housing (other than RRH) for formerly homeless persons Staying or living with family, permanent tenure Staying or living with friends, permanent tenure Rental by client, with RRH or equivalent subsidy Rental by client, with HCV voucher (tenant or project based) Rental by client in a public housing unit Subtotal Temporary Destinations	0 7 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 7 0 0 0		

Staying or living with family, temporary tenure (e.g., room, apartment or house)	8	1	***	0	ß
Staying or living with friends, temporary tenure (e.g., room apartment or house)	1	4	'n	n	n
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway	- -	*	_	_	-
station/airport or anywhere outside)	10	7	3	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	9	1	8	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	38	13	25	0	0
Institutional Settings					
Foster care home or foster care group home	4	0	4	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	1	1	0	0	0
Hospital or other residential non-psychiatric medical facility	1	1	0	0	
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	O	0
Subtotal	6	2	4	O	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	7	0	7	0	0
Client Doesn't Know/Client Refused	13	2	11	0	0
Data Not Collected (no exit interview completed)	19	10	9) 0
Subtotal	39	12	27	0	0
Total	112	29	83	0	0
Total persons exiting to positive housing destinations	29	2	27	0	0
Total persons whose destinations excluded them from the calculation	5	1	4	0	0
Percentage	27%	7%	34%	0%	0%
25a - Number of Veterans					
		Tatal	Without	With Children	Unknown
Chronically Homologe Votoran		Total	Children	and Adults	Household Type
Chronically Homeless Veteran Non-Chronically Homeless Veteran		. .		1 	. 0
Not a veteran		95	31	 E.4	^
Client Doesn't Know/Client Refused		. 85 	0	54	
Data not collected			0		
Pata 1144 CANCECCO			LJ	1.6	23
Total		.	35	58	
Total		93	35	58	0
Total 25b - Number of Veteran Households		93			O O
		93 Total	35 Without Children	58 With Children and Adults	O O Unknown Household Type
			Without	With Children	
25b - Number of Veteran Households			Without	With Children	
25b - Number of Veteran Households Chronically Homeless Veteran		Total 3 4	Without Children 2 2	With Children and Adults 1 2	
25b - Number of Veteran Households Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran			Without	With Children	
25b - Number of Veteran Households Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused		Total 3 4	Without Children 2 2	With Children and Adults 1 2	
25b - Number of Veteran Households Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected		Total 3 4 66 0	Without Children 2 2 2 0 0	With Children and Adults 1 2 40 0	
25b - Number of Veteran Households Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused		Total 3 4	Without Children 2 2	With Children and Adults 1 2	
25b - Number of Veteran Households Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected		Total 3 4 66 0	Without Children 2 2 2 0 0	With Children and Adults 1 2 40 0	
25b - Number of Veteran Households Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total		Total 3 4 66 0 73	Without Children 2 2 26 0 0 30 Without	With Children and Adults 1 2 40 0 43 With Children	Household Type 0 0 0 0 0 0 0 0 Unknown
25b - Number of Veteran Households Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans		Total 3 4 66 0	Without Children 2 2 2 6 0 0 0 30	With Children and Adults 1 2 40 0 40 0 43	Household Type 0 0 0 0 0 0 0 0
25b - Number of Veteran Households Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans		Total 3 4 66 0 73	Without Children 2 2 26 0 0 30 Without	With Children and Adults 1 2 40 0 43 With Children	Household Type 0 0 0 0 0 0 0 0 Unknown
25b - Number of Veteran Households Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female		Total 3 4 66 0 73	Without Children 2 2 26 0 0 30 Without	With Children and Adults 1 2 40 0 43 With Children	Household Type 0 0 0 0 0 0 0 0 Unknown
25b - Number of Veteran Households Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female)		Total 3 4 66 0 73	Without Children 2 2 26 0 0 30 Without	With Children and Adults 1 2 40 0 43 With Children	Household Type 0 0 0 0 0 0 0 0 Unknown
25b - Number of Veteran Households Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male)		Total 3 4 66 0 73	Without Children 2 2 26 0 0 30 Without	With Children and Adults 1 2 40 0 43 With Children	Household Type 0 0 0 0 0 0 0 0 Unknown
Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female)		Total 3 4 66 0 73	Without Children 2 2 26 0 0 30 Without	With Children and Adults 1 2 40 0 43 With Children	Household Type 0 0 0 0 0 0 0 0 Unknown
Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused		Total 3 4 66 0 73	Without Children 2 2 26 0 0 30 Without	With Children and Adults 1 2 40 0 43 With Children	Household Type 0 0 0 0 0 0 0 0 Unknown
Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected		Total 3 4 66 0 73	Without Children 2 2 26 0 0 30 Without	With Children and Adults 1 2 40 0 43 With Children	Household Type 0 0 0 0 0 0 0 0 Unknown
Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Total		Total 3 4 66 0 73	Without Children 2 2 26 0 0 30 Without	With Children and Adults 1 2 40 0 43 With Children	Household Type 0 0 0 0 0 0 0 0 Unknown
Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected		Total 3 4 66 0 73	Without Children 2 2 26 0 0 30 Without Children 4 0 0 0 0 4	With Children and Adults 1 2 40 0 43 With Children and Adults 3 1 0 0 0 0 4	Household Type 0 0 0 0 0 0 Unknown Household Type 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Total		Total 3 4 66 0 73	Without Children 2 2 26 0 0 30 Without	With Children and Adults 1 2 40 0 43 With Children	Household Type 0 0 0 0 0 0 0 0 Unknown
Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Total		Total 3 4 66 0 73 Total 7 1 0 0 0 0 8	Without Children 2 2 26 0 0 30 Without Children 4 0 0 0 0 0 4 Without Children	With Children and Adults 1 2 40 0 43 With Children and Adults 3 1 0 0 0 4 With Children and Adults 4	Household Type 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Total 25d - Age - Veterans		Total 3 4 66 0 73 Total 7 1 0 0 0 0 8	Without Children 2 2 26 0 0 30 Without Children 4 0 0 0 0 0 4 Without Children	With Children and Adults 1 2 40 0 43 With Children and Adults 3 1 0 0 0 4 With Children and Adults 4	Household Type 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Total 25d - Age - Veterans		Total 3 4 66 0 73 Total 7 1 0 0 0 0 8	Without Children 2 2 26 0 0 30 Without Children 4 0 0 0 0 0 4 Without Children	With Children and Adults 1 2 40 0 43 With Children and Adults 3 1 0 0 0 4 With Children and Adults 4	Household Type 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Total 25d - Age - Veterans		Total 3 4 66 0 73 Total 7 1 0 0 0 0 8	Without Children 2 2 26 0 0 30 Without Children 4 0 0 0 0 0 4 Without Children	With Children and Adults 1 2 40 0 43 With Children and Adults 3 1 0 0 0 4 With Children and Adults 4	Household Type 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Total 25d - Age - Veterans		Total 3 4 66 0 73 Total 7 1 0 0 0 0 8	Without Children 2 2 26 0 0 30 Without Children 4 0 0 0 0 0 4 Without Children	With Children and Adults 1 2 40 0 43 With Children and Adults 3 1 0 0 0 4 With Children and Adults 4	Household Type 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Total 25d - Age - Veterans		Total 3 4 66 0 73 Total 7 1 0 0 0 0 8	Without Children 2 2 26 0 0 30 Without Children 4 0 0 0 0 0 4 Without Children	With Children and Adults 1 2 40 0 43 With Children and Adults 3 1 0 0 0 4 With Children and Adults 4	Household Type 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Chronically Homeless Veteran Non-Chronically Homeless Veteran Not a veteran Client Doesn't Know/Client Refused Data not collected Total 25c - Gender - Veterans Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know/Client Refused Data not collected Total 25d - Age - Veterans		Total 3 4 66 0 73 Total 7 1 0 0 0 0 8	Without Children 2 2 26 0 0 30 Without Children 4 0 0 0 0 0 4 Without Children	With Children and Adults 1 2 40 0 43 With Children and Adults 3 1 0 0 0 4 With Children and Adults 4	Household Type 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Rental by client, no ongoing housing subsidy

Data not collected							:
Total				В	4	4	0
25e - Physical and Mental Health Conditions - Veterans							
						Conditions at	
					Conditions at	Latest Assessment for	Conditions at
					Start	Stayers	Exit for Leavers
Mental Health Problem					3	2	1
Alcohol Abuse					1.	1	. 0
Drug Abuse					0	0	0
Both Alcohol and Drug Abuse					0	0	0
Chronic Health Condition					3	1	2
HIV/AIDS					0	0	0
Development Disability					1	0	1
Physical Disability			lationilata Lavido Navaldina		4	O	4 seemen and an annual seemen seeme
25f - Cash Income Category - Income Category - by Start	t and Annual/Exit Status - Ve	terans					
						Number of	
					Number of	Veterans at Annual	Number of
Number of Veterans by Income Category					Veterans at Start	Assessment (Stayers)	Veterans at Exit (Leavers)
Veterans with Only Earned Income (i.e., Employment Income))				0	0	0
Veterans with Only Other Income					5	O	4
Veterans with Both Earned and Other Income					· O	0	0
Veterans with No Income					3	O	· • • • • • • • • • • • • • • • • • • •
Veterans with Client Doesn't Know/Client Refused Income Info	ormation				0	0	O
Veterans with Missing Income Information					0	. 0	0
Number of veterans not yet required to have an annual assess	sment	•				. 4	and the second s
Number of veterans without required annual assessment	•					0	
Total Veterans					8	4	4
25g - Type of Cash Income Sources - Veterans							
						Income at	
						Latest Annual	T
					Income at Start	Assessment for Stayers	Income at Exit for Leavers
Earned Income					0	0	0
Unemployment Insurance					O O	0	0
Supplemental Security Income (SSI)					2	0	2
Social Security Disability Insurance (SSDI)					2	O	1
VA Service - Connected Disability Compensation					0	· •	0
VA Non-Service Connected Disability Pension			•		0	0	0
Private Disability Insurance					O	0	0
Worker's Compensation					0	0	0
Temporary Assistance for Needy Families (TANF)					2	0	1
General Assistance (GA)					0	0	0
Retirement Income from Social Security					0	0	0
Pension or retirement Income from a former job					0	0	0
Child Support					0	0	0
Alimony and other spousal support					0	0	0
Other Source					0	0	0
Veterans with Income Information at Start and Annual Assessn	ment/Exit					0	0
25h - Type of Non-Cash Benefit Sources - Veterans							
						Benefit at	
						Latest Annual Assessment for	Benefit at Exit
					Benefit at Start	Stayers	for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously	known as Food Stamps)				6	0	.
Special Supplemental Nutrition Program for Women, Infants, a	nd Children (WIC)				· • • • • • • • • • • • • • • • • • • •	O	O
TANF Child Care Services					0	0	0
TANF Transportation Services						• • • • • • • • • • • • • • • • • • •	0
Other TANF-Funded Services					·		
Other Source					0	O	.
251 - Exit Destination - Veterans							
	and the second of the second o	and the second s	The second se	Without	With Children	With Only	Unknown
		Total	•	Children	and Adults	Children	Household Type
Permanent Destinations				•		<u>.</u>	
Moved from one HOPWA funded project to HOPWA PH		· · · · · · · · · · · · · · · · · · ·	. ;			0	0
Owned by client, no ongoing housing subsidy		0		. 0	0	0	0
Owned by client, with ongoing housing subsidy		. O	:	0	0 ,	0	0
Rental by client, no ongoing housing subsidy		3		1	1	a	Λ .

Rental by client, with VASH housing subsidy	0	0	O	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	O	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	O	O	0	O
Staying or living with family, permanent tenure	n	0	0	0	. 0
Staying or living with friends, permanent tenure	^	0	•	0	
	0	0	Ū	Ō	U
Rental by client, with RRH or equivalent subsidy	0	0	0	0	O
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	o	0
Subtotal	2	1	1	O	O
Temporary Destinations		•			
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	o	O	0	0
Moved from one HOPWA funded project to HOPWA TH	n	n	0	0	•
	0		•		•
Transitional housing for homeless persons (including homeless youth)	-	-	Ü	-	•
Staying or living with family, temporary tenure (e.g., room, apartment or house)	Ü	O	O	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	O	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway	0	0	0	O	0
station/airport or anywhere outside)	_	_	_	_	:
Safe Haven	0	0	O	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	. 0	0
Host Home (non-crisis)	0	0	. 0	O	0
Subtotal	0	0	0	0	0
Institutional Settings	•		•	•	
Foster care home or foster care group home	O	. 0	o	. 0	. 0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
•	^	_	•	•	
Substance abuse treatment facility or detox center	Ū	0	Ū	0	U
Hospital or other residential non-psychiatric medical facility	. 0	0	0	.	0
Jail, prison, or juvenile detention facility	0	0	O	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	· · · · · · · · · · · · · · · · · · ·
Deceased	0	 O	o	0	n
Other	^		0	0	
				U	-
Client Doesn't Know/Client Refused	O	• ; • • • • • • • • • • • • • • • • • •	0 20		• • • • • • • • • • • • • • • • • • •
Data Not Collected (no exit interview completed)	2	2	: O N)	0
Subtotal	2	.	0		
Total	4	3	1	0	0
Total persons exiting to positive housing destinations	2	1	1	O	0
Total persons whose destinations excluded them from the calculation	0	0	0	. 0	0
Percentage	50%	33%	100%	0%	0%
26a - Chronic Homeless Status - Number of Households w/at least one or more CH person					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	12	8	4	n	0
	•				
Not Chronically Homeless	38	14	24	0	0
Client Doesn't Know/Client Refused	9	4	5	0	0
Data not collected	14	4	. 10	0	0
Total	73	30	43	•	^
26b - Number of Chronically Homeless Persons by Household					
		Without	With Children	With Only	Unknown
	***	# Literary	بتقليب البياس المستريس	Children	Household Type
	Total	Children	and Adults		
Chronically Homeless	Total 24	Children 10	and Adults	0	0
Chronically Homeless Not Chronically Homeless				0	0
and the control of t	24	10	14	0 6 0	0
Not Chronically Homeless	24 129	10	14	0 6 0	0
Not Chronically Homeless Client Doesn't Know/Client Refused	24 129 11	10	14 108 6	0 0 0	0
Not Chronically Homeless Client Doesn't Know/Client Refused Data not collected Total	24 129 11 19	10 15 5	14 108 6 14	0 6 0 0	
Not Chronically Homeless Client Doesn't Know/Client Refused Data not collected	24 129 11 19	10 15 5 5 35	14 108 6 14 142	0 6 0 0 6	
Not Chronically Homeless Client Doesn't Know/Client Refused Data not collected Total	24 129 11 19	10 15 5	14 108 6 14	0 6 0 0 6 With Only Children	O O O O Unknown Household Type
Not Chronically Homeless Client Doesn't Know/Client Refused Data not collected Total	24 129 11 19 183	10 15 5 5 35	14 108 6 14 142 With Children	6 0 0 6 With Only	O O O O Unknown
Not Chronically Homeless Client Doesn't Know/Client Refused Data not collected Total 26c - Gender of Chronically Homeless Persons Male	24 129 11 19 183 Total	10 15 5 5 35	14 108 6 14 142 With Children and Adults 4	6 0 0 6 With Only	O O O O Unknown
Not Chronically Homeless Client Doesn't Know/Client Refused Data not collected Total 26c - Gender of Chronically Homeless Persons Male Female	24 129 11 19 183	10 15 5 5 35	14 108 6 14 142 With Children	6 0 0 6 With Only	O O O O Unknown
Not Chronically Homeless Client Doesn't Know/Client Refused Data not collected Total 26c - Gender of Chronically Homeless Persons Male Female Trans Female (MTF or Male to Female)	24 129 11 19 183 Total	10 15 5 5 35	14 108 6 14 142 With Children and Adults 4	6 0 0 6 With Only	O O O O Unknown
Not Chronically Homeless Client Doesn't Know/Client Refused Data not collected Total 26c - Gender of Chronically Homeless Persons Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male)	24 129 11 19 183 Total	10 15 5 5 35	14 108 6 14 142 With Children and Adults 4	6 0 0 6 With Only	O O O O Unknown
Not Chronically Homeless Client Doesn't Know/Client Refused Data not collected Total 26c - Gender of Chronically Homeless Persons Male Female Trans Female (MTF or Male to Female)	24 129 11 19 183 Total	10 15 5 5 35	14 108 6 14 142 With Children and Adults 4	6 0 0 6 With Only	O O O O Unknown
Not Chronically Homeless Client Doesn't Know/Client Refused Data not collected Total 26c - Gender of Chronically Homeless Persons Male Female Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male)	24 129 11 19 183 Total	10 15 5 5 35	14 108 6 14 142 With Children and Adults 4	6 0 0 6 With Only	O O O O Unknown

**_2_T	24		v	v	U
Total		10	14	0	0
6d - Age of Chronically Homeless Persons					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
) - 17	7	4	7	0	0
.8 - 24	1	0	1		0
5 - 34	7	2	5		0
5 - 44	3	2	1		• 0
5 - 54	1	1	O	·	0
5 - 61	2	2	0		0
2 +	3	3	0		. 0
lient Doesn't Know/Client Refused	0	0	0		. 0
ata not collected	0	0	0		0
	24	10	14		
e - Physical and Mental Health Conditions - Chronically Homeless Persons				Conditions at	
			Conditions at Start	Latest Assessment for Stayers	Conditions at Exit for Leavers
ental Health Problem			9	2.	7
cohol Abuse			0	O	O
rug Abuse			3	0	3
oth Alcohol and Drug Abuse			0	0	0
ronic Health Condition			8	1	7
V/AIDS			0	0	0
evelopment Disability			3 - -	0	3
nysical Disability			7	1	. 6
f - Client Cash Income - Chronically Homeless Persons				Number of	
				Chronically Homeless	Number of
			Number of	Persons at	Chronically
			Chronically Homeless	Annual Assessment	Homeless Persons at Exit
umber of Chronically Homeless Persons by Income Category			Persons at Start	(Stayers)	(Leavers)
ronically Homeless Persons with Only Earned Income (i.e., Employment Income)			0	0	0
ronically Homeless Persons with Only Other Income			9	. 0	
		•	•	•	
			0	O	0
ronically Homeless Persons with No Income			8	0	7 7
ronically Homeless Persons with No Income ronically Homeless Persons with Client Doesn't Know/Client Refused Income Information			0 8 0	0	, 0 7 0
nronically Homeless Persons with No Income nronically Homeless Persons with Client Doesn't Know/Client Refused Income Information nronically Homeless Persons with Missing Income Information			0 8 0	0	, 0 7 0
nronically Homeless Persons with No Income ronically Homeless Persons with Client Doesn't Know/Client Refused Income Information ronically Homeless Persons with Missing Income Information umber of Chronically Homeless Persons not yet required to have an annual assessment			0 8 0	0 0	, 0 7 0
nronically Homeless Persons with Both Earned and Other Income pronically Homeless Persons with No Income pronically Homeless Persons with Client Doesn't Know/Client Refused Income Information pronically Homeless Persons with Missing Income Information pumber of Chronically Homeless Persons not yet required to have an annual assessment pumber of Chronically Homeless Persons without required annual assessment			0 0 0	0 0	0 7 0 0
pronically Homeless Persons with No Income pronically Homeless Persons with Client Doesn't Know/Client Refused Income Information pronically Homeless Persons with Missing Income Information pumber of Chronically Homeless Persons not yet required to have an annual assessment pumber of Chronically Homeless Persons without required annual assessment plate Chronically Homeless Persons			0 8 0 0	0 0	0 7 0 0
nronically Homeless Persons with No Income ronically Homeless Persons with Client Doesn't Know/Client Refused Income Information ronically Homeless Persons with Missing Income Information umber of Chronically Homeless Persons not yet required to have an annual assessment			0 0 0	0 0 0 3 0 3	0 7 0 0
ronically Homeless Persons with No Income ronically Homeless Persons with Client Doesn't Know/Client Refused Income Information ronically Homeless Persons with Missing Income Information amber of Chronically Homeless Persons not yet required to have an annual assessment amber of Chronically Homeless Persons without required annual assessment of Chronically Homeless Persons			8 0 0	0 0	0 0 0 14 Income at Exit
ronically Homeless Persons with No Income ronically Homeless Persons with Client Doesn't Know/Client Refused Income Information ronically Homeless Persons with Missing Income Information umber of Chronically Homeless Persons not yet required to have an annual assessment umber of Chronically Homeless Persons without required annual assessment tal Chronically Homeless Persons I - Type of Cash Income Sources - Chronically Homeless Persons			0 0 17 Income at Start	O O O O 3 O 3 Income at Latest Annual	
ronically Homeless Persons with No Income ronically Homeless Persons with Client Doesn't Know/Client Refused Income Information ronically Homeless Persons with Missing Income Information rember of Chronically Homeless Persons not yet required to have an annual assessment rember of Chronically Homeless Persons without required annual assessment retal Chronically Homeless Persons 1 - Type of Cash Income Sources - Chronically Homeless Persons			1.7	O O O O O 3 O 3 Income at Latest Annual Assessment for Stayers O	Income at Exit
ronically Homeless Persons with No Income ronically Homeless Persons with Client Doesn't Know/Client Refused Income Information ronically Homeless Persons with Missing Income Information mber of Chronically Homeless Persons not yet required to have an annual assessment mber of Chronically Homeless Persons without required annual assessment tal Chronically Homeless Persons - Type of Cash Income Sources - Chronically Homeless Persons roed Income employment Insurance			1.7	O O O O O 3 O 3 Income at Latest Annual Assessment for Stayers O O	Income at Exit
ronically Homeless Persons with No Income ronically Homeless Persons with Client Doesn't Know/Client Refused Income Information ronically Homeless Persons with Missing Income Information mber of Chronically Homeless Persons not yet required to have an annual assessment mber of Chronically Homeless Persons without required annual assessment tal Chronically Homeless Persons I - Type of Cash Income Sources - Chronically Homeless Persons road Income employment Insurance pplemental Security Income (SSI)			1.7	O O O O O 3 O 3 Income at Latest Annual Assessment for Stayers O O O	Income at Exit
ronically Homeless Persons with No Income ronically Homeless Persons with Client Doesn't Know/Client Refused Income Information ronically Homeless Persons with Missing Income Information umber of Chronically Homeless Persons not yet required to have an annual assessment umber of Chronically Homeless Persons without required annual assessment tal Chronically Homeless Persons I - Type of Cash Income Sources - Chronically Homeless Persons rned Income employment Insurance pplemental Security Income (SSI) cial Security Disability Insurance (SSDI)			1.7	O O O O O O O O O O O O O O O O O O O	Income at Exit
ronically Homeless Persons with No Income ronically Homeless Persons with Client Doesn't Know/Client Refused Income Information ronically Homeless Persons with Missing Income Information mber of Chronically Homeless Persons not yet required to have an annual assessment mber of Chronically Homeless Persons without required annual assessment tal Chronically Homeless Persons - Type of Cash Income Sources - Chronically Homeless Persons - Type of Cash Income Sources - Chronically Homeless Persons - Type of Cash Income (SSI) cial Security Disability Income (SSI) Service - Connected Disability Compensation			1.7	O O O O O 3 O 3 Income at Latest Annual Assessment for Stayers O O O	Income at Exit
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Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food	Stamps)					15	O	12
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC	C)					0	0	0
TANF Child Care Services						0	0	0
TANF Transportation Services						0	0	0
Other TANF-Funded Services						0	0	O
Other Source		ni të kitinë simin të akusën mka ziminin	in de contraction de la contraction de	erroria de Sistemação Demonstração dos serviços estados de Sistemação de Sistemação de Sistemação de Sistemaçõe	entration and an area of the contract of the c	O	0	
27a - Age of Youth								
			Total		Vithout hildren	With Children and Adults	With Only Children	Unknown Household Type
12 - 17			1	_		0	1	nouschola Type
18 - 24			4		1	3	-	. 0
Client Doesn't Know/Client Refused			·	;			· · · · · · · · · · · · · · · · · · ·	
Data not collected								
Total			 5		1	3	1	0
27b - Parenting Youth								
						Total Children		
					Parenting	of Parenting	Total Davosas	Total
Describe vouth < 10					Youth	Youth	Total Persons	Households
Parenting youth < 18 Parenting youth 18 to 24					2	9	· ·	U
					4	3	3	<u>.</u>
27c - Gender - Youth								
		,	Total		Vithout hildren	With Children and Adults	With Only Children	Unknown Household Type
Male			0		0	0	0	
Female			5	:	1	3	1	0
Trans Female (MTF or Male to Female)			0		0	. 0	0	0
Trans Male (FTM or Female to Male)			0		0	0	· o	0
Gender Non-Conforming (i.e. not exclusively male or female)			0		0	0	0	0
Client Doesn't Know/Client Refused		· ·	0	:	0	. 0	0	0
Data not collected			0		0	0	0	0
Total	•		5	•	1	3	1	0
27d - Living Situation - Youth								
				V	/ithout	With Children	With Only	Unknown
		•	Total	C	hildren	and Adults	Children	Household Type
Homeless Situations								
Emergency shelter, including hotel or motel paid for with emergency shelter vou	icher	:	2	i	1	1	0	0
Transitional housing for homeless persons (including homeless youth)						. O	: 0 :	0
Place not meant for habitation			2		0	2	0	0
Safe Haven		:	0	:	U	0		0
Host Home (non-crisis)			0	:			0	. 0
Subtotai Institutional Settings			*		T.			U
Psychiatric hospital or other psychiatric facility			 •					
Substance abuse treatment facility or detox center			۸	:				
Hospital or other residential non-psychiatric medical facility			0		0	0		0
Jail, prison, or juvenile detention facility		•	0			0	0	0
Foster care home or foster care group home		· :	0			. 0	 D	n o
Long-term care facility or nursing home			0		0	. 0	0	0
Residential project or halfway house with no homeless criteria			0	·	0	0	. 0	C
Subtotal		•		• •	0	0	. T	0
Other Locations								· · · · · · · · · · · · · · · · · · ·
Permanent Housing (other than RRH) for formerly homeless persons		: .	0		O	0	0	0
Owned by client, no ongoing housing subsidy		:	0		0	0		0
Owned by client, with ongoing housing subsidy			 O		0	0	· · · · · · · · · · · · · · · · · · ·	0
Rental by client, with RRH or equivalent subsidy	,		0		0	0	0	0
Rental by client, with HCV voucher (tenant or project based)		·	0		0	. O	0	0
Rental by client in a public housing unit	•		0		0	0	0	O
Rental by client, no ongoing housing subsidy		•	0		0	0	0	O
Rental by client, with VASH housing subsidy			0		0		· · · · · · · · · · · · · · · · · · ·	O
Rental by client, with GPD TIP housing subsidy			0		0	0		0
Rental by client, with other housing subsidy (including RRH)			0		0	0	0	O ·
Hotel or motel paid for without emergency shelter voucher			0	· · · · · · · · · · · · · · · · · · ·	0	• • • • • • • • • • • • • • • • • • •	0	0
Staying or living in a friend's room, apartment or house			1		0	0	1	0
Staying or living in a family member's room, apartment or house			0		0	0	O :	0
Client Doesn't Know/Client Refused			0		0	0	0	0
Data not collected			0		0	0	0	0
Subtotal			1		0	0		O

Total	5	1	3	1	0	

	Total	Leavers	Stayers
30 days or less	2	0	2
31 to 60 days	2	2	0
61 to 90 days	0	0	0
91 to 180 days	O	0	0
181 to 365 days	0	0	0
366 to 730 Days (1-2 Yrs)	1	0	1
731 to 1,095 Days (2-3 Yrs)	C	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
Total	5	2	3

27f - Exit Destination - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations			——————————————————————————————————————		
Moved from one HOPWA funded project to HOPWA PH	0	O	0	0	0
Owned by client, no ongoing housing subsidy	0	• o	0	0	0
Owned by client, with ongoing housing subsidy	o	0	O	G	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	2	0	2	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	. 0	0	0	0	0
Staying or living with friends, permanent tenure	0	· O	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	. 0
Rental by client in a public housing unit	0	. 0	0	O	: O
Subtotal	2	0	2	0	0
Temporary Destinations					•
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	. 0	O	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	. 0
Transitional housing for homeless persons (including homeless youth)	0	. 0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	•
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	•	• o	. 0	0	
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	. O	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	• 0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	C
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	O		0	0
Jail, prison, or juvenile detention facility	0	0	0	0	. O
Long-term care facility or nursing home	0			0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	. O
Other	0	0	. 0	0	O
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	· O	0	• O	0	• O O
Subtotal	0	0	0	0	0
Total		. ,	.	O	
Total persons exiting to positive housing destinations	.	0	2	0	O
Total persons whose destinations excluded them from the calculation	O	0	. 0	0	0
Percentage	100%	0%	100%	0%	0%

		Latest Annual Assessment for Stayers	for Leavers
Earned Income	. 0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0 :	0
Social Security Disability Insurance (SSDI)	0	0	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	O
Private Disability Insurance	0	0	O
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	4	0	2
General Assistance (GA)	0	0	0
Retirement Income from Social Security	O	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	. 0	0
Other Source	0	0	O
Adults with Income Information at Start and Annual Assessment/Exit		0	0

27h - Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status - Youth

Number of Youth by Income Category		Number of Youth at Start	Number of Youth at Annual Assessment (Stayers)	Number of Youth at Exit (Leavers)
Youth with Only Earned Income (i.e., Employment Income)		0	0	0
Youth with Only Other Income		4	. 0	2
Youth with Both Earned and Other Income		0	0	0
Youth with No Income		1	0	0
Youth with Client Doesn't Know/Client Refused Income Information		0	0	0
Youth with Missing Income Information		. 0	0	0
Number of youth stayers not yet required to have an annual assessment			2	
Number of youth stayers without required annual assessment			1	
Total Youth		5		2
1 or More Source of Income		4	0	2
Youth with Income Information at Start and Annual Assessment/Exit	•		0	0

			-						,				 							
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	AO: Youth with Disabling Condition	AO: Youth without Disabling Condition		AO: percent with Disabling Condition by Source	AC: Youth with Disabling Condition	AC: Youth without Disabling Condition	AC: Total Youth	AC: percent with Disabling Condition by Source	CO: Youth with Disabling Condition	CO: Youth without Disabling Condition	CO: Total Youth	CO: percent with Disabling Condition by Source	UK: Youth with Disabling Condition	UK: Youth without Disabling Condition	UK: Total Youth	UK: percent with Disabling Condition by Source
Earned Income	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	o	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Social Security Disability Insurance (SSDI)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
VA Service - Connected Disability Compensation	o	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	O	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	O	0	0	0%	0	2	2	0%	0	O	0	0%	0	0	0	0%
Retirement Income from Social Security	0	0	0	0%	0	0	0	0%	0	0	o	0%	0	O	0	0%
Pension or retirement income from a former job	0	0	0	0%	0	0	0	0%	• • • • • • • • • • • • • • • • • • •	O	o	0%	0	O	0	0%
Child Support	0	0	0	0%	o :	0	0	0%	0	0	0	0%	0	0	0	0%
Other Source	0	0	0	0%	O	0	0	0%	0	0	O	0%	0	0	0	0%
No Sources	0	0	0	0%	0	0	0	0%	0	O	0	0%	0	0	0	0%
Unduplicated	0	o	0		0	2	2	:	0	0	0	· .	0	0	0	

Total Youth		