

Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: HI-501 - Honolulu City and County CoC

1A-2. Collaborative Applicant Name: Partners In Care - Oahu Continuum of Care

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Partners In Care - Oahu Continuum of Care

1B. Coordination and Engagement–Inclusive Structure and Participation

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

In the chart below for the period from May 1, 2020 to April 30, 2021:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

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

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

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

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

(limit 2,000 characters)

- 1.The invitation process for new members includes open invitations & coordinated campaigns with targeted outreach. The CoC website extends an open invitation to the public with instructions and contact information. Additionally, non-members who attend CoC meetings or events are invited to join. Each November, the Organizational Development & Awareness Committees conduct a membership drive, which is communicated via the CoC email listserv (400+ contacts). These committees request that CoC partners identify potential new members, including homeless service consumers and community advocates, to ensure broad representation. They also conduct strategic outreach to engage stakeholders that are underrepresented in the CoC.
- 2.The CoC complies with the ADA & provides information & materials to individuals with disabilities using accessible formats. Alternate formats (e.g., Braille or audio) are upon request.
- 3.To engage individuals who currently have lived experience with homelessness, the CoC engages local leaders of homeless communities (e.g., Ka Po'e o Kaka'ako) to identify interested community members. To identify

individuals with previous lived experience, the CoC works with providers and advocacy groups to identify former clients who would be interested in CoC involvement. The Oahu Youth Action Board (OYAB) includes individuals with lived experience and it outreaches to other youth with lived experience. In addition to the OYAB, we have 2 CoC Advisory Board members with lived experience.

4. To ensure inclusion and to coordinate efforts, the CoC works with organizations that serve the indigenous people of Hawaii, this includes formal data sharing partnerships with Liliuokalani Trust & the Office of Hawaiian Affairs. The CoC also works closely with We Are Oceania, which serves the Compact of Free Association residents of Micronesian, Marshallese, and Palauan decent.

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

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

(limit 2,000 characters)

1. Partners In Care (PIC), as O’ahu’s CoC, aims to prevent and eliminate homelessness through open and inclusive participation of stakeholders representing different sectors and systems, including individuals with lived experience of homelessness. The CoC solicits and considers opinions through the many mechanisms: general meetings; board meetings; committee or workgroup meetings; an annual homeless conference; annual stakeholder surveys; focus groups; community meetings; and key informant interviews.

2. Information is communicated and solicited at CoC general, board, committee, and workgroup meetings, and include opportunities for comments and questions. The CoC’s meetings follow the Brown Act and are open to the public. Meeting dates and agendas are posted to the website and listserv in advance. The CoC meetings maintain a participatory structure that encourages the free flow of ideas regarding improvements and approaches in preventing and ending homelessness on O’ahu.

3. In addition to information gathered during CoC meetings, the Organizational, Development, and Advocacy Committees implement annual surveys soliciting feedback from community stakeholders regarding the CoC’s service priorities, membership goals, and policy initiatives. The CoC facilitates focus groups and conducts interviews and surveys with community members to gather input regarding specific planning initiatives or applications for new funding resources (e.g., the YHDP). CoC members regularly participate in neighborhood board meetings to share information and gather community input. The CoC coordinates the State Homeless Conference, annually in November, which provides a unique opportunity for the entire community—from frontline staff to business owners and landlords—to collaboratively address homelessness challenges.

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

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

(limit 2,000 characters)

1-2. On September 13, 2021, the CoC issued an RFP on its website requesting proposals from agencies providing shelter & supportive services to persons experiencing homelessness. The CoC emailed the RFP to a list of over 400 individuals representing 70 organizations – 12 of which currently receive CoC or YHDP funding. The RFP included a description of submission requirements & methods and the evaluation process for renewal & new projects. The CoC announced acceptance of new project proposals from both CoC & non-CoC funded agencies at open public meetings including: 2 RFP Information Sessions on September 15 and 17, 2021 & the general membership and committee meetings during September.

3. The RFP instructed applicants to submit their hard copy proposals, which included 1 original & 5 copies, and 1 digital pdf combining all documents on a flashdrive . The CoC also instructed potential applicants on how to submit their applications during the RFP Information Sessions on September 15 and 17, 2021. The RFP emphasized the important of timely submission of applications.

4. The RFP included a thorough explanation of the process for determining inclusion and prioritization of projects in the CoC Program Competition as well as provided background on the CoC program and funding competition. The RFP and the CoC website also included the scorecards evaluators would be using for each project type. Additionally, this year, the RFP included a sample narrative guide for applicants to follow to ensure that they addressed all required criteria. The CoC reviewed this process and scorecards with evaluators and potential applicants during the Information Sessions.

5. The CoC complies with the ADA & provides information or materials to individuals w/disabilities using accessible formats. Alternate formats (e.g., Braille or audio) are upon request.

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

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

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

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The ESG program recipient for the O'ahu CoC is the City & County of Honolulu (City). The CoC's Planning Committee (PC), includes representatives from the City & ESG sub-recipients, consultants with the 2 City departments responsible for ESG planning & fund allocation: Department of Community Services (DCS) and Budget & Fiscal Services (BFS). The PC conducts research using data from CES, HMIS, & the PIT Count to determine needs & to create a fiscal mapping document that identifies system gaps. The PC presents this research annually to the City and makes recommendations on how to allocate ESG funding across the 4 eligible categories of expenses: Shelter Operations, Street Outreach, Homelessness Prevention, & RRH. In addition, the City requests input from the CoC on contract amendments and reallocation of funding across categories if the evaluation process determines that a sub-recipient is underperforming.

2. The CoC participates in ESG evaluation & reporting through a peer review process led by the PC. This process involves a) review of HMIS & CES program-level data, including information on whether the sub-recipient is drawing down funds regularly or has unused vouchers and b) site visits to sub-recipient programs. The CoC shares this information with the City to inform the CAPER. The ESG CAPER is then aligned w/the CoC Program's APR.

3. CoC staff & PC members conduct an annual PIT Count of homelessness on Oahu and publishes a report on the findings. The CoC shares this report and HIC data on its website for transparency. The CoC includes the City when reporting & submitting information & data on the Oahu homeless population.

4. CoC staff & PC members work w/DCS & BFS to develop actions plans that operationalize the Consolidated Plan (CP), which is updated every 5 years. Information on opportunities (e.g., new programming that can be leveraged and integrated into the CP) as well as trends or emerging needs is communicated through CP action planning meetings, monthly CoC meetings, emails, & CoC website.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	

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

Describe in the field below:

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

(limit 2,000 characters)

1. The Homeless Youth Services Network (HYSN), a 50-member group of youth serving agencies, is a CoC member as are all the youth housing service providers and Runaway Homeless Youth (RHY) providers working w/unaccompanied youth on Oahu.

2. The Oahu CoC is comprised of over 55 partner agencies, many from youth serving agencies. These agencies work closely with the Hawaii Department of Education (HIDOE), City, & private foundations to ensure youth have the opportunity to earn their diplomas through educational training.

3. The CoC provides a framework through which educational partners work together to reduce the risk of youth (re)entering homelessness, particularly when exiting a public system (e.g., release from corrections or "aging out" of extended foster care). Representatives from public systems and youth service providers contracted by these systems to deliver direct services participate in monthly CoC meetings as well as CES meetings. The CoC collaborates w/youth providers in planning, delivery, or coordination of training or technical assistance, & resource development (awarded FY 2019 YHDP grant). The State Coordinator from the HIDOE Office of Curriculum Instruction & Student Support (OCISS)—Education for Homeless Children & Youth (EHCY) participates in CoC activities & is the regional representative for the National Association for the Education of Homeless Children & Youth (NAEH CY). She shares OCISS and NAEHCY information with CoC members at monthly meetings.

4. The CoC has a formal partnership with HIDOE, which is the state & local education agency for Oahu. The CoC has an agreement with HIDOE to allow HIDOE McKinney Vento representatives to enter homeless family units into the

Oahu HMIS in order to better integrate these systems.
 5 and 6. O’ahu’s 4 public school districts (Honolulu, Windward, Central & Leeward) are represented on the CoC through School Liaisons (McKinney-Vento & State funded) who are focused in prevention & diversion services & work through the OCISS.

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

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

(limit 2,000 characters)

The CoC adopted the following policies and procedures to ensure individuals and families who become homeless are informed of their eligibility for educational services: CoC funding recipients serving households with children 1) must adhere to the local Educational Assurances Policy (EAP), which requires the identification of staff whose job is to ensure children are enrolled in school consistent with HUD EAP and the Elementary and Secondary Education Act; 2) formally adopt and post an EAP; 3) file a signed EAP; 4) support family choice for selecting housing near child’s school; 5) assist DV families in enrolling children in a public school of their choice and with procedures to ensure safety; 6) offer families a letter verifying eligibility for services; 7) ensure access to transportation; 7) review rights with parents; 8) provide advocacy when educational rights are violated; 9) include education as a component of exit plans; 10) provide technical assistance on request; and 11) contact HIDOE when warranted. AUW 211 obtains and disseminates information of educational rights/referrals specifically for homeless families with children. All families remain eligible for certain rights or protections regardless of their circumstance. HDOE school liaisons work closely with shelter and outreach providers to inform families and unaccompanied students of their rights under the McKinney Vento Act. The school liaisons are instrumental in ensuring that students are connected to services to receive free meals, transportation, and other school-based supports. HDOE school liaisons also collaborate with youth shelters/agencies and Head Start, etc. to better meet the needs of families outside of a school’s jurisdiction.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes

4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program--(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Native Hawaiian Foundation	Yes	Yes

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

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

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

(limit 2,000 characters)

1. CoC protocols for addressing the safety needs of DV survivors are aligned w/Opening Doors: The Federal Strategic Plan to Prevent & End Homelessness & the Violence Against Women Act. The CoC recognizes a DV-specific CES process that protects the safety & confidentiality of DV survivors. CES entry is initiated through the confidential DV hotline. DV providers conduct an internal DV CES process, utilizing the community-chosen tool, the VI-SPDAT, & connect homeless DV survivors w/DV specific resources. If survivors cannot be accommodated with DV-specific resources, non-identifying information, including VI-SPDAT score & the size of household, are shared w/the CES. The CES includes housing & services available through the CoC Program, ESG Program, Dept. of Justice, & the Dept. of Health & Human Services programs. Providers may pursue a universal request for special prioritization, a supplement to the VI-SPDAT for vulnerable populations to help triage survivors. If providers believe the survivor's safety is at risk, they follow VAWA-compliant Emergency Transfer Plan procedures to request emergency transfer of assistance between housing units. These procedures include: immediate transfer; trauma-informed care; client choice; preferred housing providers; interagency MOUs; referral to non-CoC services; safety plans, safety-first networks; & training.

2. At entry, survivors are educated on housing options available through CES and may choose the type of assistance that aligns with their needs. Agencies serving DV survivors are not required to participate in the CoC's CES/HMIS, but each agency utilizes a comparable database, the Oahu DV CES was awarded in FY 2020 & is operationalizing with a database almost fully functioning, which only DV serving providers have access to. Federal & Hawai'i State Laws protect victims of violence & disclosure of identifying information or of the location of DV residences to unauthorized persons is prohibited by law & subject to penalties.

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

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

(limit 2,000 characters)

The 2021 PIT Count showed 263 sheltered DV survivors and 155 unsheltered DV survivors on O’ahu, compared to 110 and 135 in 2019, respectively. Consistent with national data, roughly half of Hawai’i’s homeless women cite intimate partner violence as a factor. Even women who have successfully managed to leave their abusers often find themselves with desperate housing and financial needs, compelling them to return to their abusers. Hawai’i’s high cost of living, food, transportation, and medical care converge combined with inadequate pay, unequal pay for women, lack of affordable housing, and practical barriers to accessing support (e.g., unmet needs for childcare, lack of transportation, inability to leave work) often make it difficult for survivors to achieve stability. Due to the confidentiality requirements of working with survivors, each DV housing provider utilizes their own internal HMIS comparable database to track participation as well as service utilization and needs. DV service providers utilized the aggregate data from their databases to identify: needs and trends among domestic violence, dating violence, sexual assault, and stalking survivors: increasing homelessness among families experiencing domestic violence; longer stays in emergency shelter, especially for larger families, due to a lack of affordable housing; increase in single DV survivors exiting shelters and transitional housing to live with family or friends; identifying major utilizers of transitional housing as families, not single survivors; finding that singles DV survivors tend to be chronically homeless and have entered DV or other homeless shelters multiple times; finding that high levels of substance use and mental health issues exist among homeless DV survivors; increase in survivors with emotional support animals and the need for housing that accommodates animals. The proposed DV CES project will work to create a single database outside of HMIS with all DV beds and resources.

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

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

- | | |
|----|----------------------------------|
| 1. | prioritize safety; |
| 2. | use emergency transfer plan; and |
| 3. | ensure confidentiality. |

(limit 2,000 characters)

Provide appropriate safety planning. Coordinated Entry System (CES) participating providers shall provide necessary safety and security protections for persons fleeing or attempting to flee domestic violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must

include a threshold assessment for participant safety needs and if applicable, referral to appropriate trauma-informed services. CoC providers are trained on the complexity of responding to individuals and families fleeing domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at access points. CoC providers make safety referrals to victim service providers as determined to be clinically appropriate or at the request of the client. Providers participating in the CES work in partnership with advocacy organizations/shelters serving survivors of domestic violence to ensure considerations are made to address the specific safety and privacy needs of victims. This consideration includes giving individuals and families the ability to decline housing in neighborhoods that would compromise their location, the choice to be entered anonymously into a separate database, and the right to have full access to housing options. If providers believe the survivor's safety is at risk, they follow VAWA-compliant Emergency Transfer Plan procedures to request emergency transfer of assistance between housing units. These procedures include: immediate transfer, trauma-informed care, client choice, use of preferred housing providers, interagency MOUs, referral to non-CoC services when appropriate, safety plans, safety-first networks, and training. Federal & Hawai'i State Laws protect victims of violence & disclosure of identifying information or of the location of DV residences to unauthorized persons is prohibited by law & subject to penalties.

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

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?

Hawaii Public Housing Authority	92%	Yes-Public Housing	Yes
City and County of Honolulu	55%	Yes-HCV	No

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

Describe in the field below:

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

(limit 2,000 characters)

The establishment of the Hawai'i Interagency Council on Homelessness (HICH) in 2011 provided an opportunity for coordination between stakeholders, such as the Hawai'i Public Housing Authority (HPHA), the CoC, homeless service providers, and the City and County of Honolulu, to collaborate in the development of policies to address homelessness throughout the state. One such policy relates to preferences for federal and state public housing resources as administered by HPHA. Housing placement preferences in state and federal programs (e.g., Section 8 Housing Choice Voucher Programs and Federally-assisted Public Housing Program) include priority preferences for the following applicants: elderly, involuntarily displaced, domestic violence survivors, veterans and families of deceased veterans whose death was determined to be service connected, families residing in a transitional shelter for the homeless and who have successfully completed a social service plan, and other families determined by the staff. Per state law, not less than 50% of available units are for applicants without preference, and up to 50% of available units are available for applicants with a preference. HPHA has aligned with the CoC housing and service system and looks forward to further developing a partnership with the CES in order to track PHA progress in prioritizing access to housing resources for Oahu's vulnerable homeless families and disabled individuals.

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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

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

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

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

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

(limit 2,000 characters)

- Both PHAs located within the Oahu CoC are participating in the EHV program which has dedicated units to accept referrals solely from the Coordinated Entry process.
- The Oahu CoC (PIC) has MOU's in place with both the State Hawaii Public Housing Authority (HPHA) and City and County of Honolulu PHA to help in coordination and distribution of the Emergency Housing Vouchers. PIC meets with both entities on an almost weekly basis to ensure continuity of care between clients coming to housing from the streets, shelters, or other non-permanent living situation.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
---	----

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

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

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

(limit 2,000 characters)

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	-----

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
---	-----

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Hawaii Public Hou...
City and County o...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Hawaii Public Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: City and County of Honolulu

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

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

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

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	No

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	31
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	31
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

The Oahu CoC has implemented quarterly monitoring and evaluation of all CoC program funded agencies. Part of this M&E looks at quarterly spend down, CES and HMIS Data. What we glean from this information are things such as un-assignment reasonings. If we find an agency is not taking a housing first/low

barrier approach, we connect with the provider who is in violation and see what barriers are preventing them from housing clients to remedy situations.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
---	-----

1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1. CoC partners who provide street outreach are IHS, HHHRC, Achieve Zero, Kealahou West O’ahu, Youth Outreach (Yo’s), RYSE & others. The focus of street outreach is to identify those who are unsheltered & facilitate access to an ES or other safe, stable housing option, or if the individual is not ready for shelter to provide harm reduction services. General outreach is conducted to identify those who are homeless by name and to identify needs. VI-SPDATs are conducted when a person indicates desire for housing & willingness to work with an outreach worker. Various interventions and housing type are matched to assessed need. Outreach is also conducted prior to enforcement of City ordinances by both City & State personnel. Chronically mentally persons are assertively outreached regularly by specialists over a longer period of time to build trust & engage clients in treatment & seek housing. Outreach Workers who are trained in best practices such as motivational interviewing, stages of change and trauma informed care, help facilitate access to services through working with clients to gathering IDs and other documents, providing transportation, conducting initial screening and assessment and referral to CES access points.
2. CoC street outreach covers 100% of O’ahu.
3. Street outreach is conducted 365 days of the year. We have put in place safety protocols which include wearing personal protective equipment (PPE) during the Coronavirus pandemic.
4. Street outreach serves hard to reach populations using an approach that emphasizes meeting individuals where they are at and using customized/targeted approaches for subpopulations (veterans, seniors, IV drug users, victims of trafficking). Example is outreach conducted by DHS Adult Mental Health in which a psychiatrist is part of a street outreach team which aims to identify and support chronically mentally ill homeless through medication management and referrals to Adult Protective Services for clients who are most vulnerable or experiencing abuse.

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

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

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

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	895	1,049

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

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

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

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

1.CoC funded projects work closely with clients to establish document readiness, and connect them with other programs and benefits including Medquest, SNAP, SSI, and SSDI. AUW's 211 conducts an assessment for bundled referrals, including benefits, based on eligibility criteria. Legal Aid Society of Hawai'i assists with applications and appeals for entitlement benefits. CoC project staff follow-up with clients within 6 months and 1 year of exit from housing programs, and assist in renewing access to benefits if needed. CoC providers participate in SOAR training (SSI/SSDI, Outreach, Access & Recovery program).

2.CoC partner agency, Hawai'i Department of Human Services (DHS) operates the Benefit, Employment & Support Services Division (BESSD) which administers 9 public benefits programs, DHS provides up to date information on mainstream benefits via their website, including information on eligibility and application process. CoC works with the University of HI Richardson School of Law to coordinate an annual training update for provider staff on mainstream benefits.

3.Participation of the Healthcare partners and Medicaid health plans in CES enables CoC partners to ensure that individuals & families experiencing homelessness have access to health insurance. The integration of Medicaid health plans into the CES supports the State's implementation of a new 1115 Medicaid waiver amendment for pre-tenancy & tenancy supports for chronically homeless individuals.

4.CoC supports effective utilization of Medicaid & other mainstream benefits through case planning activities which align these resources as part of a more holistic approach to establishing safety, stability & self-sufficiency for clients of CoC funded projects. Also by monitoring changes in the amounts of employment and non-employment cash income.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC's coordinated entry system:

1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

1. The CES covers 100% of the HI-501 geographic area (Island of Oahu).
 2. CES facilitates community-wide case conference meetings each week that bring together homeless and healthcare providers. These meetings are meant to address barriers a household may be facing, including households least likely

to apply for services or who are service resistant. During these meetings, homeless and healthcare service providers bring to the community’s attention households who need service coordination or connection, at which point the meeting attendees may collaborate and come up with creative solutions to reach those households. Including healthcare providers in CES case conferencing helps connect households who present at a healthcare facility to the homeless service system.

3. Upon completion and input of a CES assessment and HMIS client consent form into the HMIS, a household's assessment data will appear on the CoC's prioritization list, or By-Name List (BNL), for up to 12 months. A household's CES assessment data will be organized on the BNL according to a specific and definable set of criteria - referred to as the prioritization matrix - designed to identify a participant’s level of need, vulnerability, and risk. This criterion is publicly available and consistently applied throughout the CoC for all subpopulations.

4. The Oahu Coc has agreed upon a defined set of criteria for means of prioritizing households for CES referrals (chronic homelessness, number of disabling conditions, VI-SPDAT score, and other criteria further outlined in the Oahu CES policies and procedures document). Severity of service need is determined by the VI-SPDAT, F-VI-SPDAT, or TAY-VI-SPDAT, depending on the subpopulation, for permanent supportive housing, rapid re-housing and transitional housing CES housing referrals.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
---	-----

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

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

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

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	
	<div style="border: 1px solid black; padding: 5px;"> Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities. </div>	

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	
	<div style="border: 1px solid black; padding: 5px;"> Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment. </div>	

(limit 2,000 characters)

After a 2019 report demonstrated racial disparities in types of services and housing outcomes, the CoC collaborated with researchers at the University of Hawaii at Manoa and the City of Honolulu to investigate trends over time in service use patterns and patterns of sheltered and unsheltered homelessness by race, gender, household types, and types of disabling conditions and needs. Recognizing that social identities are intersectional, the CoC has worked with researchers and homeless service providers to ensure that certain combinations of identities are not falling through the cracks (e.g., Native Hawaiian LGBTQ youth or Micronesian families). Understanding these different groups' experiences has been helpful in designing services and outreach approaches that are more tailored to their needs. In response to findings that some groups are under-represented in permanent housing programs, the CoC is working with researchers to develop and pilot a new CES assessment tool to

test for measurement invariance, particularly with regard to race. Researchers will also be examining racial bias in the current CES tool. The PIC HMIS team has worked to disaggregate race data and to capture differences between ethnic groups (e.g., between Filipino and Japanese groups). Because Hawaii is so racially diverse, understanding these groups' different experiences with the homeless service system is imperative for ensuring racial equity. Finally, the CoC conducts a comprehensive racial equity assessment annually.

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

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

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

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	No
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

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

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

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

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

(limit 2,000 characters)

When COVID-19 cases first appeared on Oahu in March 2020, the Oahu CoC immediately began working with the Department of Health (DOH), homeless service providers, and other community stakeholders to develop safety protocols in line with CDC recommendations. Our goal was to continue safely providing services to individuals & families experiencing unsheltered & sheltered homelessness while reducing risk among this population. To ensure continued service provision to individuals living unsheltered and to prevent community spread, the CoC distributed PPE to providers. Following safety protocols, outreach workers educated unsheltered individuals on COVID-19 symptoms and prevention strategies. The DOH opened the Temporary Quarantine & Isolation Center to provide space to unsheltered individuals needing to quarantine. CoC providers & community members also successfully advocated for the reopening of City and State parks to ensure access to water and hygiene stations. Simultaneously, CoC providers immediately began depopulating congregate emergency shelters by moving people to transitional shelters & independent housing. The CoC worked with shelter providers to implement safety protocols for food distribution and shelter operations. These protocols have remained in place throughout the pandemic. Transitional shelters also implemented safety protocols based on daily updates from the CDC and DOH. Providers prioritized individuals & families with underlying conditions for independent housing, freeing up space for unsheltered individuals and those who were living in congregate shelters. The CoC coordinated testing and later, vaccinations, for all sheltered and unsheltered individuals. CoC provider, Project Vision, set up routine testing &

vaccination clinics island-wide, including at encampments and alongside outreach workers on beaches & streets. The CoC continues to provide testing, vaccinations, and PPE to clients & staff to ensure safety and health.

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

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

(limit 2,000 characters)

The COVID 19 pandemic taught the Oahu CoC many lessons on how to respond to public health emergencies. First, we learned that communication must be quick and accurate. In March 2020, the CoC Lead Agency switched to a daily newsletter providing CDC updates and updates from local agencies (e.g., Department of Health, Department of Emergency Management). Leaders of the CoC, government partners, and community groups met regularly to share information & resources.

Secondly, we learned that technology facilitated quick communication & information dissemination, and technology became crucial in all CoC activities. CoC monthly meetings and trainings switched to virtual, which decreased cost and increased access to partners in rural areas. While we look forward to in-person meetings, the flexibility of virtual meetings has enhanced providers' ability to meet, and we plan to continue to integrate technology into CoC activities.

The CoC also learned that increased coordination with the City and County of Honolulu could improve pandemic response and decrease the time it takes to move people into housing. Recognizing that housing is the safest place for sheltering in place, providers worked to house individuals and families quickly. The fast-paced movement of people into housing necessitated programs be reimbursed at a faster pace, spurring better coordination with the City and County of Honolulu. The CoC improved reimbursement efficiency by working closely with the City's fiscal department. This improved process will enable providers to spend down funds efficiently, particularly in future public health emergencies. The CoC Lead Agency became a member of the City & County of Honolulu's Department of Emergency Management, which will facilitate coordination and faster response in future public health emergencies. We plan to manualize these lessons learned to inform response to future pandemics.

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

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

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

(limit 2,000 characters)

Safety Measures: The CoC has been working with all providers to ensure that the safety of outreach workers and direct service providers is most important. The CoC Lead along with Emergency Management assisted in the collection & distribution of PPE to both providers and those experiencing homelessness on the streets of Oahu. At the beginning of the pandemic city and state parks were shut down to all residents cutting off access to water and hygiene stations for those unsheltered individuals. Providers and the CoC's leadership worked with the city and the state to reopen all comfort stations at beach parks and parks to enable unsheltered persons have access to water, hygiene centers, and services from providers.

Housing Assistance: Catholic Charities, HCF, CNHA, connected thousands of individuals to rental assistance and eviction prevention programs. The CoC advertised these resources through newsletters, meetings, and connections with different groups in the community. The State of Hawaii had an eviction moratorium until September of 2021 enabling people to stay in housing throughout several of the surges of COVID and the community. Rental arrears. Programs funded through the CARES Act and other COVID funds, ramped up quickly and housed a record number of people. One program Oahu Housing Now has assisted more than 250 families (600 individuals) into rapid rehousing subsidies.

Eviction Prevention: The CoC hosted trainings for providers on available eviction prevention programs. It established an eviction prevention workgroup that updates all resources on a regular basis and ensures that all resources are available to the community with a no wrong door policy.

Health Supplies: Along with the distribution of PPE to providers and clients, the CoC has sponsored continuous COVID testing and vaccination clinics at shelter locations, low-income housing locations, beach parks, and on the streets.

Sanitary supplies: PPE continues to be distributed throughout the community.

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

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

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

(limit 2,000 characters)

The Hawaii Department of Health (DOH) helped CoC providers establish safety protocols to prevent the spread of COVID amongst sheltered and unsheltered individuals. The CoC Lead Agency became a member of the City & County of Honolulu's Department of Emergency Management to enable quick access to providers during the pandemic and during natural disasters, such as tsunamis and hurricanes. These types of partnerships have improved relationships between providers and the City and County of Honolulu and the State of Hawaii and will remain in place post-COVID. The Department of Health worked with CoC providers and other community stakeholders to create resource hubs that collected PPE, cleaning supplies, and other items for distribution to providers and clients. These resource hubs reduced confusion and increased efficiency of PPE distribution throughout our community.

CoC lead agency was added to DEM for daily/weekly updates
 Resource Hubs
 Fight to open bathrooms
 Bathroom brigades
 Distribution on cleaning supplies, PPE

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

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

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

(limit 2,000 characters)

The Oahu CoC continued to host monthly provider and community member meetings throughout the pandemic. These meetings switched to virtual, which enabled more people to attend and adhere to safety protocols. These meetings were expanded to include information from the Department of Health as well as other stakeholders. Trainings on PPE use, COVID updates, safety protocols were provided to all providers on a regular basis. The CoC created a digital newsletter that was distributed on a daily basis during the early days of the pandemic and then decreased in frequency as needed. This newsletter contained useful links to CDC and other resources and updated providers on local mandates. The CoC created a COVID protocol form for providers to use to report instances of COVID within their programs and among their staff to the CoC and the DOH. The State Department of Health’s Behavioral Health Department hosted a weekly webinar to update providers and community members on COVID-related issues. Currently, these webinars are held once a month and cover different topics including COVID . The State Homeless Programs Office instituted monthly outreach provider meeting, shelter provider meeting, and combined outreach and shelter meeting to continuously update providers on state restrictions and facilitate peer sharing of information and resources. City, State, and CoC websites provide ongoing information. The CoC HMIS team embeds dashboards with up-to-date information on the CoC website as well. A homeless concerns meeting was also created to ensure continuity of messaging that goes out to providers .

- Newsletter
- Weekly webinar
- Monthly outreach/shelter meetings
- Website
- Weekly/biweekly updates with leaders
- CoC monthly meeting all via virtual

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

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

(limit 2,000 characters)

The CoC conducted strategic and intentional outreach with COVID testing partner, Project Vision, to provide testing and, later, vaccination to unsheltered populations . Outreach teams comprised of providers and Project Vision staff visited beach parks, streets and other common areas for encampments and singular unsheltered persons. The CoC designated day and night outreach teams in order to reach the most people.

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

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

(limit 2,000 characters)

CoC DV providers remained fully operational throughout the pandemic and quickly adapted to the increased calls and enrollments by leveraging their staffing resources and applying for additional funds. Staff took on additional duties & implemented measures to keep the shelter safe for all. Staff often worked double shifts, with supervisors and administrators covering shifts. Additionally, these providers immediately applied for COVID ESG relief funds to hire additional case managers. Additional case managers worked to link survivors to housing more quickly, which reduced the number of days clients lived in the shelter, helping to avoid overcrowding. Additionally, CoC DV providers addressed an increase in participants that required a higher level of care due to mental health needs by applying for VAWA funds to hire licensed therapists. COVID Relief Funds also assisted DV shelters with regular deep cleaning & disinfecting of facilities. DV providers worked with the CoC and DOH to establish safety protocols within the shelters. For example, survivors who may be COVID positive, were exhibiting symptoms, or high-risk for severe disease, were able to quarantine at a designated safe place within the shelters.

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

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

(limit 2,000 characters)

The CoC CES went completely virtual. We downsized conference committees to work more closely with providers. The CES team also worked with the HMIS team to develop a flag for clients who were at high-risk for developing severe

disease from COVID. These flags would help prioritize individuals with underlying conditions and speed up placement into housing. To facilitate this process, the CoC encouraged all providers to assess all clients and newly outreached individuals for COVID risk and update their record in HMIS. To help meet need for quicker housing placement, the CoC utilized its newly established Landlord Engagement Program to engage landlords and create a unit inventory.

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

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

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

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC’s local competition.	09/13/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/13/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

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

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

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1. Due to high numbers of individuals with physical or developmental disabilities (40% of 2020 PIT Count), mental health and substance use issues (36% and 27% of the 2020 PIT Count), and chronic illness (a quarter of sheltered 2020 PIT Count), the CoC prioritized programs that provided permanent supportive housing and/or collaborated with the healthcare system. These criteria were included on the project evaluation scorecards and communicated to the evaluators and the CoC membership. By weighting these criteria more than previous scorecards, the CoC hoped to prioritize these projects in scoring and ranking. Additionally, given that 24% of adults in the 2020 PIT Count with available data were survivors of domestic violence, the CoC prioritized DV projects for bonus money when ranking projects.

2. In reviewing and ranking applications for the 2021 CoC competition, the CoC considered the extent to which project applicants demonstrated that they were serving high needs populations and their understanding of these needs by adding these criteria to the scorecards and weighting them appropriately. For example, the extent to which projects served high needs populations was weighted more heavily than performance measures that are difficult for these populations to obtain (e.g., income increases). Additionally, the CoC considered new housing programs for reallocation that prioritized Oahu’s most vulnerable persons experiencing homelessness in need of permanent housing (PH) services. New project scorecards included criteria to this effect under project description. The CoC also prioritized projects serving survivors of domestic violence, dating violence, and stalking in the ranking process. Given research showing that Native Hawaiian and Pacific Islanders may be under-represented in permanent supportive housing programs, the CoC added criteria to the scorecard that emphasized racial equity and PSH programs.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The CoC developed scorecards in collaboration with researchers at the University of Hawaii at Manoa. The scorecard rating factors were reviewed and approved by non-conflicted members of the Advisory Board and Planning

Committee . These members include individuals identifying as Native Hawaiian, which are over-represented in the local homeless population, and individuals identifying as Asian and White.

2. The Evaluation Team was racially diverse and included individuals identifying as White (1) and Asian (4). The final rankings were reviewed and approved by members of the Advisory Board and Planning Committee. These members include individuals identifying as Native Hawaiian, which are over-represented in the local homeless population, and individuals identifying as Asian and White.

3. The CoC RFP required renewal project applicants to report program demographics and to discuss how the project advanced equity and how the project reviewed participant outcomes and policies with an equity lens. Evaluators scored renewal projects on these factors, including the degree to which the program’s racial demographics reflect the overall homeless population racial breakdown. The RFP also required all projects to report how the agency reviews internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers on certain groups as well as if the agency has members from under-represented groups in leadership and decision-making roles. Equity factors comprised around 10% of the overall score for renewal projects. These criteria are reflected in the scorecards for each project type and evaluators scored and ranked projects based on these factors.

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC’s written process for involuntary reallocation allows the reallocation of excess funding and/or reallocation of funding from low-performing projects to new projects with the intent that the new project(s) will be higher-performing and fit an emerging need in the CoC. The CoC evaluated project applications based upon alignment with HUD priorities, monitoring findings, degree to which program promotes equity, data quality, objective performance measures, system-level need for the project, cost-effectiveness, & financial performance. The Evaluation Panel, comprised of 5 independent evaluators, scored applications using scorecards based on these criteria. Evaluators ranked projects and made reallocation recommendations based on project scores and system need, considering length of time the project has been funded (i.e., a newer project may need more time to demonstrate effectiveness) and project location or target population (i.e., whether reallocation would create a gap in services based on geography or capacity to serve an especially vulnerable or hard-to-reach population). Non-conflicted CoC Advisory Board members

reviewed and approved Evaluation Panel recommendations on September 9, 2021.

2-3. Based on Evaluation Panel recommendations, one project was identified as a candidate for reallocation. The Evaluation Panel noted that the project's application showed numerous deficiencies in data quality and ability to expend funds. The CoC reallocated a little over \$300,000 from this renewal program to fund several new program proposals, one of which includes a DV project. Given that almost 25% of surveyed individuals in the 2020 PIT Count indicated surviving DV, the CoC wanted to meet this system need.

4. N/A

5. The CoC communicates this process to all applicants in the NOFO RFP and mandatory information sessions. The CoC also published a FAQ document that further described the reallocation process.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/28/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/28/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application;	11/12/2021
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<p>2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.</p>	
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2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	CaseWorthy
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	01/15/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

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

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

(limit 2,000 characters)

1. Child and Family Service were awarded DV Bonus funds in FY 2020 to create an implement a DV CE System for the Oahu Continuum of Care. The implementation of this data base is expected to fully operational by December 2021. In the past year and a half DV providers have been taking part in bi-weekly conferencing meetings with the DV CE Team and the regular CE team to ensure survivors are being appropriately coordinated through the housing process. The VI-SPDAT generates the Coordinated Entry System (CES) By-Number-List (BNL). The DV BNL meets the VAWA requirements that ensures the victims confidentiality and security by sharing no identifiable information other than family size. All the DV Providers who utilizes the DV CES will attend CFS Case Bimonthly conference to go over the BNL to refer individuals and family to the appropriate housing based on the VI-SPDAT score. The CES and HMIS Team works directly with the DV providers to gather minimally required information to ensure accurate coordination and data accuracy.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,525	75	1,450	100.00%
2. Safe Haven (SH) beds	54	0	54	100.00%
3. Transitional Housing (TH) beds	821	66	755	100.00%
4. Rapid Re-Housing (RRH) beds	1,049	0	1,049	100.00%
5. Permanent Supportive Housing	1,797	0	1,109	61.71%
6. Other Permanent Housing (OPH)	70	0	70	100.00%

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

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

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

(limit 2,000 characters)

The low bed coverage rate for the PSH project type is due primarily to the VA's challenges with entering VASH PSH project data into the HMIS. The CoC included this project since it is an important part of HI-501 CoC's homeless PSH inventory. The CoC obtained an accurate estimate of the total number of PSH beds from the VA, which are 691 beds included on the HIC for this project. Excluding these beds will bring the coverage rate for PSH to 100 percent. In the last few years, all new VASH PSH referrals have come through CES, and the VA began entering VI-SPDAT information directly into HMIS. However, VASH

PSH program enrollment information is entered into the required VA dedicated HOMES system. The CoC Data Committee, CEs and HMIS Administration team work with the VA to develop a template to simplify data entry for the VA in order to capture these beds in the HMIS PSH Count without overly burdening the VA with double data entry into two systems (HOMES and HMIS).

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

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

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

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

(limit 2,000 characters)

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

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

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

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- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

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

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- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

(limit 2,000 characters)

1.CoC Planning and Data Subcommittees identify risk factors for first time homeless through reviewing HMIS data collected on individuals who are first time users of ES, SH, TH, or PH to identify factors that are prevalent, such as relating to income, experience of DV, release from incarceration or mental health facility. The PIT count process provides information on risk factors through survey questions.

2.The CoC has multiple strategies to address individuals and families at risk of becoming homeless, and to assist those who have been homeless stabilize their housing. CoC partners collaborate to address system issues such as income inequality and lack of affordable housing. Providers deliver prevention and diversion services for survivors of DV, veterans, system-engaged youth, low-income households, Native Hawai’ian, and those with high-needs such as addictions and/or mental health challenges. Strategies include: street outreach and emergency shelter for runaways and unaccompanied homeless youth; activities that enhance social integration and facilitate transitions into stable housing for individuals exiting public systems (justice, mental health, child welfare) such as Community Court, LEAD Pre-Arrest Program. discharge planning; landlord engagement (mitigation and mediation, crisis management and response via a landlord crisis and question call line); evictions prevention through expanded legal resources; and rental subsidies and RRH for at-risk households. High need individuals are connected with Community Care Services (CCS) case managers assigned by Medicaid behavioral health plans, helping to provide stabilization and Medicaid waivers are used to expand housing support services for PSH and peer supports. The CoC website serves as an online information hub that provides information on a range of resources and services.

3.PIC (including HMIS-CES staff), oversees strategies to reduce or end the number of persons experiencing homelessness for the first time.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	Describe in the field below:	
1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,000 characters)

HDX data indicates that the median length of time homeless (LTH) for persons in ES and SH increased by 21 days from the FY2019 LTH. Average LTH for persons in FY2020 ES, SH, and TH increased by 21 days. This increase because of the Coronavirus Pandemic & having less available resources & operating at less than 100% capacity due to state & federal regulations.

1.Strategies to reduce LTH: a. strengthening of performance & accountability measures for service providers; b. establishing fair & reasonable expectations of clients in ES, safe havens, TH & RRH to move towards independence as quickly as possible, & c. equipping them for success through provision of interventions and resources that address barriers to housing stability, within a Housing First/low barrier framework. The CES is the CoC approach to organizing & providing services to persons experiencing a housing crisis. Persons seeking assistance are directed to defined entry points, assessed in a uniform & consistent manner, prioritized for housing & services based upon acuity levels, & linked to available interventions.

2.The CoC identifies individuals & families with the longest LTH through the BNL. The BNL includes date of first entry into homelessness based upon HMIS data. The BNL is reviewed during CES case conferences – weekly for individuals and families, monthly for youth and veterans. Attendees collaborate to identify housing resources for clients who are unsheltered using the VI-SPDAT & TAY VI-SPDAT which priorities clients based upon their VI scores. Homeless providers communicate project vacancies, either bed, unit or voucher to the CES on a real time basis through the HMIS. The VI-SPDAT gets updated at least annually for individuals who are in the CES, increased chronicity (length of time homeless) will result in an increased VI-SPDAT score which will prioritize them for available housing.

3.PIC (including HMIS-CES staff), supported by the CoC board & subcommittees, oversees strategies to reduce LTH.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	
	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

(limit 2,000 characters)

1.The rate at which persons exit to permanent housing (PH) destinations, and retain PH in 2020 was 37% compared to 44% in 2019. This decrease was due to the effects of the Coronavirus Pandemic and having less available resources and operating at less than 100% capacity due to state and federal regulations. The CoC strategy to increase exit to PH destinations includes working with the Hawai'i Interagency Council on Homelessness to turn around the State's housing and homelessness crisis & increase availability of PH. In 2019 the Hawai'i Legislature made a commitment of \$200 million for affordable housing and \$50 million for resources to address homelessness — nearly 7 times the amounts committed in 2018. CoC partners include entities who are investing in and/or developing PH projects such as the Hawai'i Public Housing Authority (HPHA), City and County of Honolulu, and private and non-profit entities such as Liliuokalani Trust. The City of Honolulu Mayor has established a target of 800 new affordable PHs annually through 2021 . HPHA allocates 50% of available public housing and 100% of Section 8 Vouchers to families and individuals who are homeless; and operates the VA Supportive Housing program (housing 460 veterans). PIC works with these and other partners gather input, oversees plans for effective use of PH, and monitors implementation of CoC funded PH projects.

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

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

(limit 2,000 characters)

1.Under the direction of the CoC, the HMIS admin team monitors returns to homelessness (RTH) across the CoC, and within individual projects. on a quarterly basis. CES case conferencing and use of BNLs serve to identify persons and families with high rates of recidivism/RTH.

2.The CoC uses the same strategies to reduce RTH as those used to improve PH retention (see 2c-3) including provision of supportive services and follow-up or aftercare aimed at enhancing housing stability. All CoC funded projects are required to incorporate supportive services (i.e. supports for health and wellbeing, education and employment, and enhancing social inclusion) beyond exit or placement in PH. Strategies include a robust accountability and performance measurement framework as well as use of best practices such as Housing First and tertiary prevention to support individuals and families who have previously experienced homelessness to ensure that it doesn't happen again. Strategies that aim to increase employment income as described in 2f. also support efforts to reduce RTH by helping to eliminate or alleviate lack of sufficient income as a barrier to maintaining housing. Additional strategies used by CoC partners staff to reduce RTH (with training provided State of Hawai'i Homeless Programs Office) are: a. use of harm reduction eviction prevention strategies; b. use of

assertive engagement with housing participants using motivational techniques, and c. providing Next Level Interventions (around 90 days post housing) such as solidifying linkages to community resources (legal assistance, schools for children, religious/spiritual, community treatment and support), promote independent living skills, ensure income is in place, develop longer term plan and address non-immediate needs such as education planning and career goals.

3.PIC, including HMIS-CES staff, and data and evaluation subcommittee is responsible for overseeing the CoC’s strategy to reduce the RTH rate.

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

Describe in the field below:

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

(limit 2,000 characters)

1.The CoC is represented on the Hawaii Workforce Development Council and the Oahu Workforce Improvement Board to advocate for programs that might better serve homeless persons. CoC partners such as Hawai’i Appleseed Center for Law and Economic Justice and local government support research, policy development, advocacy and system change to address income inequality as a major driver of homelessness. CoC partners provide services that help increase employment income such as linkages to employment training and education opportunities such as GED classes, certification or degree programs offered by DOE Adult Programs or community colleges that can help individuals secure higher wages.

2.CoC partners help individuals attain employment access and income goals through strategies such as: case management, planning and linkage to opportunities (employment skills training, education programs such as GED classes, certification programs, Job Corps); assisting with benefits application; provision of supportive services to address prevalent barriers to employment such as resources for transportation and childcare (i.e. childcare vouchers for family shelter providers). Pop up employment support services are included in service fairs in numerous locations across the island and at Food pantries, often matched with bus vouchers for those who are actively seeking employment or newly hired. CoC partners with Veteran’s Affairs and State Department of Social Services to obtain current information about cash benefits and to address issues relating to benefits denial. A homeless provider is embedded in the American Job Center Hawai’i to deliver core services, facilitate access to programs and resources and to provide information on job hotlines or call centers that can assist with questions about job loss, unemployment benefits and job training.

4.PIC, including HMIS-CES staff, is responsible for overseeing the CoC’s strategy to increase jobs and income from employment.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The CoC promotes partnerships with stakeholders who provide access to employment opportunities through inviting these entities to join the CoC and to participate in the Statewide Homelessness Conference. The CoC conducts outreach to business organizations like the O’ahu Chamber of Commerce to recruit volunteers for the annual PIT count. The City & County of Honolulu’s Community Based Development Division (CBDD), a CoC member, works in partnership with local businesses and other government stakeholders to address the need for affordable housing solutions and services for the homeless and at-risk of homelessness. Individual CoC funded partners establish agreements with stakeholders for activities such as on-the-job training, engagement in work-readiness (i.e. participate in mock interviews or panels to discuss employment pathways).

2. CoC member Hawai’i Department of Education (HDOE) operates adult education programs via multiple campuses on O’ahu. Initiatives include collaboration with Department of Labor, Department of Human Services, University of Hawai’i Community College System, Department of Public Safety (Corrections), and the City and County of Honolulu. Offerings that are available to individuals in CoC projects include GED programs, Workforce Development Diploma Program (WDDP), iCAN Career and Workforce Certification, Adult Basic Education and Adult Secondary Education (ASE) which provides high school equivalency preparation classes for the attainment of a HiSET or GED credential. Instruction is often integrated with occupational training leading to certification in a high demand job sector. CoC partners also collaborate with the American Job Center Hawai’i, Hawai’i Department of Labor and Department of Health and Human Service (Vocational Rehabilitation) to provide meaningful education and training, on-the-job training, internships, and employment opportunities for residents of PSH that further their recovery and well-being.

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC ensures that community providers are motivated to increase both employment and non-employment cash income, as well as other economic benefits and supports such as EBT, WIC, and rental subsidies by collecting and sharing data on client demographics and community housing and employment

data that clearly illustrates need. Gains in both employment and nonemployment income are monitored through HMIS.

2. Specific strategies used by CoC and CoC funded partners to increase nonemployment cash income are: a). Use of intake assessment protocols that assess for eligibility for any cash benefits such as Supplemental Security Income (SSI), Social Security Disability Income (SSDI) or unemployment benefits for individuals who may have become unemployed through no fault of their own and thus eligible for unemployment insurance. b). Screening is also conducted for Supplemental Nutrition Assistance Program (SNAP) and health insurance coverage eligibility. Non-veterans are typically eligible for HI Medquest services and participants are assisted in the application process. Vets are linked to VA medical benefits as needed. c). Case management services that include assistance in connecting individuals and families to nonemployment cash income such as working with clients to gather needed

3. PIC, including HMIS admin staff, oversee and implement the CoC's strategy to increase non-employment cash income. The Hawaii Department of Human Services, Benefit, Employment & Support Services Division (BESSD), Homeless Programs Office (HPO) is a CoC member. BESSD provides access to monthly benefits including Temporary Assistance for Needy Families, General Assistance, Childcare, and the SNAP programs.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

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

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

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

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

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

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

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

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

Project Name	Project Type	Rank Number	Leverage Type
FY 2021 Youth RRH	PSH	1	Healthcare
FY 2021 Youth Per...	PSH	10	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? FY 2021 Youth RRH

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 1

4. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? FY 2021 Youth Permanent Housing

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 10

4. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

- | | |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

(limit 2,000 characters)

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

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

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

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

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

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

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

(limit 2,000 characters)

4A. DV Bonus Application

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

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

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

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

	Project Type	
1.	SSO Coordinated Entry	Yes
2.	PH-RRH or Joint TH/RRH Component	Yes

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

1.	Enter the number of survivors that need housing or services:	155
2.	Enter the number of survivors your CoC is currently serving:	63
3.	Unmet Need:	92

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

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and	
----	--	--

2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1. 2020 O’ahu PIT Count (PITC) was used to calculate number of DV survivors needing services (155 unsheltered) and number of DV survivors currently being served (63 sheltered). The PITC included a question identifying persons currently experiencing homelessness due to flight from DV, dating violence, sexual assault/stalking, as opposed to reporting on survivors who had ever experienced DV.
2. The source for this information was the 2020 O’ahu PITC Report.
3. Domestic Violence can happen to anyone at anytime. The average rate of a survivors returning to an abusive relationship seven times before their leaves for good. Of the 92 whose needs were unmet 12 survivors returned to the abuser and 32 left to live with a family or friends, the remaining 48 destination are unknown.

There are specific diagnoses that are commonly experienced by survivors: post-traumatic stress disorder (PTSD), depression, and anxiety. In addition, traumatic events produce profound and lasting changes in physiological, arousal, emotion, cognition, and memory- changes that wouldn’t necessarily result in psychological diagnosis. Since the pandemic we have seen an increase of dual diagnose cases that require a higher level of care. Of the 48 remaining these cases contributed to number of survivors who needs were unmet. Some of which were linked to mental health facilities and some walked out.

The barriers that the community sees is lack of adequate resources combined with the overwhelming stress of being in a pandemic for the past 22 months. There are more incidents of DV related issues to take place and less resources to serve those. DV has impacted communities across the nation during coronavirus.

4A-3.	New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project–Applicant Information.	
	NOFO Section II.B.11.(c)	

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1. Applicant Name	Child and Family Service
2. Project Name	Coordinated Entry Project FY2021 Expansion

4A-3a.	New SSO-CE Project–Addressing Coordinated Entry Inadequacy.	
	NOFO Section II.B.11.(c)	

Describe in the field below:

1.	how the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and
2.	how the proposed project addresses inadequacies identified in element 1. above.

(limit 2,000 characters)

1. The CoC currently implements a Coordinated Entry System (CES) for survivors of Domestic Violence, awarded in FY 2020. The request for bonus monies is to further develop and staff a CES for DV survivors that aligns with the VOWA federal laws and guidelines. Currently, DV survivors must enter a DV shelter to be assessed for DV CES. If a person does not qualify for DV shelter, such as when there isn't a risk of imminent danger, they can't be assessed with VI-SPDAT for DV CES entry, even though they are homeless due to DV, which is a system weakness. Also, when DV survivors can't be served in DV-specific housing, which is often the case with large families, and are referred to the general CES, they often compare poorly against the general population (i.e. do not score high on VISPDAT), and remain homeless for prolonged periods. Rate of placement for DV survivors isn't reliably tracked because of the disconnected processes. Finally, because of confidentiality requirements, DV survivors are entered into the general CES with a numeric identifier, which other providers recognize as being a DV identifier. This process can trigger bias in non-DV housing programs who have indicated concerns that housing DV survivors could create a safety risk for their non DV clients.

2. PIC is including a DV SSO-CES project in our project list to bring Oahu's DV providers, homeless service providers, and other stakeholders, including government agencies, together to design and implement a DV CES process that addresses the inadequacies described in 1 and create a seamless system with sufficient training and resources to ensure fair and equal CES access. This project will employ a full-time staff member to work with other CoC funded providers, offer training, develop protocols, and implement a DV database that interfaces with PIC CES & HMIS while protecting confidentiality.

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

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

Applicant Name
Family Promise of...

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

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

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

1.	Applicant Name	Family Promise of Hawaii
2.	Rate of Housing Placement of DV Survivors–Percentage	82.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	97.00%

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

Describe in the field below:

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

(limit 1,000 characters)

The rate of housing placement is based on HMIS data on the number of households enrolled in various FPH programs (shelter, diversion, prevention, rapid re-housing) who exited to permanent housing placements and disclosed a history of DV during their program entry. The retention rate was calculated taking the number who exited to permanent housing and remained in housing at 6-months follow-up. Of the 45 households served in the last two years who disclosed a history of DV, 37 secured permanent housing (82%). Of the 37 households who have secured permanent housing, 36 remained housed at 6-months follow-up.

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

Describe in the field below how the project applicant:

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

(limit 2,000 characters)

Family Promise of Hawaii’s mission and purpose is to help families quickly transition from homelessness to permanent, stable housing. Almost 10% of adults in the households served by Family Promise of Hawaii (FPH) have reported a history of DV. We believe this percentage is actually higher as many victims of DV are hesitant or fearful of reporting their experience. To ensure that DV survivors who are experiencing homelessness are assisted to quickly move into safe affordable housing, FPH coordinates with our Continuum of Care’s (CoC) Coordinated Entry System (CES) to ensure DV survivors are referred to available housing resources. FPH serves as an access point for Oahu’s CES. Upon intake and assessment, families are asked if they have been a victim of a crime, including DV. Survivors of DV are then connected to the appropriate resource (emergency shelter or DV shelter) and an assessment is conducted. This information is then provided to the CES system to ensure survivors are able to access the most appropriate permanent housing resources that best meets their needs (if it’s with FPH or another service provider in the community). FPH has extensive experience operating short and medium-term rapid re-housing projects. While these programs support all households, many of those served have a history of DV. We have advocated to ensure that our permanent housing programs actively receive referrals from the CoC’s DV-CES. Once a family is housed the support does not end there. Families receive ongoing case management support to help ensure they remain stably housed and are able to pay their rent on their own once their subsidy ends. FPH ensures that survivors of DV are connected to the appropriate supportive services through ongoing case management sessions. During these sessions, staff are able to assess client needs and refer them to community resources such as employment, child care, behavioral health, health care, public benefits, etc.

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

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

(limit 5,000 characters)

Through our 15 years of service, FPH continues to provide resources for families experiencing homelessness, including survivors of DV. As Victims of Crime Act (VOCA) grantees, we have improved and revamped our policies and procedures to further our standards in providing quality service to those we serve. Our internal policies require ongoing quarterly training surrounding issues of homelessness, violence, and trauma-informed care. As a family

service provider, our priority is to protect our clients and their children.

FPH strives and exceeds in quality services by promoting comprehensive education through internal training on Trauma-Informed Care, attendance to various conferences such as the Institute on Violence, Abuse, and Trauma (IVAT) summit, and as a participating member for the DV CES. We remain committed to staying current on DV best practices, available resources and ensuring clients are well informed.

The right to privacy is highly regulated, as reflected in our core value in providing dignity and worth to all clients. We treat all discussions as confidential and have multiple meeting spaces if separate conversations are required. Our team will ensure the resource is matched with the appropriate households through coordination with the DV CES system. Upon receiving a referral from the DV CES system, the case manager will meet with the family (within two weeks) to complete their intake, including a Housing Needs Assessment. Staff utilize motivational interviewing and trauma-informed care techniques and take a strengths-based approach when assisting households when charting goals and creating a safety plan to locate safe and secure housing options.

Due to COVID-19, we suspended our rotational shelter operations in congregate spaces. Instead, we pivoted to sheltering families in hotels, campgrounds, and student housing, allowing individual units per family until they transitioned into permanent housing. These locations have onsite security, key or key fob entry, and security cameras throughout the property.

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

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

(limit 2,000 characters)

The safety of our families starts at intake and continues beyond being housed. FPH ensures the safety of our families in the following ways:
Staff training on safety planning
Meeting families in a location they identify as safe or in a private office
Continuous safety planning
Ensuring that permanent housing options meet the safety needs of the family
Ensuring that all FPH offices are locked, safe, and secure. When a DV incident occurs onsite the FPH team responds per our agency policies and procedures, including contacting law enforcement and child welfare when necessary
All family information is kept confidential and locked in secure cabinets in the office

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

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

(limit 5,000 characters)

FPH believes in the self-determination of our families. FPH staff allow families to make their own decisions and provide support for the families through case management sessions and referrals to outside resources. Case managers collaborate with the families and create a service plan that both the family and the case manager agree on to get the family into permanent housing as quickly as possible. FPH assessments and service plans focus on the strengths of the family such as family support, employment, savings. Case managers provide weekly case management meetings to go over the service plan and review short term goals so that the family is not overwhelmed. This motivates families to work towards the final goal of permanent housing. All FPH staff are trained on trauma-informed care and use trauma-informed care when working with families. FPH staff are required to complete quarterly training which include trauma-informed care training. If there is a concern with the family, case managers try to avoid punitive consequences and will process the issue with the family. If the issue cannot be resolved between the family and the case manager, then the Program Director will get involved to resolve the issue. Cultural competence, nondiscrimination, and equal access to services are covered during initial on-boarding training with the Program Director. Staff are encouraged to participate in community training on cultural competence. Cultural competence and equal access are discussed during supervision with the direct supervisor. FPH takes into consideration the client’s cultural beliefs, rituals, traditions, religious practices when going over the family’s service plan. FPH makes referrals to community partners such as the Family Peace Center or Children and Family Services for victims of DV for counseling, groups, mentorship, or peer-to-peer services. FPH makes referrals to Child Care Connections for families that need childcare.

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

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

(limit 5,000 characters)

FPH provides emergency shelter, diversion, and rehousing services for clients that disclose that they are DV survivors experiencing homelessness. Through the FPH emergency shelter program, FPH provides temporary safe shelter for DV survivors in a secure building. FPH offers assistance to DV survivors in other community shelters to help them secure permanent housing so that the survivors do not feel forced to return to their abusers due to lack of stable housing. FPH secured funding to help with security deposit and rental assistance to help victims of DV quickly access permanent housing. FPH is also part of the CoC and receives referrals from the CES for rapid rehousing and permanent supportive housing subsidies to help families that are homeless including victims of DV get into permanent housing. Case managers collaborate with the families and create a service plan that both the family and the case manager agree on to get the family into permanent housing as quickly as possible. FPH assessments and service plans focus on the strengths of the family such as family support, employment, savings. Case managers provide weekly case management meetings to go over the service plan and review short term goals so that the family is not overwhelmed. This motivates families to work towards the final goal of permanent housing.

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

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

(limit 5,000 characters)

The goal of the DV Rapid Rehousing program is to help households fleeing DV transition from homelessness to permanent, stable housing through medium-term rental assistance alongside victim-centered, trauma-informed case management. The main goals of the program are to help families experiencing DV and homelessness access safe and secure permanent housing, provide victim-centered and trauma-informed supportive services to help families heal, and to connect families with comprehensive wrap-around support to ensure they remain stably housed.

Our team will work to ensure the resource is matched with the appropriate households through coordination with the DV CES system. Once a referral is made from the DV CES system, the case manager will meet with the household to complete their intake including a Housing Needs Assessment. This

information assists staff in creating realistic goals and an action plan to help households attain their housing goals. Staff utilize motivational interviewing and trauma-informed care techniques and take a strengths-based approach when helping households set goals for themselves. Households are able to set meetings with staff that align with their schedules and are encouraged to look for housing in locations they prefer. However, our staff is realistic with households that it's difficult to obtain housing in high-priced neighborhoods. Households are always offered multiple choices when it comes to housing options. In addition, staff will safety plan with families to locate units in safe locations for the household. The case manager will then begin looking for available units that meet the household's needs through online ads and contacting landlords and property managers. The case manager will also work alongside the household and have the household participate in the process of looking for units in their preferred location. In order to assist households in maintaining permanent housing, the case manager will have two monthly meetings with the household, one of which has to be an in-home visit to inspect that the unit continues to meet the household's needs. During meetings with FPH's staff, households are taught tenancy education to help them understand lease agreements, rental rules, landlord and tenant rights, and effective communication techniques for engaging with their landlord. The case manager will provide continuous trauma-informed and victim-centered case management sessions throughout the 12-month program. The case manager will follow up with anything that impacts housing stability such as increasing income, helping households access child care, etc. During sessions, the case manager will help households find employment if the household is unemployed or refer them to job training. The case manager will help households apply for mainstream benefits or reapply if benefits have been reduced. The case manager will update the household's safety plan, connect households with mental health resources or other health providers to support the household's ability to live independently. The case manager will go over financial literacy such as budgeting, savings, and credit when possible. The case manager will go over a housing service plan with the household so that both the case manager and the family are on the same page on the supportive services needed to help them achieve long-term stable housing. Unfortunately, we know that Native Hawaiians, Pacific Islanders, and Black or African Americans are more likely to experience homelessness than the remaining population. In order to ensure that our staff and volunteers are administering supportive services mindfully, we engage in continual learning to promote awareness of individual differences, and cultural and ethnic diversity. All direct service staff engage in weekly supervision meetings which include, but are not limited to, case reviews, discussion of ethical and legal issues, treatment planning and goal setting, interventions, review of case notes, cultural competency, sharing of current policies related to homeless services, relationships with colleagues, work-related stressors, and self-care. When discussing case reviews staff are asked to share basic case information including identification of the problem and household goals as well as identification of socio-cultural factors contributing to the household, staff then gather feedback from their supervisor, and engage in action planning. This process helps to ensure the team is addressing some of the root causes of the household's experience with homelessness. We also work to ensure that our staff are representative of the population we serve. In addition, FPH has an extensive language access plan to ensure that persons with Limited English Proficiency have meaningful access and an equal opportunity to participate in our services.

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CES Assessment Tool	11/08/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/08/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/08/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/08/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/09/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting-Pr...	11/09/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting-Pr...	11/09/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No	HI-501 Equity Rep...	11/12/2021

Attachment Details

Document Description: CES Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting-Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting-Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HI-501 Equity Report 2021

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/18/2021
1B. Inclusive Structure	11/12/2021
1C. Coordination	11/12/2021
1C. Coordination continued	11/09/2021
1D. Addressing COVID-19	11/09/2021
1E. Project Review/Ranking	11/12/2021
2A. HMIS Implementation	11/10/2021
2B. Point-in-Time (PIT) Count	10/27/2021
2C. System Performance	11/10/2021
3A. Housing/Healthcare Bonus Points	11/09/2021
3B. Rehabilitation/New Construction Costs	10/27/2021

FY2021 CoC Application	Page 63	11/12/2021
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3C. Serving Homeless Under Other Federal Statutes	11/03/2021
4A. DV Bonus Application	11/11/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Identifying Information

*Case Worker: _____ Note: Fields with an * **MUST** be answered.

*First Name: _____ *Last Name: _____ Nickname: _____

*Birthdate: _____ Full DOB reported Age
 Age: _____ Partial Month/Year Client doesn't know
 Partial Day/Year Client refused
 *SSN: _____ Data not collected

- Full SSN reported
- Approximate or partial SSN reported
- Client doesn't know
- Client refused
- Data not collected

Gender and Sexual Orientation

<p>*Current Gender Identity:</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<p>*Sex Assigned at Birth:</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<p>*Do you identify as intersex?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<p>*Sexual Orientation:</p> <input type="checkbox"/> Straight <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Unsure <input type="checkbox"/> Other _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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Which VI SPDAT would you like to fill out for this client? Individual

Citizenship Status:

- | | |
|--|---|
| <input type="checkbox"/> US Citizen | <input type="checkbox"/> Ineligible Non-Citizen |
| <input type="checkbox"/> Eligible Non-Citizen | <input type="checkbox"/> Undocumented |
| <input type="checkbox"/> Non-US Citizen COFA | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> US National – Non Citizen (American Samoa or Swains Island) | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

***Language in which client is best able to express him/herself:**

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Marshallese |
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Ilocano | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| | <input type="checkbox"/> Other |

***Race:**

- | | |
|--|--|
| <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Black, African American, or African |
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White |
| | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

***Ethnicity**

- | | |
|---|--|
| <input type="checkbox"/> Non-Hispanic or Non-Latin(a)(o)(x) | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Hispanic or Latin(a)(o)(x) | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

***Has the client ever served in the US Military?:**

- Yes No Client refused

***Relationship to HoH:**

- Self
- Spouse
- Child
- Step Child
- Foster Child
- Grandchild
- Guardian
- Grandparent
- Other Relative
- Other Non Relative
- Unknown

Sharing

***Consent:** Yes No

***Date of Consent:** _____

Contact Info

***Is there a phone number where someone can safely get in touch with you or leave a message?** Yes** No

****Cell Phone:** _____ Primary Secondary Tertiary

Home Phone: _____ Primary Secondary Tertiary

Work Phone: _____ Primary Secondary Tertiary

***Is there an email where someone can safely get in touch with you? If yes, Email:** _____

Entity Contact

Data Entry: This section may be left blank. To skip, click DONE in the bottom right corner.

***Last Name:** _____

***First Name:** _____

***Begin Date:** _____

End Date: _____

- *Relationship:**
- Abuser
 - Case Manager
 - Client
 - Employer
 - Home
 - Housing Navigator
 - Nurse Practitioner
 - Other
 - Physician Assistant
 - Relative

Birth Date: _____

SSN: _____

Work Phone: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Street Address: _____ ***Zip Code:** _____

***Is this a multi-person household?** Yes** No

****If yes, fill out an 'Add Family Member' form.**

***Program Entry Date:** _____

Program: Oahu County VI SPDAT v2 Individual

*Client Location (provider) : _____

*Disabling Condition: Yes No Client doesn't know Client refused Data not collected

***Living Situation**

Homeless Situation: *If a selection is made from this area, fill in just Section A below.*

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- Place not meant for habitation
- Safe Haven

Institutional Situation *If a selection is made from this area, fill in just Section B below.*

- Foster care home/foster care group home
- Hospital or other residential non psychiatric medical facility
- Jail, prison, juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance use treatment facility or detox center

Other

- Client doesn't know
- Client refused
- Data not collected

Transitional and Permanent Housing Situation: *If a selection is made from this area, fill in just Section C below.*

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment, or house
- Transitional housing for homeless persons (including homeless youth)
- Rental by client with VASH subsidy
- Rental by client, with GDP TIP subsidy
- Residential project or halfway house with no homeless criteria
- Rental by client with RRH or equivalent subsidy
- Host Home (non-crisis)
- Rental by client with HCV voucher (tenant or project based)
- Rental by client in a public housing unit

Section A: Homeless Situation

***Length of stay in prior living situation.**

- | | | |
|--|---|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> 90 days or more, but less than one year | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> One year or longer | <input type="checkbox"/> Data not collected |

***Approximate date homelessness started**

***(Regardless of where they stayed last night)**

Number of times the client has been on the streets, in ES, or SH in the past three years including today.

- | | |
|---|--|
| <input type="checkbox"/> Never in 3 years | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One time | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Three times | |
| <input type="checkbox"/> Four or more times | |

***Total number of months homeless on the streets, in Emergency Shelter, of Safe Haven in the past three years.**

- | | | |
|---|-----------------------------|--|
| <input type="checkbox"/> One month (this is the first time) | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

Section B: Institutional Situation

*Length of stay in prior living situation.

- | | | |
|--|---|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> 90 days or more, but less than one year | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> One year or longer | <input type="checkbox"/> Data not collected |

***Did you stay less than 90 days?** *If yes is selected, ask the next question. If no is selected, go to HUD Financial on the next page.* Yes** No

****On the night before, did you stay on the streets, Emergency Shelter, or Safe Haven.** Yes** No
If yes is selected, fill in the remaining fields in this section. If no is selected, go to HUD Financial on the next page.

****Approximate date homelessness started** _____

**** (Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today.**

- | | |
|---|--|
| <input type="checkbox"/> Never in 3 years | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One time | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Three times | |
| <input type="checkbox"/> Four or more times | |

****Total number of months homeless on the streets, in Emergency Shelter, or Safe Haven in the past three years.**

- | | | |
|---|-----------------------------|--|
| <input type="checkbox"/> One month (this is the first time) | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

Section C: Transitional and Permanent Housing Situation

*Length of stay in prior living situation.

- | | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

***Did you stay less than 7 nights?** Yes No

If yes, ask the next question. If no, go to HUD Financial.

****On the night before, did you stay on the streets, Emergency Shelter, or Safe Haven.** Yes** No
If yes is selected, fill in the remaining fields in this section. If no is selected, go to HUD Financial below.

****Approximate date homelessness started** _____

**** (Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today.**

- | | |
|---|--|
| <input type="checkbox"/> Never in 3 years | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One time | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Three times | |
| <input type="checkbox"/> Four or more times | |

****Total number of months homeless on the streets, in Emergency Shelter, or Safe Haven in the past three years.**

- | |
|--|
| <input type="checkbox"/> One month (this is first time) |
| <input type="checkbox"/> More than one month (but less than 12 months)
How many months: _____ |
| <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Data not collected |

Disabling Conditions

Check all that apply: ****If yes is selected for substance use, mental health condition, chronic health condition, physical disability, please indicate if this is expected to be of long-continued and indefinite duration and impairs their ability to live independently by checking Long term next to answers**

***Substance Use Disorder**

- No **Long term**
 Alcohol use disorder**
 Drug use disorder**
 Both drugs and alcohol use disorder**
 Client doesn't know
 Client refused
 Data not collected

***Mental Health Condition**

- No Yes** **Long term**
 Client doesn't know
 Client refused
 Data not collected

***Developmental Disability**

- No
 Yes
 Client doesn't know
 Client refused
 Data not collected

***Chronic Health Condition**

- No Yes** **Long term**
 Client doesn't know
 Client refused
 Data not collected

***Physical Disability**

- No Yes** **Long term**
 Client doesn't know
 Client refused
 Data not collected

***HIV / AIDS**

- No
 Yes
 Client doesn't know
 Client refused
 Data not collected

HUD Financial Assessment

Income From Any Source? Yes** No Client doesn't know Client refused Data not collected

****Select all resources and enter the amount earned per MONTH.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Unemployment \$_____ | <input type="checkbox"/> Private Disability \$_____ | <input type="checkbox"/> Pension or Retirement Income (job) \$_____ |
| <input type="checkbox"/> Earned Income (employment) \$_____ | <input type="checkbox"/> TANF \$_____ | <input type="checkbox"/> Child Support \$_____ |
| <input type="checkbox"/> SSI \$_____ | <input type="checkbox"/> General Assistance \$_____ | <input type="checkbox"/> Alimony or Other Spousal Support \$_____ |
| <input type="checkbox"/> SSDI \$_____ | <input type="checkbox"/> Retirement from Social Security \$_____ | <input type="checkbox"/> Worker's Compensation \$_____ |
| <input type="checkbox"/> VA Service Connected Disability Compensation \$_____ | <input type="checkbox"/> VA Non-Service Disability Pension \$_____ | <input type="checkbox"/> Other \$_____ |

VI SPDAT – General Information/Consent

***Interviewer's Name:** _____

***Position:** Staff Team Volunteer

***Survey date and time:** _____

Location: _____

***Has consented to participate:** Yes No

A. History of Housing

1. Where do you sleep most frequently?

- Shelters Outdoors
 Transitional Housing Refused
 Safe Haven Other (Specify)

2. How long has it been since you lived in permanent stable housing (in months)? _____ Answered Refused

3. In the last three years, how many times have you been homeless? _____ Answered Refused

B. Risks

For questions 4a-4f: In the past six months, how many times have you:

4a. Received health care at an emergency department/room? _____ Answered Refused

4b. Taken an ambulance to the hospital? _____ Answered Refused

- 4c. Been hospitalized as an inpatient? _____ Answered Refused
- 4d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Answered Refused
- 4e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Answered Refused
- 4f. Stayed one or more nights in a holding cell, jail or prison, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between? _____ Answered Refused

5. Have you been attacked or beaten up since you've become homeless? Yes No Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year? Yes No Refused
7. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines, or make it more difficult to rent a place to live? Yes No Refused
8. Does anybody force or trick you to do things that you do not want to do? Yes No Refused
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Yes No Refused

C. Socialization and Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Yes No Refused
11. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? Yes No Refused
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Yes No Refused
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and water, and other things like that? Yes No Refused
14. Is your homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Yes No Refused

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Yes No Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart? Yes No Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Yes No Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Yes No Refused
19. When you are sick or not feeling well, do you avoid getting help? Yes No Refused
20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? Yes No Refused
21. Has your drinking or drug use led you to being kicked out of an apartment where you were staying in the past? Yes No Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Yes No Refused

23a – 23c: Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying because of a:

- 23a. Mental health issue or concern? Yes No Refused
- 23c. Learning disability, developmental disability, or other impairment? Yes No Refused

- 23b. Past head injury? Yes No Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Yes No Refused

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Yes No Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell medication? Yes No Refused

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or any other type of abuse, or by any other trauma you have experienced? Yes No

Follow Up Questions

On a regular day, where is it easiest to find you?

Ok, I'd like to take your picture so that it is easier to find you and confirm your identity in the future.

May I do so? Yes No

***Survey Region:**

- Downtown Honolulu – Salt Lake to Piikoi St
 East Honolulu – Piikoi St to Hawaii Kai, including Waikiki
 Ewa – Aiea to Kapolei

What time of day is it easiest to do so? *Select one.*

- Specific Time _____ Afternoon (Noon – 4 pm)
 Morning (8 am – Noon) Evening (4 pm – 8 pm)
 Night (8 pm – Midnight)

- Windward: Kaneohe to Waimanalo
 Upper Windward – Kahaluu to Kahuku
 North – Wahiawa to North Shore
 Waianae Coast

***Where did you live prior to becoming homeless?**

- Oahu Kauai US Mainland: Specify
 Hawaii Island Molokai state: _____
 Maui Lanai Other: Specify

***Where do you usually go for healthcare when you're not feeling well?**

- Hospital (Specify): _____
 Clinic (Specify): _____
 VA _____
 Other (Specify): _____
 Does not go for care

***What kind of medical insurance do you have?**

- Medicaid** VA** None
 Medicare** Private Other**:
insurance** _____

****Medical Plan Name?**

- AlohaCare Medicare Other
 HMSA Not sure United Health Care
 Kaiser Ohana Veteran's Admin

***Has the client established behavioral health case management coverage through Adult Mental Health Division (AMHD), Community Care Services (CCS), or Alcohol and Drug Abuse Division (ADAD)?**

- AMHD** Pending
 CCS** None
 ADAD**

***Medicaid ID number:** _____

****If case management is established:**

Name of case manager: _____

Name of organization: _____

***Is the client involved in an active employment development program (Rent to Work, Na Lima, Hele2Work, etc.)** No Yes

***Are animals present? Select all that apply:**

- No Yes – pets Yes – service animals

***Where would the client accept housing? Select all that apply:**

- All areas
- Downtown Honolulu – Salt Lake to Piikoi St
- East Honolulu – Piikoi St to Hawaii Kai, including Waikiki
- Ewa – Aiea to Kapolei
- Windward: Kaneohe to Waimanalo
- Upper Windward – Kahaluu to Kahuku
- North – Wahiawa to North Shore
- Waianae Coast

***Is the client’s current period of homelessness caused by a loss of employment due to COVID-19?**

- No
- Yes
- Client doesn’t know
- Client refused
- Data not collected

Current Living Situation

***Section A: Current Living Situation**

Homeless Situation: *If a selection is made from this area, skip section B. Move to Section C.*

- Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- Safe Haven

Institutional Situation: *If a selection is made from this area, fill in Section B below.*

- Foster care home/foster care group home
- Hospital or other residential non psychiatric medical facility
- Jail, prison, juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Transitional and Permanent Housing Situation: *If a selection is made from this area, fill in Section B below.*

Other: *If a selection is made from this area, skip Section B. Move to Section C.*

- Worker unable to determine
- Client doesn’t know
- Data not collected
- Other
- Client refused

Section B:

Is client going to have to leave their current living situation within 14 days?

- No
- Yes**
- Client doesn’t know
- Client refused
- Data not collected

***If yes, answer all question remaining in Section B.
If any other response is given, go to Section C.*

Has a subsequent residence been identified?

- No
- Yes
- Client doesn’t know
- Client refused
- Data not collected

Does individual or family have resources or support networks to obtain other permanent housing?

- No
- Yes
- Client doesn’t know
- Client refused
- Data not collected

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

- No
- Yes
- Client doesn’t know
- Client refused
- Data not collected

Has the client moved 2 or more times in the last 60 days?

- No
- Yes
- Client doesn’t know
- Client refused
- Data not collected

Section C:

***Location details:** _____

- *Services** Case management
- Outreach
- Other

Identifying Information

*Case Worker: _____ Note: Fields with an * **MUST** be answered.

*First Name: _____ *Last Name: _____ Nickname: _____

*Birthdate: _____ Full DOB reported Age
 Age: _____ Partial Month/Year Client doesn't know
 Partial Day/Year Client refused
 *SSN: _____ Data not collected

- Full SSN reported
- Approximate or partial SSN reported
- Client doesn't know
- Client refused
- Data not collected

Gender and Sexual Orientation

- | | | | |
|--|--|--|--|
| <p>*Current Gender Identity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | <p>*Sex Assigned at Birth:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | <p>*Do you identify as intersex?:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | <p>*Sexual Orientation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Straight <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Unsure <input type="checkbox"/> Other _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
|--|--|--|--|

Which VI SPDAT would you like to fill out for this client? Individual

Citizenship Status:

- | | |
|--|---|
| <input type="checkbox"/> US Citizen | <input type="checkbox"/> Ineligible Non-Citizen |
| <input type="checkbox"/> Eligible Non-Citizen | <input type="checkbox"/> Undocumented |
| <input type="checkbox"/> Non-US Citizen COFA | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> US National – Non Citizen (American Samoa or Swains Island) | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

***Language in which client is best able to express him/herself:**

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Marshallese |
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Ilocano | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| | <input type="checkbox"/> Other |

***Race:**

- | | |
|--|--|
| <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Black, African American, or African |
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White |
| | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

***Ethnicity**

- | | |
|---|--|
| <input type="checkbox"/> Non-Hispanic or Latin(a)(o)(x) | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Hispanic or Latino(a)(o)(x) | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

***Has the client ever served in the US Military?:**

- Yes No Client refused

***Relationship to HoH:**

- Self
- Spouse
- Child
- Step Child
- Foster Child
- Grandchild
- Guardian
- Grandparent
- Other Relative
- Other Non Relative
- Unknown

Sharing

***Consent:** Yes No

***Date of Consent:** _____

Contact Info

***Is there a phone number where someone can safely get in touch with you or leave a message?** Yes** No

****Cell Phone:** _____ Primary Secondary Tertiary

Home Phone: _____ Primary Secondary Tertiary

Work Phone: _____ Primary Secondary Tertiary

***Is there an email where someone can safely get in touch with you? If yes, Email:** _____

Entity Contact

Data Entry: This section may be left blank. To skip, click DONE in the bottom right corner.

***Last Name:** _____

***First Name:** _____

***Begin Date:** _____

End Date: _____

- *Relationship:**
- Abuser
 - Case Manager
 - Client
 - Employer
 - Home
 - Housing Navigator
 - Nurse Practitioner
 - Other
 - Physician Assistant
 - Relative

Birth Date: _____

SSN: _____

Work Phone: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Street Address: _____ ***Zip Code:** _____

***Is this a multi-person household?** Yes** No

****If yes, fill out an 'Add Family Member' form.**

***Program Entry Date:** _____

Program: Oahu County VI SPDAT v2 Individual

HUD Universal

***Client Location (provider) :** _____

***Disabling Condition:** Yes No Client doesn't know Client refused Data not collected

***Living Situation**

Homeless Situation: *If a selection is made from this area, fill in just Section A below.*

Institutional Situation *If a selection is made from this area, fill in just Section B below.*

Other

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- Place not meant for habitation
- Safe Haven

- Foster care home/foster care group home
- Hospital or other residential non psychiatric medical facility
- Jail, prison, juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

- Client doesn't know
- Client refused
- Data not collected

Transitional and Permanent Housing Situation: *If a selection is made from this area, fill in just Section C below.*

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment, or house

- Transitional housing for homeless persons (including homeless youth)
- Rental by client with VASH subsidy
- Rental by client, with GDP TIP subsidy
- Residential project or halfway house with no homeless criteria
- Rental by client with RRH or equivalent subsidy
- Host Home (non-crisis)
- Rental by client with HCV voucher (tenant or project based)
- Rental by client in a public housing unit

Section A: Homeless Situation

***Length of stay in prior living situation.**

- | | | |
|--|---|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> 90 days or more, but less than one year | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> One year or longer | <input type="checkbox"/> Data not collected |

***Approximate date homelessness started _____**

***(Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today.**

- | | |
|---|--|
| <input type="checkbox"/> Never in 3 years | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One time | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Three times | |
| <input type="checkbox"/> Four or more times | |

***Total number of months homeless on the streets, in Emergency Shelter, of Safe Haven in the past three years.**

- | | | |
|---|-----------------------------|--|
| <input type="checkbox"/> One month (this is the first time) | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

Section B: Institutional Situation

***Length of stay in prior living situation.**

- | | | |
|--|---|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> 90 days or more, but less than one year | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> One year or longer | <input type="checkbox"/> Data not collected |

***Did you stay less than 90 days?** *If yes is selected, ask the next question. If no is selected, go to HUD Financial on the next page.* Yes** No

****On the night before, did you stay on the streets, Emergency Shelter, or Safe Haven.** Yes** No
If yes is selected, fill in the remaining fields in this section. If no is selected, go to HUD Financial on the next page.

****Approximate date homelessness started:** _____

**** (Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today.**

- | | |
|---|--|
| <input type="checkbox"/> Never in 3 years | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One time | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Three times | |
| <input type="checkbox"/> Four or more times | |

****Total number of months homeless on the streets, in Emergency Shelter, or Safe Haven in the past three years.**

- | | | |
|---|-----------------------------|--|
| <input type="checkbox"/> One month (this is the first time) | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

Section C: Transitional and Permanent Housing Situation

***Length of stay in prior living situation.**

- | | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

***Did you stay less than 7 nights?** Yes No
If yes, ask the next question. If no, go to HUD Financial.

****On the night before, did you stay on the streets, Emergency Shelter, or Safe Haven.** Yes** No
If yes is selected, fill in the remaining fields in this section. If no is selected, go to HUD Financial below.

****Approximate date homelessness started** _____

**** (Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today.**

- | | |
|---|--|
| <input type="checkbox"/> Never in 3 years | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One time | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Three times | |
| <input type="checkbox"/> Four or more times | |

****Total number of months homeless on the streets, in Emergency Shelter, of Safe Haven in the past three years.**

- | |
|--|
| <input type="checkbox"/> One month (this is first time) |
| <input type="checkbox"/> More than one month (but less than 12 months)
How many months: _____ |
| <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Data not collected |

Disabling Conditions

Check all that apply: **If yes is selected for substance use, mental health condition, chronic health condition, or physical disability, please indicate if this is expected to be of long-continued and indefinite duration and impairs their ability to live independently by checking Long term next to answers

*Substance Use Disorder

- No Long term
- Alcohol use disorder*
- Drug use disorder**
- Both drugs and alcohol use disorder**
- Client doesn't know
- Client refused
- Data not collected

*Mental Health Disorder

- No Long term
- Yes** Long term
- Client doesn't know
- Client refused
- Data not collected

*Developmental Disability

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected

*Chronic Health Condition

- No Long term
- Yes** Long term
- Client doesn't know
- Client refused
- Data not collected

*Physical Disability

- No Long term
- Yes** Long term
- Client doesn't know
- Client refused
- Data not collected

*HIV / AIDS

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected

HUD Financial Assessment

Income From Any Source? Yes** No Client doesn't know Client refused Data not collected

****Select all resources and enter the amount earned per MONTH.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Unemployment \$_____ | <input type="checkbox"/> Private Disability \$_____ | <input type="checkbox"/> Pension or Retirement Income (job) \$_____ |
| <input type="checkbox"/> Earned Income (employment) \$_____ | <input type="checkbox"/> TANF \$_____ | <input type="checkbox"/> Child Support \$_____ |
| <input type="checkbox"/> SSI \$_____ | <input type="checkbox"/> General Assistance \$_____ | <input type="checkbox"/> Alimony or Other Spousal Support \$_____ |
| <input type="checkbox"/> SSDI \$_____ | <input type="checkbox"/> Retirement from Social Security \$_____ | <input type="checkbox"/> Worker's Compensation \$_____ |
| <input type="checkbox"/> VA Service Connected Disability Compensation \$_____ | <input type="checkbox"/> VA Non-Service Disability Pension \$_____ | <input type="checkbox"/> Other \$_____ |

*Interviewer's Name: _____ *Agency: Staff Team Volunteer

*Survey date and time: _____

*Has consented to participate: Yes No

*Location: _____

*Is there a second parent currently part of household?

 Yes** No1. How many children under the age of 18 are currently with you? _____
 Answered
 Refused

**Second Parent's Name: _____

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____
 Answered
 Refused3. Is any member of the family currently pregnant?
 Yes No Refused**A. History of Housing**

5. Where do you sleep most frequently?

 Shelters Outdoors
 Transitional Housing Refused
 Safe Haven Other (Specify): _____6. How long has it been since you and your family lived in permanent stable housing (in months)? _____
 Answered
 Refused7. In the last three years, how many times have you and your family been homeless? _____
 Answered
 Refused**B. Risks****For questions 8a-8f: In the past six months, how many times have you or anyone in your family:**8a. Received health care at an emergency department/room? _____
 Answered
 Refused8b. Taken an ambulance to the hospital? _____
 Answered
 Refused8c. Been hospitalized as an inpatient? _____
 Answered
 Refused8d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____
 Answered
 Refused8e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____
 Answered
 Refused8f. Stayed one or more nights in a holding cell, jail or prison, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between? _____
 Answered
 Refused9. Have you or anyone in your family been attacked or beaten up since they've become homeless?
 Yes
 No
 Refused10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?
 Yes
 No
 Refused11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up or having to pay fines, or make it more difficult to rent a place to live?
 Yes
 No
 Refused13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?
 Yes
 No
 Refused12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?
 Yes
 No
 Refused**C. Socialization and Daily Functioning**14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?
 Yes
 No
 Refused15. Do you or anyone in your family get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?
 Yes
 No
 Refused

Socialization and Daily Functioning continued

16. Does everyone in your family have planned activities, other than just surviving, that make you feel happy and fulfilled? Yes No Refused
17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and other things like that? Yes No Refused
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? Yes No Refused

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? Yes No Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs, or heart? Yes No Refused
21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? Yes No Refused
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Yes No Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? Yes No Refused
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Yes No Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Yes No Refused

26a – 26c: Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying because of a:

- 26a. Mental health issue or concern? Yes No Refused
- 26b. Past head injury? Yes No Refused
- 26c. Learning disability, developmental disability, or other impairment? Yes No Refused
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Yes No Refused
28. Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use? Yes No Refused
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Yes No Refused
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell medication? Yes No Refused
31. Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? Yes No Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Yes No Refused

28. Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use? Yes No Refused

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Yes No Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell medication? Yes No Refused

31. Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? Yes No Refused

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? Yes No Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? Yes No Refused

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? Yes No Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? Yes No Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? Yes No Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? Yes No Refused

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? Yes No Refused

40a. After school, or on days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult 3 or more hours per day for children aged 13 or older? Yes No Refused

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Yes No Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER AND 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? Yes No Refused

40b. After school, or on days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult 2 or more hours per day for children aged 12 or younger? Yes No Refused

Follow Up Questions

On a regular day, where is it easiest to find you? _____

What time of day is it easiest to do so? *Select one.*
 Specific Time Afternoon (Noon – 4 pm)
 Morning (8 am – Noon) Evening (4 pm – 8 pm)
 Night (8 pm – Midnight)

Ok, I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? Yes No

***Where did you live prior to becoming homeless?**

- Oahu
- Hawaii Island
- Maui
- Kauai
- Molokai
- Lanai
- US Mainland: Specify state: _____
- Other: Specify _____

***What kind of medical insurance do you have?**

- Medicaid**
- Medicare**
- VA**
- Private insurance**
- None
- Other**:

***Has the client established behavioral health case management coverage through Adult Mental Health Division (AMHD), Community Care Services (CCS), or Alcohol and Drug Abuse Division (ADAD)?**

- AMHD**
- CCS**
- ADAD**
- Pending
- None

***Is the client involved in an active employment development program (Rent to Work, Na Lima, Hele2Work, etc.)**

- No
- Yes

***Where do you usually go for healthcare when you're not feeling well?**

- Hospital (Specify): _____
- Clinic (Specify): _____
- VA
- Other (Specify): _____
- Does not go for care

****Medical Plan Name?**

- AlohaCare
- HMSA
- Kaiser
- Medicare
- Not sure
- Ohana
- Other
- United Health Care
- Veteran's Admin

***Medicaid ID Number:** _____

****If case management is established:**

Name of case manager: _____

Name of organization: _____

***Are animals present? Select all that apply:**

- No
- Yes
- Yes – service animals

***Where would the client accept housing? Select all that apply:**

- All areas
- Downtown Honolulu – Salt Lake to Piikoi St
- East Honolulu – Piikoi St to Hawaii Kai, including Waikiki
- Ewa – Aiea to Kapolei
- Windward: Kaneohe to Waimanalo
- Upper Windward – Kahaluu to Kahuku
- North – Wahiawa to North Shore
- Waianae Coast

***Is the client's current period of homelessness caused by a loss of employment due to COVID-19?**

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected

Current Living Situation

***Section A: Current Living Situation**

Homeless Situation: *If a selection is made from this area, skip section B. Move to Section C.*

- Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- Safe Haven

Institutional Situation: *If a selection is made from this area, fill in Section B below.*

- Foster care home/foster care group home
- Hospital or other residential non psychiatric medical facility
- Jail, prison, juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Transitional and Permanent Housing Situation: *If a selection is made from this area, fill in Section B below.*

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living with friends, temporary tenure (e.g. room, apartment or house)
- Staying or living in a friend's room, apartment or house
- Staying or living with family, temporary tenure (e.g. room, apartment or house)
- Staying or living with family, permanent tenure
- Staying or living in a family member's room, apartment or house
- Staying or living with friends, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- 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
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

Other: *If a selection is made from this area, skip Section B. Move to Section C.*

- Worker unable to determine
- Client doesn't know
- Data not collected
- Other
- Client refused

Section B:

Is client going to have to leave their current living situation within 14 days?

- No
- Yes**
- Client doesn't know
- Client refused
- Data not collected

***If yes, answer all question remaining in Section B.
If any other response is given, go to Section C.*

Has a subsequent residence been identified?

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected

Does individual or family have resources or support networks to obtain other permanent housing?

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected

Has the client moved 2 or more times in the last 60 days?

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected

Section C:

***Location details:** _____

***Services**

- Case management
- Outreach
- Other

Identifying Information

*Case Worker: _____

Note: Fields with an * **MUST** be answered.

*First Name: _____ *Last Name: _____ Nickname: _____

*Birthdate: _____ Full DOB reported Age Data not collected
 Age: _____ Partial Month/Year Client doesn't know Client refused
 Partial Day/Year Client refused

*SSN: _____

- Full SSN reported
- Approximate or partial SSN reported
- Client doesn't know
- Client refused
- Data not collected

Gender and Sexual Orientation

*Current Gender Identity:

*Sex Assigned at Birth:

*Do you identify as intersex?

*Sexual Orientation:

- Male
- Female
- Transgender
- Gender non-conforming
- Client doesn't know
- Client refused
- Data not collected

- Male
- Female
- Client doesn't know
- Client refused
- Data not collected

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

- Straight
- Gay
- Lesbian
- Bisexual
- Questioning
- Unsure
- Other _____
- Client doesn't know
- Client refused
- Data not collected

Which VI SPDAT would you like to fill out for this client? Individual

Citizenship Status:

- US Citizen
- Eligible Non-Citizen
- Non-US Citizen COFA
- US National – Non Citizen (American Samoa or Swains Island)
- Ineligible Non-Citizen
- Undocumented
- Client doesn't know
- Client refused
- Data not collected

***Language in which client is best able to express him/herself:**

- Chinese
- Chuukese
- English
- Ilocano
- Japanese
- Korean
- Marshallese
- Spanish
- Tagalog
- Vietnamese
- Other

***Race:**

- Multi-Racial
- American Indian, Alaska Native, or Indigenous
- Asian or Asian American
- Black, African American, or African
- Native Hawaiian or Pacific Islander
- White
- Client doesn't know
- Client refused
- Data not collected

***Ethnicity**

- Non-Hispanic or Non-Latin(a)(o)(x)
- Hispanic or Latin(a)(o)(x)
- Client doesn't know
- Client refused
- Data not collected

***Has the client ever served in the US Military?:**

- Yes
- No
- Client refused

***Relationship to HoH:**

- Self
- Spouse
- Child
- Step Child
- Foster Child
- Grandchild
- Guardian
- Grandparent
- Other Relative
- Other Non Relative
- Unknown

Sharing

***Consent:** Yes No

***Date of Consent:** _____

Contact Info

***Is there a phone number where someone can safely get in touch with you or leave a message?** Yes** No

****Cell Phone:** _____ Primary Secondary Tertiary

Home Phone: _____ Primary Secondary Tertiary

Work Phone: _____ Primary Secondary Tertiary

***Is there an email where someone can safely get in touch with you? If yes, Email:** _____

Entity Contact

Data Entry: This section may be left blank. To skip, click DONE in the bottom right corner.

***Last Name:** _____

***First Name:** _____

***Begin Date:** _____

End Date: _____

- *Relationship:**
- Abuser
 - Case Manager
 - Client
 - Employer
 - Home
 - Housing Navigator
 - Nurse Practitioner
 - Other
 - Physician Assistant
 - Relative

Birth Date: _____

SSN: _____

Work Phone: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Street Address: _____ ***Zip Code:** _____

***Is this a multi-person household?** Yes** No

****If yes, fill out an 'Add Family Member' form.**

***Program Entry Date:** _____

Program: Oahu County VI SPDAT v2 Individual

*Client Location (provider) : _____

*Disabling Condition: Yes No Client doesn't know Client refused Data not collected

***Living Situation**

Homeless Situation: *If a selection is made from this area, fill in just Section A below.*

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- Place not meant for habitation
- Safe Haven

Institutional Situation *If a selection is made from this area, fill in just Section B below.*

- Foster care home/foster care group home
- Hospital or other residential non psychiatric medical facility
- Jail, prison, juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance use treatment facility or detox center

Other

- Client doesn't know
- Client refused
- Data not collected

Transitional and Permanent Housing Situation: *If a selection is made from this area, fill in just Section C below.*

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment, or house
- Transitional housing for homeless persons (including homeless youth)
- Rental by client with VASH subsidy
- Rental by client, with GDP TIP subsidy
- Residential project or halfway house with no homeless criteria
- Rental by client with RRH or equivalent subsidy
- Host Home (non-crisis)
- Rental by client with HCV voucher (tenant or project based)
- Rental by client in a public housing unit

Section A: Homeless Situation

***Length of stay in prior living situation.**

- | | | |
|--|---|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> 90 days or more, but less than one year | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> One year or longer | <input type="checkbox"/> Data not collected |

***Approximate date homelessness started**

***(Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today.**

- | | |
|---|--|
| <input type="checkbox"/> Never in 3 years | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One time | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Three times | |
| <input type="checkbox"/> Four or more times | |

***Total number of months homeless on the streets, in Emergency Shelter, of Safe Haven in the past three years.**

- | | | |
|---|-----------------------------|--|
| <input type="checkbox"/> One month (this is the first time) | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

Section B: Institutional Situation

***Length of stay in prior living situation.**

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused
- Data not collected

***Did you stay less than 90 days?** *If yes is selected, ask the next question. If no is selected, go to HUD Financial on the next page.* Yes** No

****On the night before, did you stay on the streets, Emergency Shelter, or Safe Haven.** Yes** No
If yes is selected, fill in the remaining fields in this section. If no is selected, go to HUD Financial on the next page.

****Approximate date homelessness started** _____

**** (Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today.**

- Never in 3 years
- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

****Total number of months homeless on the streets, in Emergency Shelter, or Safe Haven in the past three years.**

- One month (this is the first time)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client doesn't know
- Client refused
- Data not collected

Section C: Transitional and Permanent Housing Situation

***Length of stay in prior living situation.**

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused
- Data not collected

***Did you stay less than 7 nights?** Yes No
If yes, ask the next question. If no, go to HUD Financial.

****On the night before, did you stay on the streets, Emergency Shelter, or Safe Haven.** Yes** No
If yes is selected, fill in the remaining fields in this section. If no is selected, go to HUD Financial below.

****Approximate date homelessness started** _____

**** (Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today.**

- Never in 3 years
- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

****Total number of months homeless on the streets, in Emergency Shelter, or Safe Haven in the past three years.**

- One month (this is first time)
- More than one month (but less than 12 months)
How many months: _____
- More than 12 months
- Client doesn't know
- Client refused
- Data not collected

Disabling Conditions

Check all that apply: ****If yes is selected for substance use, mental health condition, chronic health condition, physical disability, please indicate if this is expected to be of long-continued and indefinite duration and impairs their ability to live independently by checking Long term next to answers**

*Substance Use Disorder

- No Long term
 Alcohol use disorder**
 Drug use disorder**
 Both drugs and alcohol use disorder**
 Client doesn't know
 Client refused
 Data not collected

*Mental Health Disorder

- No Yes** Long term
 Client doesn't know
 Client refused
 Data not collected

*Developmental Disability

- No
 Yes
 Client doesn't know
 Client refused
 Data not collected

*Chronic Health Condition

- No Yes** Long term
 Client doesn't know
 Client refused
 Data not collected

*Physical Disability

- No Yes** Long term
 Client doesn't know
 Client refused
 Data not collected

*HIV / AIDS

- No
 Yes
 Client doesn't know
 Client refused
 Data not collected

HUD Financial Assessment

Income From Any Source? Yes** No Client doesn't know Client refused Data not collected

****Select all resources and enter the amount earned per MONTH.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Unemployment \$_____ | <input type="checkbox"/> Private Disability \$_____ | <input type="checkbox"/> Pension or Retirement Income (job) \$_____ |
| <input type="checkbox"/> Earned Income (employment) \$_____ | <input type="checkbox"/> TANF \$_____ | <input type="checkbox"/> Child Support \$_____ |
| <input type="checkbox"/> SSI \$_____ | <input type="checkbox"/> General Assistance \$_____ | <input type="checkbox"/> Alimony or Other Spousal Support \$_____ |
| <input type="checkbox"/> SSDI \$_____ | <input type="checkbox"/> Retirement from Social Security \$_____ | <input type="checkbox"/> Worker's Compensation \$_____ |
| <input type="checkbox"/> VA Service Connected Disability Compensation \$_____ | <input type="checkbox"/> VA Non-Service Disability Pension \$_____ | <input type="checkbox"/> Other \$_____ |

VI SPDAT – General Information/Consent

***Interviewer's Name:** _____

***Position:** Staff Team Volunteer

***Survey date and time:** _____

Location: _____

***Has consented to participate:** Yes No

A. History of Housing

1. Where do you sleep most frequently?

- Shelters Outdoors
 Transitional Housing Refused
 Safe Haven Other (Specify)

2. How long has it been since you lived in permanent stable housing (in months)? _____ Answered Refused

3. In the last three years, how many times have you been homeless? _____ Answered Refused

B. Risks

For questions 4a-4f: In the past six months, how many times have you:

4a. Received health care at an emergency department/room? _____ Answered Refused

4b. Taken an ambulance to the hospital? _____ Answered Refused

- 4c. Been hospitalized as an inpatient? _____ Answered Refused
- 4d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Answered Refused
- 4e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Answered Refused
- 4f. Stayed one or more nights in a holding cell, jail or prison, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between? _____ Answered Refused

5. Have you been attacked or beaten up since you've become homeless? Yes No Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year? Yes No Refused
7. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines, or make it more difficult to rent a place to live? Yes No Refused
8. Were you ever incarcerated when younger than age 18? Yes No Refused
9. Does anybody force or trick you to do things that you do not want to do? Yes No Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Yes No Refused

C. Socialization and Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Yes No Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? Yes No Refused
13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Yes No Refused
14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and other things like that? Yes No Refused

15a-15f Is your current lack of stable housing because:

- 15a. You ran away from your family home, a group home, or a foster home? Yes No Refused
- 15b. Of a difference in religious or cultural beliefs from your parents, guardians, or caregivers? Yes No Refused
- 15c. Your family or friends caused you to become homeless? Yes No Refused
- 15d. Of conflicts around gender identity or sexual orientation? Yes No Refused
- 15e. Of violence at home between family members? Yes No Refused
- 15f. Of an unhealthy or abusive relationship, either at home or elsewhere? Yes No Refused

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Yes No Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart? Yes No Refused
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Yes No Refused
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Yes No Refused

20. When you are sick or not feeling well, do you avoid getting medical help? Yes
 No
 Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? Yes
 No
 Refused
22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Yes
 No
 Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Yes
 No
 Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? Yes
 No
 Refused

25a – 25c: Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying because of a:

- | | | |
|--|--|--|
| 25a. Mental health issue or concern? <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 25b. Past head injury? <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 25c. Learning disability, developmental disability, or other impairment? <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
|--|--|--|

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Yes
 No
 Refused
27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Yes
 No
 Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell medication? Yes
 No
 Refused

Follow Up Questions

On a regular day, where is it easiest to find you?

Ok, I'd like to take your picture so that it is easier to find you and confirm your identity in the future.

May I do so? Yes No

What time of day is it easiest to do so? *Select one.*

- | | |
|---|--|
| <input type="checkbox"/> Specific Time
_____ | <input type="checkbox"/> Afternoon (Noon – 4 pm) |
| <input type="checkbox"/> Morning (8 am – Noon) | <input type="checkbox"/> Evening (4 pm – 8 pm) |
| | <input type="checkbox"/> Night (8 pm – Midnight) |

***Survey Region:**

- | | |
|---|---|
| <input type="checkbox"/> Downtown Honolulu – Salt Lake to Piikoi St | <input type="checkbox"/> Windward: Kaneohe to Waimanalo |
| <input type="checkbox"/> East Honolulu – Piikoi St to Hawaii Kai, including Waikiki | <input type="checkbox"/> Upper Windward – Kahaluu to Kahuku |
| <input type="checkbox"/> Ewa – Aiea to Kapolei | <input type="checkbox"/> North – Wahiawa to North Shore |
| | <input type="checkbox"/> Waianae Coast |

***Are you currently attending school and/or any other educational classes?**

- Yes Client doesn't know
 No Refused to answer

***Are you currently participating in any other youth homeless programs?**

- Yes Client doesn't know
 No Refused to answer

***Were you in Hawaii's foster care system after your 16th birthday?**

- Yes Client doesn't know
- No Refused to answer

***Where do you usually go for healthcare when you're not feeling well?**

- Hospital (Specify): _____
- Clinic (Specify): _____

***What kind of medical insurance do you have?**

- Medicaid** VA** None
- Medicare** Private Other**:
- insurance** _____

***Has the client established behavioral health case management coverage through Adult Mental Health Division (AMHD), Community Care Services (CCS), or Alcohol and Drug Abuse Division (ADAD)?**

- AMHD** Pending
- CCS** None
- ADAD**

***Is the client involved in an active employment development program (Rent to Work, Na Lima, Hele2Work, etc.)** No Yes

***Where would the client accept housing? Select all that apply:**

- All areas
- Downtown Honolulu – Salt Lake to Piikoi St
- East Honolulu – Piikoi St to Hawaii Kai, including Waikiki
- Ewa – Aiea to Kapolei
- Windward: Kaneohe to Waimanalo
- Upper Windward – Kahaluu to Kahuku
- North – Wahiawa to North Shore
- Waianae Coast

***Is the client's current period of homelessness caused by a loss of employment due to COVID-19?**

- Yes Yes Client doesn't know Client refused Data not collected

***Where did you live prior to becoming homeless?**

- Oahu Molokai
- Hawaii Island Lanai
- Maui US Mainland: Specify state: _____
- Kauai Other: Specify _____

- VA
- Other (Specify): _____
- Does not go for care

****Medical Plan Name?**

- AlohaCare Medicare Other
- HMSA Not sure United Health Care
- Kaiser Ohana Veteran's Admin

***Medicaid ID Number:** _____

****If case management is established:**

Name of case manager: _____

Name of organization: _____

***Are animals present? Select all that apply:**

- No Yes – pets Yes – service animals

Current Living Situation

***Section A: Current Living Situation**

Homeless Situation: *If a selection is made from this area, skip section B. Move to Section C.*

- Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- Safe Haven

Institutional Situation: *If a selection is made from this area, fill in Section B below.*

- Foster care home/foster care group home
- Long-term care facility or nursing home
- Hospital or other residential non psychiatric medical facility
- Psychiatric hospital or other psychiatric facility
- Jail, prison, juvenile detention facility
- Substance use treatment facility or detox center

Has the client moved 2 or more times in the last 60 days?

- No
 Yes
 Client doesn't know
 Client refused
 Data not collected

Transitional and Permanent Housing Situation: *If a selection is made from this area, fill in Section B below.*

- | | |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy |
| <input type="checkbox"/> Host Home (non-crisis) | <input type="checkbox"/> Rental by client, with VASH housing subsidy |
| <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g. room, apartment or house) | <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons |
| <input type="checkbox"/> Staying or living in a friend's room, apartment or house | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy |
| <input type="checkbox"/> Staying or living with family, temporary tenure (e.g. room, apartment or house) | <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) |
| <input type="checkbox"/> Staying or living with family, permanent tenure | <input type="checkbox"/> Rental by client in a public housing unit |
| <input type="checkbox"/> Staying or living in a family member's room, apartment or house | <input type="checkbox"/> Rental by client, no ongoing housing subsidy |
| <input type="checkbox"/> Staying or living with friends, permanent tenure | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| | <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |

Other: *If a selection is made from this area, skip Section B. Move to Section C.*

- Worker unable to determine
 Client doesn't know
 Data not collected
 Other
 Client refused

Section B:

Is client going to have to leave their current living situation within 14 days?

- No
 Yes**
 Client doesn't know
 Client refused
 Data not collected

***If yes, answer all question remaining in Section B. If any other response is given, go to Section C.*

Has a subsequent residence been identified?

- No
 Yes
 Client doesn't know
 Client refused
 Data not collected

Does individual or family have resources or support networks to obtain other permanent housing?

- No
 Yes
 Client doesn't know
 Client refused
 Data not collected

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

- No
 Yes
 Client doesn't know
 Client refused
 Data not collected

Section C:

*Location details: _____

***Services**

- Case management
 Outreach
 Other

Rules Amending, Renumbering and Compiling
Chapter 10
Rules of the Section 8 Housing Assistance Programs

1. Chapter 10 of the Rules and Regulations of the Section 8 Housing Assistance Programs of the Department of Community Services, City and County of Honolulu, entitled "Rules of Practice and Procedures of the Section 8 Tenant Based Rental Assistance and Moderate Rehabilitation Programs," is amended and compiled.

TITLE 8

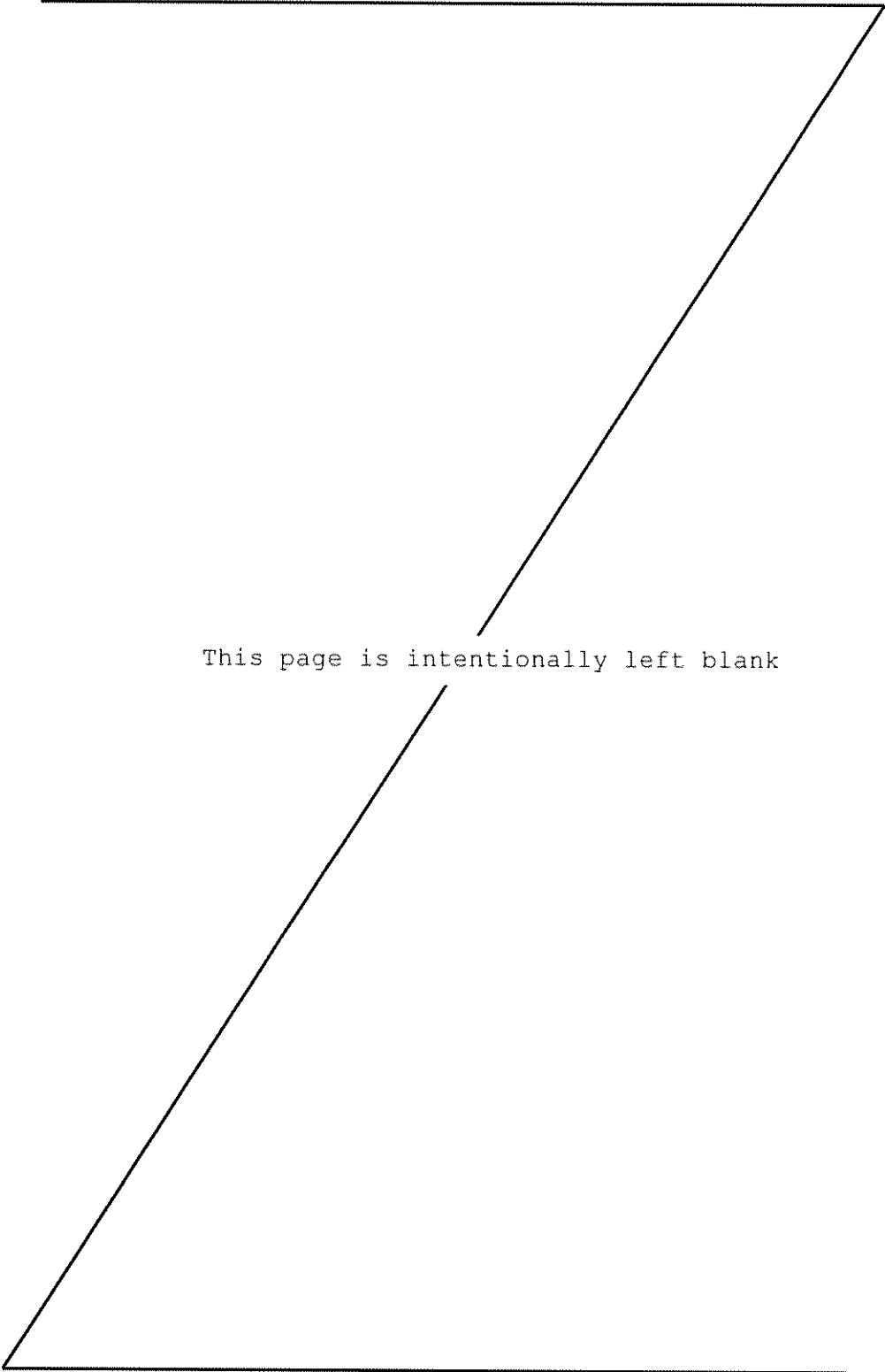
DEPARTMENT OF COMMUNITY SERVICES

CHAPTER 10

SECTION 8 TENANT BASED RENTAL ASSISTANCE AND MODERATE
REHABILITATION PROGRAMS

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§8-10-1 Purpose. These rules are adopted under the Hawai'i Administrative Procedure Act, Chapter 91, Hawai'i Revised Statutes, as amended, pursuant to Ordinance of the City and County of Honolulu, and are intended to set forth the essential elements to implement the City and County of Honolulu, Housing Choice Voucher or Section 8 Rental Assistance Program, as established in Title 24 of the Code of Federal Regulations, Parts 1, 5, 8, 882, 888, and 982. Nothing in these rules shall supersede the provisions of C.F.R. Parts 1, 5, 8, 882, 888, and 982 and any revisions or amendments thereto. [Eff 10/20/03; §1-1; am, ren §8-10-1 and comp 11/23/12; am and comp **AUG 18 2017**] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. Parts 1, 5, 8, 882, 888 and 982)

§8-10-2 Definitions.

Unless otherwise clear from the context as used in this Chapter 8-10:

"Act" means the United States Housing Act of 1937 (42 U.S.C. 1437f), as amended.

"Adjusted Income" means the Annual Income less:

- (1) \$480 for each dependent;
- (2) \$400 for any Elderly Family or Disabled Family;
- (3) Unreimbursed medical expenses for any Elderly Family or Disabled Family and unreimbursed reasonable attendant care and auxiliary apparatus expenses for a Person with Disabilities as allowed in 24 CFR 5.611(a)(3).
- (4) Child care expenses.

"Administrative Fee Reserve" means the account to which is credited the excess administrative fees earned by the Agency in prior years. Such funds may be used for housing purposes other than the Section 8 Housing Assistance Payments Program.

"Agency" means the Department of Community Services, City and County of Honolulu.

"Annual Contributions Contract" or "ACC" means a written agreement between the federal Department of Housing and Urban Development (HUD) and the Agency to provide funding to cover housing assistance payments and other related expenses. Also known as a Consolidated ACC when more than one increment of units is funded simultaneously with one written agreement.

"Annual Income" means the anticipated total annual income of a Family from all sources for a 12-month period following the date of determination of income, computed in accordance with Section 8-10-6.

"Applicant" or "Applicant Family" means a Family that has applied for admission to the Program, but is not yet a participant in the Program.

"Assets" has the meaning set forth in Section 8-10-6.

"Certificate Program" means a Section 8 Tenant Based Rental Assistance Program, or Section 8 Existing Housing Assistance Payments Program that existed prior to October 1, 2001.

"CFR" or "Code of Federal Regulations" means the federal publication, which contains regulations governing, among other things, the HUD and Tenant Based Section 8 Rental Assistance and Moderate Rehabilitation Programs, as may be amended from time to time.

"Child Care Expenses" means amounts anticipated to be paid by the Family for the care of children under thirteen years of age during the period for which Annual Income is computed, but only where such care is necessary to enable a Family member to seek employment actively, to be gainfully employed, or to further his or her education, but only to the extent such amounts are not reimbursed. The amount shall reflect reasonable charges for child care. In the case of child care necessary to permit employment, the amount shall not exceed the amount of employment income that is included in Annual Income.

"Co-Head of Household" means the spouse and/or one other adult member in the Family who shares responsibility with the Head of Household for the Lease and who is included for purposes of determining income eligibility and rent.

"Continuously Assisted Family" means an Applicant Family that is already receiving assistance under any 1937 Housing Act Program when the Family is admitted to the Housing Choice Voucher Program.

"Dependent" means a member of the Family (except foster children and foster adults) other than the Head of Household or spouse, who is under eighteen (18) years of age or is a Person with a Disability, or is a Full-time Student.

"Disabled Family" means a Family whose head, spouse or sole member is a Person with Disabilities, as defined in 24 CFR 5.403. It may include two or more Persons with

Disabilities living together; or one or more Persons with Disabilities living with one or more Live-in Aides.

"Displaced Family" means a Family in which each member, or whose sole member, is a person displaced by governmental action, or a person or Family whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws.

"Drug Related Criminal Activity" has the meaning set forth in Section 8-10-23(c) (16).

"Earned Income Disallowance" or "EID" means a program that allows eligible Participant Persons with Disabilities who have been out of work to accept a job without increasing the Family Share, as stated in Section 8-10-19(e), Interim Reexamination.

"Elderly Family" means a Family whose head, spouse, or sole member is a person who is at least sixty-two years of age. It may include two or more persons who are at least sixty-two years of age living together, or one or more persons who are at least sixty-two years of age living with one or more Live-in Aides.

"Extremely Low Income Family" means a Family whose Annual Income does not exceed thirty percent of the median income for the area as determined by HUD, with adjustments for unusually high or low Family Income.

"Fair Market Rent" or "FMR" means the rent, including the cost of utilities (except telephone, cable and satellite TV), as established by HUD for units of varying sizes (by number of bedrooms), that must be paid in the housing market area to rent privately owned, existing, decent, safe and sanitary housing of modest (non luxury) nature with suitable amenities. See periodic publications in the Federal Register in accordance with 24 CFR Part 888.

"Family" or "Families" means two or more persons intending to or sharing residency whose income and resources are available to meet the family's needs; a Disabled Family; a Displaced Family; an Elderly Family; a Remaining Member of a Participant Family; or a Single Person. A Family may or may not be a Participant in the Program as the context may prescribe.

"Family Income" has the meaning set forth in Section 8-10-6.

"Family Rent to Owner" means the amount payable monthly by the Family as rent to the unit owner.

"Family Share" means the amount the Family pays monthly toward rent and allowance for utilities.

"Family Self Sufficiency Program" or "FSS Program" means a program established by the Agency and described in Chapter 11 of the Agency's Section 8 Housing Assistance Program Rules to promote self-sufficiency among Participant Families.

"Full-time Student" means a person who is in full-time attendance (equal to a full-time day student) under the standards and practices of a qualified educational institution he or she is attending.

"Gross Rent" means the sum of Rent to Owner plus any Utility Allowance.

"Head of Household" means the adult member or emancipated minor of the Family who is the head of household for purposes of determining income eligibility and rent and is responsible for the Lease.

"Homeownership Option Program" means a program established by the Agency and described in Chapter 12 of the Agency's Section 8 Housing Assistance Program Rules. A special housing type of assistance for a homeowner or cooperative member under 24 CFR 982.625 - 982.641.

"Housing Assistance Payments" or "HAP" means the monthly assistance payment by the Agency, which includes:
A payment to the Owner for Rent to Owner under the Family's Lease; and
An additional payment to the Family if the total assistance payment exceeds the Rent to Owner.

"Housing Assistance Payments Contract" or "HAP Contract" means a written agreement between the Agency and an Owner for the purpose of providing housing assistance payments to the Owner under the Section 8 Tenant Based Rental Assistance and Moderate Rehabilitation Programs on behalf of the Family.

"Housing Choice Voucher Program" means a Section 8 Rental Assistance Program.

"Housing Quality Standards" or "HQS" means the HUD minimum quality standards for housing assisted under the tenant based programs set forth in 24 C.F.R. Sections 982.401-.406.

"HUD" means the United States Department of Housing and Urban Development or its designee.

"Initial PHA" means, with respect to Portability, both: 1) a PHA that originally selected a Family that later decides to move out of the jurisdiction of such selecting PHA, and 2) a PHA that absorbed a Family that later decides to move out of the jurisdiction of such absorbing PHA.

"Lease" means a written agreement between an Owner and a tenant for the leasing of a dwelling unit to the Family. The Lease establishes the conditions for occupancy of the dwelling unit by a Family with Housing Assistance Payments under a HAP Contract between the Owner and the PHA.

"Live-in Aide" means a person who resides with one or more persons who is either sixty-two years of age or older or Persons with Disabilities, and who a) is determined to be essential to the care and well-being of the persons, b) is not obligated to provide for the support of the persons and c) would not be living in the unit except to provide the necessary supportive services.

"Low Income Family" means a Family whose Annual Income does not exceed eighty percent of the median income for an area as determined by HUD, with adjustments for unusually high or low Family Income.

"Medical Expenses" means those medical expenses, including medical insurance premiums, which are anticipated during the period for which the Annual Income is computed, and that are not covered by insurance or otherwise reimbursed.

"Moderate Rehabilitation Program" means a type of project based Certificate Program. All provisions in Chapter 8-10 apply unless otherwise prescribed in 24 CFR Part 882.

"Monthly Adjusted Income" means one twelfth of Adjusted Income.

"Monthly Income" means one-twelfth of the Annual Income.

"Owner" or "Landlord" means any person or entity, including a cooperative, having the legal right to lease or sub-lease units to Participants.

"Participant" or "Participant Family" means a Family that has been admitted to the Agency's Program and is currently assisted.

"Payment Standard" means the maximum monthly assistance payment for a Family assisted in the Voucher Program (before deducting the Total Tenant Payment by the Family).

"Person with Disabilities" means a person with disabilities as defined under 24 CFR 5.403.

"Portability" means renting a dwelling unit with Section 8 tenant-based assistance outside the jurisdiction of the Initial PHA.

"Program" means Voucher Program.

"Public Housing Agency" or "PHA" means any state, county, municipality or other governmental entity or public body (or agency or instrumentality thereof) which is authorized to engage or assist in the development or operation of housing for Low Income Families.

"Reasonable Rent" means a Rent to Owner that is not more than rent charged for a) comparable units in the private unassisted rental market and b) comparable unassisted units in the same premises.

"Receiving PHA" means, with respect to Portability, a PHA that receives a Family selected for participation in the tenant-based program of another PHA. The receiving PHA issues a Voucher and provides program assistance to the Family.

"Remaining Member of a Participant Family" means the last adult Family member remaining in a unit. This does not include a Live-in Aide, or a foster child or foster adult.

"Rent to Owner" (formerly known as Contract Rent) means the total monthly rent payable to the Owner under the Lease for the unit. Rent to Owner covers payment for any housing services, maintenance and utilities that the Owner is required to provide and pay for.

"Section 8 Tenant Based Voucher Program" means a Housing Choice Voucher Program or Voucher Program.

"Section 8 Project Based Voucher Program" means a Housing Choice Voucher Program administered by the Agency pursuant to 24 CFR Part 983 which provides assistance attached to specific units for a specified period of time.

"Single Person" means a person living alone or intending to live alone who does not qualify as an Elderly Family, Disabled Family, Displaced Family, or the Remaining Member of a Participant Family.

"Special Admissions" means admission of an Applicant that is not on the Waiting List or without considering the Applicant's Waiting List position.

"Tenant" means an individual or a Family renting or occupying an assisted unit.

"Total Tenant Payment" or "TTP" means the highest of:
(1) thirty percent of the Family's Monthly Adjusted Income;
(2) ten percent of the Family's monthly gross income, rounded to the nearest dollar; or (3) the minimum rent, as determined in accordance with Section 8-10-16(a)(1).

"Utility Allowance" means an amount equal to the estimate established by the Agency for all tenant-paid utilities (except non-essential utility costs, including, without limitation, telephone and cable and satellite

television), for cost of tenant-supplied refrigerators and ranges, and for other tenant-paid housing services (e.g., trash collection (disposal of waste and refuse)) and is based on the customary cost of utilities and services paid by energy conservative households of modest circumstances that occupy housing of similar size and type in the same locality and complies with decent, safe, and sanitary housing.

"Very Low Income Family" means a Family whose Annual Income does not exceed fifty percent of the median income for an area as determined by HUD, with adjustments for unusually high or low Family Income.

"Violation of the Lease" means either of the following violations:

- (1) "Serious Violation" means the intentional or unintentional breach of the Lease or other signed document that results in the Owner's or Landlord's reasonably filing suit for eviction.
- (2) "Repeated Violation" means repeated infraction of the Lease or other signed document, that results in the Owner's or Landlord's reasonably filing suit for eviction.

"Violence Against Women Act" or "VAWA" means the Violence Against Women Act, as amended, 42 U.S.C. 13925 and 42 U.S.C. 14043e et seq., 24 C.F.R. part 5, subpart L.

"Voucher" means a document issued by a PHA declaring a Family to be eligible for participation in the Housing Choice Voucher Program and stating the terms and conditions for the Family's participation.

"Voucher Program" means a Section 8 Rental Assistance Program, or the Housing Choice Voucher Program. Includes the Moderate Rehabilitation Program unless otherwise provided in 24 CFR Part 882.

"Waiting List" means the compiled names of preliminarily eligible applicants waiting to become participants in the Agency's Section 8 Rental Assistance Programs.

"Welfare Assistance" means welfare or other payments to Families or individuals, based on need, that are made under programs funded separately or jointly by the federal and/or state governments. [Eff 10/20/03; §1-2; am 5/28/04; am 12/7/07; am, ren §8-10-2 and comp 11/23/12; am and comp **AUG 18 2017**] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §982.4(b))

§8-10-3 General Applicability and Scope.

The policies and procedures contained herein are applicable to the making of Housing Assistance Payments on behalf of eligible Families leasing housing pursuant to the provisions of Section 8 of the United States Housing Act of 1937. To implement the Section 8 Tenant Based Rental Assistance and Moderate Rehabilitation Programs, the Agency, with the approval of HUD, is authorized to lease or cause to be leased to eligible Families units that are in decent, safe and sanitary condition.

Funding is provided by HUD through the issuance of ACCs or a Consolidated ACC which pledge monies for a specified period. The PHA earns administrative fees for each unit that is leased. Administrative fees are used to provide for program administration and operation of the PHA. Administrative fees, which are earned but not spent during a given year, are credited to an Administrative Fee Reserve at the end of that year. If funds are not needed to cover the Agency administrative expenses through the end of HUD's funding commitment under the Consolidated ACC, expenditures from the Administrative Fee Reserve may be used only for other housing purposes and shall not exceed \$400,000 for each fiscal year. Expenditures that exceed \$400,000 for each fiscal year shall require the approval of the Managing Director of the City and County of Honolulu. However, HUD may prohibit the use of Administrative Fee Reserve funds for specified purposes. [Eff 10/20/03; §1-3; am, ren and comp 11/23/12; am and comp **AUG 18 2017**]
(Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §982.2)

§8-10-4 Public Notice to Low Income, Very Low Income and/or Extremely Low Income Families. (a) Notice of Availability of Housing Assistance and Reopening of the Waiting List. The Agency shall make known to the public through publication in a newspaper of general circulation, minority media, and other suitable means, the reopening of the Waiting List or the availability and nature of housing assistance for Low Income, Very Low Income and Extremely Low Income Families. The notice shall further inform such Families where and when to apply and state any limitations on who may apply for available slots in the Program.

(b) Notice in Accordance with HUD Guidelines. Such notice shall comply with HUD fair housing requirements.

[Eff 10/20/03; §1-4; am, ren §8-10-4 and comp 11/23/12; am and comp **AUG 18 2017**] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §982.206(a))

§8-10-5 Public Notice and Invitation to Owners.

(a) Invitation to Owners. The Agency shall invite Owners through publication in a newspaper of general circulation and other suitable means to make dwelling units available for lease by eligible Families. In so doing, the Agency shall encourage the participation of Owners of units in areas other than low-income or minority concentration.

(b) Contact with Organizations. The Agency shall:

- (1) Develop working relationships with local Owners and real estate associations;
- (2) Establish contact with civic, charitable, and neighborhood organizations and public agencies which have an interest in housing for Low Income Families, and which are concerned with obtaining housing for displacees;
- (3) Explain the provisions of the Program, including equal opportunity requirements, to real estate associations, landlords, and other groups the members of which have dealings with Low Income Families or are interested in housing such Families; and
- (4) Request the HUD field office and the State of Hawaii housing agency to furnish a list of their properties available for rent to Families.

[Eff 10/20/03; §1-5; am, ren §8-10-5 and comp 11/23/12; am and comp **AUG 18 2017**] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §982.54)

§8-10-6 Family Income. (a) Annual Income means all amounts and benefits, monetary or otherwise, which:

- (1) Go to, or on behalf of, the Head of Household, Co-Head of Household or to any other member of the Family (even if any of them are absent); and
- (2) Are anticipated to be received by the Family during the twelve month period following

- admission to the Program or the annual reexamination effective date; and
- (3) Are not specifically excluded in subsection (d).
 - (b) Annual Income includes, but is not limited to:
 - (1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
 - (2) All regular pay, special pay and allowances of a Family member in the Armed Forces, whether or not such member is living in the unit.
 - (3) The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital improvements shall not be used as deductions in determining net income. An allowance for depreciation of Assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or Assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is a reimbursement of cash or Assets invested in the operation by the Family.
 - (4) Interest, dividends, and other net income of any kind from real or personal property and Assets, as described below in subsection (e). Expenditures for amortization of capital improvement shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in subsection (b)(3). Any withdrawal of cash or Assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or Assets invested by the Family. Where the Family has Assets in excess of \$5,000, Annual Income shall include the greater of the actual income derived from all such Assets or a percentage of the value of such Assets based on the current passbook savings rate, as determined by HUD.
 - (5) Welfare Assistance, which includes payment to Families or individuals on the basis of economic need, age, family composition and size, health of recipient, and any other such financial benefit not specifically excluded under subsection (d).

Reductions in public or Welfare Assistance from sanctions imposed by the welfare agency may continue to be counted as income even when the recipient is no longer receiving the income.

- (6) The full amount and benefits of periodic Social Security, Supplemental Security Income, the Veterans Administration, annuities, insurance policies, retirement funds, pensions, profit sharing, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in subsection (d)(15)). For Participants, fixed income must be verified using third-party verification. In the second and third years, income may be adjusted by a Cost of Living Adjustment (COLA) or current interest rate obtained from a public source or from Participant-provided third-party generated documentation.
- (7) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, compensatory damages and severance pay (except as provided in subsection (d)(3)).
- (8) The amount of alimony and/or child support payments as specified in the divorce settlement or separation agreement unless the Family certifies the income is not being provided and has made reasonable effort to collect the amounts due by filing with the courts or agencies responsible for enforcing payment.
- (9) Periodic and determinable allowances, such as lottery winnings paid in periodic payments; recurring contributions or gifts regularly received from organizations or from persons not living in the unit; wagering and gambling; and other types of periodic receipts.
- (10) Anticipated amounts and benefits derived (during the twelve month period following admission or annual reexamination effective date) from Assets to which any member of the Family has access.

(c) Income from Temporarily Absent Family Members.

Income from Family members who are temporarily absent from the household for a period of not more than one hundred eighty days will be included in the Family's income, even

if part or all of their income is not available to the Family. Income of a temporarily absent Head of Household and spouse serving in the Armed Forces must be included as provided in subsection (b)(2).

(d) Annual Income Does Not Include. The following items shall not be considered as part of Annual Income:

- (1) Temporary, nonrecurring, or sporadic gifts;
- (2) Amounts received by the Family which are specifically for or in reimbursement of, the cost of medical expenses for any Family member;
- (3) One-time lump-sum additions to Family Assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in subsection (b)(7));
- (4) The full amount of student financial assistance paid directly to the student who is a member of the Family or to the educational institution on behalf of the student;
- (5) The special pay to a Family member serving in the Armed Forces who is exposed to hostile fire;
- (6) Income from employment of children who are members of the Family (including foster children) under the age of eighteen years;
- (7) Earnings in excess of \$480 for each full time student who is a member of the Family eighteen years old or older (excluding the Head and Co-Head of Household);
- (8) Payments received for the care of foster children or foster adults (such individuals usually persons with disabilities, unrelated to the Family, who are unable to live alone);
- (9) Adoption assistance payments in excess of \$480 per adopted child;
- (10) Amounts received under training programs funded by HUD;
- (11) Amounts received by a Family member who is a Person with Disabilities that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because such amounts are set aside for use under a Plan to Attain Self-Sufficiency (PASS), as defined in 24 CFR 5.609;
- (12) Amounts received by a Family member in other publicly assisted programs which are specifically

for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;

- (13) Incremental earnings and benefits resulting to any Family member from participation in qualifying state or local employment training programs (including training programs not affiliated with a local government) and training of a Family member as resident management staff during the training period. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the Family member participates in the employment training program;
- (14) Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
- (15) Deferred periodic amounts from Supplemental Security Income (SSI) and Social Security benefits that are received in a lump sum or in prospective monthly amounts;
- (16) Amounts received by the Family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;
- (17) Amounts paid by a state agency to a Family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled Family member at home;
- (18) Amounts received under a resident service stipend if it does not exceed \$200 per month. Amounts more than \$200 per month are not considered "Stipends." A resident service stipend is a modest amount received by a resident for performing a service for the PHA or Owner, on a part-time basis, which enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the development's governing board. No

resident may receive more than one such stipend during the same period of time;

- (19) Income of Live-in Aides, as defined in Section 8-10-2;
 - (20) Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs, which includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the *Federal Register* and distributed to PHA's and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.
 - (21) Families eligible for EID are limited to a single consecutive twenty-four month period for the receipt of this benefit. All qualifying earned income within the straight twenty-four month period will be excluded.
- (e) Assets means all property owned that has value and is available to meet debts, commitments, or legacies, which include:
- (1) Amounts including, without limitation, amounts in checking accounts (average balance), savings accounts, safety deposit boxes, at home, etc.
 - (2) Principal value of any trust available to the Family. In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the Family, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining Annual Income under Section 8-10-6.
 - (3) Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the Assets and any reasonable costs (such as broker fees) that would be incurred in selling such Assets.
 - (4) Equity in real property and other contracts for purchase or sale of real property. The equity is the estimated market value less the unpaid balance on all loans secured by the Assets and

- any reasonable expenses that would be incurred in selling the property.
- (5) Stocks, bonds, savings certificates, Treasury Bills, certificates of deposit, money market funds, and other investment accounts.
 - (6) Assets which, although owned by more than one person, allow unrestricted access by the Applicant.
 - (7) Individual Retirement and Keogh Accounts, and similar retirement savings accounts, even though withdrawal would result in a penalty.
 - (8) Company retirement, termination of employment, and/or pension funds if any member of the Family has access to said Asset, as follows:
 - (A) While the subject Family member is employed, include only the amount the Family member can withdraw without retiring or terminating employment.
 - (B) At retirement or termination of employment by the subject Family member, include the lump-sum benefit to be received as asset. Include as Family Income any benefits received through periodic payments.
 - (9) Lump-sum receipts such as inheritances, capital gains, lottery winnings, cash from sale of Assets, Social Security and SSI lump sum payments, insurance settlements (including payments under health and accident insurance and worker's compensation), settlement for personal or property losses, and other claims.
 - (10) Personal property held as an investment, including, but not limited to, gems, jewelry, coin collections, art, antique cars, etc.
 - (11) Cash value of life insurance policies.
 - (12) The value of any business or Family Asset disposed of by an Applicant or tenant for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale or separation or divorce settlements where a court determines value) during the two years preceding the admission date to the Program or the effective date of the next reexamination.
 - (13) Value of a home currently being purchased with assistance under 24 CFR Part 982, Subpart M, ten years after the purchase date of the home.
 - (f) Assets do not include:

- (1) Interests in Indian trust land and equity accounts in HUD homeownership programs.
- (2) The value of necessary items of personal property such as furniture and automobiles, unless such item is deemed by the Agency as for investment.
- (3) The value of a home currently being purchased with assistance under 24 CFR Part 982, subpart M, only during the first ten years after the purchase date of the home.
- (g) Period for Determining Annual Income.
 - (1) Under normal circumstances, Annual Income shall be the projected amount anticipated by the Family for a twelve month period; or
 - (2) If the circumstances are such that it is not possible to anticipate a level of income over a twelve month period (e.g., seasonal or cyclic income), or if the Agency believes that past income is the best available indicator of expected future income, the Agency may annualize the income anticipated for a shorter period, subject to a redetermination at the end of the shorter period.
 - (3) At admission, the Family must provide third party verification of all Assets, or document why third party verification is not available. For the next two years, Assets less than five thousand dollars may be self-certified.
- (h) Families with Zero Anticipated Annual Income. A Family with no visible means of income support may be issued a Voucher, provided that the following conditions are met:
 - (1) The Family signs an affidavit stating they receive no income from any source at the initial eligibility determination;
 - (2) The Family signs an affidavit at least once every three months until the Agency discontinues this requirement; and
 - (3) The Family reports any income it receives and the Agency will determine if such income shall be counted in the Family's eligibility for participation.

The Family shall be disqualified from participation in the Program should the Agency determine that the Family has not fulfilled these conditions. [Eff 10/20/03; §1-6; am, ren §8-10-6 and comp 11/23/12; am and

comp AUG 18 2017] (Auth: RCH §§4-105.4, 6-302,
ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R.
§982.4(a)(2))

§8-10-7 Eligibility Criteria. (a) Non-Discrimination. It is the policy of the Agency to comply with all applicable laws relating to civil rights, including Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1968 (as amended by the Community Development Act of 1974 and the Fair Housing Amendments Act of 1988), Executive Orders 11063 as amended, 12259 as amended and 12892, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title II of the Americans with Disabilities Act (to the extent that it applies, otherwise Section 504 and the Fair Housing Amendments govern), any applicable state or local laws and any legislation protecting the individual rights of tenants, applicants or staff that may subsequently be enacted. The Agency shall not discriminate because of race, color, gender, religion, familial status, disability, age, marital status, ancestry, or national origin in determining eligibility or in the leasing, rental or other disposition of housing or related facilities, including land, that is part of any project or projects under the jurisdiction of the Agency covered by a contract for annual contributions under the United States Housing Act of 1937, as amended, or in the use or occupancy thereof, except as may be permitted in the designation of occupancy of certain developments for older persons (including elderly people with disabilities).

(b) Eligible applicants for participation in this Program include individuals:

- (1) Who qualify as a Family, as defined in Section 8-10-2;
- (2) Whose Family's Annual Income does not exceed the income limits prescribed by HUD as set forth in the CFR;
- (3) Who are citizens or eligible non-citizens as provided in the CFR; and
- (4) Who are not ineligible as provided in Section 8-10-7(c).

(c) A Family shall be declared ineligible for rental assistance if:

- (1) The Family has an outstanding balance owed to the Agency and/or another PHA in connection with any public assistance program or project that receives funds under the United States Housing Act of 1937 or amendments thereto. Such ineligible Family may again be eligible for rental assistance under the Program upon repaying the entire outstanding balance owed to the Agency, such other PHA or the project which receives funds for housing purposes, or upon the Participant's entering into a repayment agreement with the Agency and does not breach said agreement. An Applicant who has an outstanding balance due with any such PHA or project shall be allowed on the Waiting List, but shall be denied admission to the Program unless and until such outstanding balance has been paid in full by the time the Applicant is on the top of the Waiting List and the Agency is then determining the eligibility of the Applicant for the Program.
- (2) Any member of the Family has committed fraud, bribery, or any other corrupt or criminal act in connection with the Agency, and/or any federal housing program. The Applicant or Participant in this case will be ineligible to apply for housing assistance for three years from the date of declared ineligibility or termination of assistance.
- (3) Any household member has been evicted from federally assisted housing for any reason whatsoever, including, without limitation, for Drug Related Criminal Activity, or terminated from any Section 8 program for program violation. The household shall be denied admission for three years from the date of eviction or termination of assistance, whichever shall occur later.
- (4) Any household member is currently engaging in the illegal use of a drug; or there is reasonable cause to believe that a household member's illegal drug use or pattern of illegal drug use, or a household member's abuse or pattern of abuse of alcohol, threatens the health, safety or right to peaceful enjoyment of the premises by other residents. The Family shall be terminated immediately and/or denied admission to the Program for three years from termination of

assistance or determination of ineligibility or until the situation that caused the denial or termination no longer exists, whichever shall occur latest.

- (5) Any household member has ever been convicted of Drug Related Criminal Activity for the manufacture, production, or sale of methamphetamines anywhere, including on the premises of federally assisted housing, in violation of federal, state or local laws. The Family shall be immediately terminated and/or permanently denied admission to the Program.
- (6) Any household member is currently engaging in, or has engaged in within the last three years from date of application, denial of assistance, or termination of assistance, any a) Drug Related Criminal Activity, b) violent criminal activity, or c) other criminal activity which threatens the health, safety or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity, or the health and safety of the Owner, property management staff, or Agency staff. The Family shall be terminated immediately and/or denied admission for three years from the date of termination or determination of ineligibility.
- (7) Any household member is subject to a lifetime registration requirement under any state or federal sex offender registration program. The household that has such a member shall be terminated and/or permanently denied admission to the Program.
- (8) Any household member has engaged in or threatened abusive behavior toward the Agency or Agency personnel. If already receiving assistance, the Family shall be terminated and will be ineligible to apply for assistance for a period of three years after termination of assistance or being declared ineligible.
- (9) The Family or any member thereof has been evicted while receiving assistance under the Program for any of the reasons stated in Section 8-10-22(a). If already receiving assistance, the Family shall be terminated and shall be ineligible to apply for assistance for a period of three years after

termination of assistance or being declared ineligible.

- (10) The Family has violated or failed to perform any Family obligation or requirement under the Program or any other HUD or Agency regulation, or has failed to cooperate in the administration of the Program, both as described in 24 CFR 982.551 and 982.552. The Family will be ineligible to apply for assistance for a period of three years after termination of assistance or being declared ineligible.
- (11) An Applicant is or was part of a current Participant Family in the Agency's Homeownership Option Program and is included as part of that household for occupancy and subsidy purposes.

[Eff 10/20/03; §1-7; am, ren §8-10-7 and comp 11/23/12; am and comp **AUG 18 2017**] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.201, 982.202)

§8-10-8 Application for Program. (a) Application. Each Family shall be required to complete and sign an Agency application form for admission to the Program. The Agency shall reflect the date and time each application is received.

(b) Record of Family. A file shall be established for each Family and shall contain the application and all data collected to verify and document the Family's status in accordance with HUD requirements.

(c) Review and Placement on Waiting List. The Agency shall review each Family's application. If the applicant is determined by the Agency to be preliminarily eligible, but the Agency is unable to immediately issue any more Vouchers, the Agency shall place such Family on the Waiting List in accordance with the provisions set forth in Section 8-10-9(a).

(d) Determination of Ineligibility. If an Applicant is determined to be ineligible, the Agency shall promptly state the reasons for its finding in a letter to the Applicant. The letter shall also state that the Applicant may request, and state the procedure how to request, an informal review of the decision, as provided in Section 8-10-25.

(e) Misrepresentation. If any Applicant deliberately misrepresents the information on an application, the Agency may cancel such application, deny admission, and/or may turn over such matter to the proper authorities for investigation and prosecution.

(f) Suspension of Taking Applications and Closing of Waiting List. If there is insufficient funding to admit all eligible Applicants for participation, the Agency may at any time suspend the acceptance or processing of new applications. In such case, the Agency shall not be required to take the actions specified above. Any such determination by the Agency shall be publicly announced in the same manner as provided in Section 8-10-4 and shall be effective as of the date stated in such announcement. [Eff 12/7/07; §1-8; am, ren §8-10-8 and comp 11/23/12; am and comp **AUG 18 2017**] (Auth: RCH §§4-105.4, 6-302, ROH §1-9) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §982.54)

§8-10-9 Establishment of a Waiting List.

(a) Placement Onto Waiting List.

(1) Each Family shall be placed onto the Waiting List by a lottery method; provided that FUP-eligible Applicants shall be placed on the waiting list by date and time of application.

(2) Each Family shall be placed onto the Moderate Rehabilitation Program Waiting List by date and time of application.

(3) Each Family file shall be maintained in a manner so as to assure compliance with the selection provisions set forth in Section 8-10-10.

(b) Changes in Family Composition While on Waiting List. If there is a change in Family composition, the Family shall immediately report the change to the Agency in writing.

(c) Purging the Waiting List. From time to time, the Waiting List will be purged of Applicants who have not responded to requests for information; or have not responded to inquiries about their continued interest in the Program; or may have moved from the Agency's jurisdiction.

Before removal from the Waiting List, the Agency shall send a written notice to the Applicant (except in the case where the original request for information or response was returned by the post office and no forwarding address was available), advising that the Family has a right to dispute the removal according to the provisions in Section 8-10-25.

An Agency decision to withdraw from the Waiting List the name of an Applicant Family that includes a person with disabilities is subject to reasonable accommodation in accordance with 24 CFR Part 8. If the Applicant did not respond to the Agency's request for information or updates because of the Family member's disability, the Agency must reinstate the Applicant in the Family's former position on the Waiting List. [Eff 10/20/03; §1-9; am, ren §8-10-9 and comp 11/23/12; am and comp AUG 18 2017] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.54, 982.204)

§8-10-10 Issuance of Voucher. (a) Preference in Selecting Eligible Families. In selecting Families from the Waiting List to participate in the Voucher Program, the Agency shall apply the following order of preference:

- (1) A Family that has had its HAP Contract terminated due to insufficient funding, and that has reapplied pursuant to Section 8-10-23(i);
- (2) A Family that has had its Voucher cancelled or withdrawn due to insufficient funding, and that has reapplied pursuant to Section 8-10-23(i);
- (3) A Family that is receiving a HUD Special Funded Voucher the funding for which will end;
- (4) An assisted Family under the Moderate Rehabilitation Program who is required to move due to a change in Family size or wishes to move and has been cleared by the Agency and the Owner of all amounts due; provided the Family is on the Waiting List, and all Applicants on the waiting list ahead of the Family have been assisted;
- (5) An Elderly Family, Disabled Family, Displaced Family, or a Family certified as receiving housing assistance through a program for the homeless administered by the City and County of Honolulu. No more than twenty-five percent of the Vouchers issued in one year shall be

allocated to homeless Families under this preference;

- (6) All other Families in the order of lottery position of their respective applications, provided that the number of participants remains within the Agency's Annual Contributions Contract authorization.

(b) In selecting Families for participation in HUD funded specified categories as defined in 24 CFR 982.204(e), such as Welfare-to-Work, Mainstream, and Family Unification Programs or Special Admission Programs, as defined in 24 CFR 982.203, such as but not limited to the Preservation and Opt-Out Vouchers, the Agency shall follow the eligibility and selection criteria set by HUD for the above-mentioned special Voucher programs. If selection for the above-mentioned specified category Voucher is to be from the Agency's Waiting List, the Agency shall first select those Families that meet the eligibility criteria for the special Voucher program in order of the lottery position of their applications. If there are no Waiting List Applicants who meet the eligibility criteria, the Agency may open the Waiting List specifically to obtain applicants who meet the eligibility criteria of the special Voucher Program. If HUD permits, the Agency shall select Families in the order of the lottery position of their applications.

(c) In accordance with 24 CFR 982.203, if HUD awards the Agency program funding that is targeted for Families living in specified units:

The Agency must use the assistance for the Families living in these units.

The Agency may admit a Family that is not on the Agency's Waiting List, or without considering the Family's Waiting List position.

(d) Special Waiting List(s) and selection policies may be established as needed and as allowed under the Section 8 Project-Based Voucher Program rules and policies.

(e) Processing of Applications. The Agency shall determine eligibility for issuance of Vouchers in accordance with schedules and criteria established by HUD and the Agency. In doing so, the Agency shall require every Applicant to complete and sign an application or an updated application, if necessary.

(f) Verification. The information submitted on the

application for admission shall be verified in accordance with HUD guidelines to substantiate income and Family eligibility, Voucher or subsidy size and rent to be paid. All verifications shall be valid for a period of sixty days prior to admission.

(g) Notification. The Agency shall provide VAWA information to all applicants approved for admission to the Program.

(h) Voucher. If a Voucher is available and an Applicant is determined to be eligible, that Applicant shall be issued a Voucher signed by the Applicant and a duly authorized representative of the Agency, upon participating in a Family briefing, as provided in Section 8-10-11. [Eff 10/20/03; §1-10; am 5/28/04; am 12/7/07; am, ren §8-10-10 and comp 11/23/12; am and comp **AUG 18 2017**] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.54, 982.202 to 982.204, 982.207, 42 U.S.C. 13925; 42 U.S.C. 14043e et seq)

§8-10-11 Certification of Family Participation.

(a) Family Briefing. When an eligible Applicant is ready to be issued a Voucher and before the Family moves between units, the Agency shall conduct individual and/or group briefing sessions with, and provide Voucher holder's packets to, all selected Families. The briefing session is to provide selected Families with an explanation of Program requirements, information to assist them in locating a suitable unit, conditions governing participation in the Program and reference information about the Family for prospective Landlords as provided in Section 8-10-13. The Agency will take appropriate steps to ensure effective communication with any disabled attendee. Verbal information and an information packet shall be given to Families selected for the Program as provided in 24 CFR 982.301.

Each Family or a designated adult representative thereof must participate in this briefing prior to being given a Voucher. Failure to participate shall be grounds for disqualification from the Program.

(b) Expiration and Extension of Voucher. The Voucher shall expire at the end of sixty days from the date of issuance, but a Family may submit to the Agency a written request for an extension. If the Agency determines that

the Family's failure to find a suitable unit is not due to the fault, or lack of diligence, on the part of the Family, and if the Agency believes that there is a reasonable possibility that the Family may, with additional time, find a suitable unit, the Agency may grant one or more extensions the aggregate of which shall not exceed a total of sixty days. The total period of the Voucher, including extensions, shall not exceed one hundred twenty days; except as requested by the Family as a reasonable accommodation in accordance with HUD regulations. The HUD form, Request for Tenancy Approval, must be submitted on or before the expiration date recorded on the Voucher, or any extension thereof. The Lease and HAP Contract shall become effective no more than thirty days after the Voucher expiration date, or any extension thereof.

If a Family submits a Request for Tenancy Approval prior to the expiration date and the Lease is subsequently disapproved, the Voucher may be extended upon written request of the Family for a period equivalent to the lesser of the number of days between the submission of the Request for Tenancy Approval and the date of Lease disapproval.

A determination not to grant any further extensions shall not preclude the Family from filing a new application for another Voucher when the Waiting List is open.

If the Agency has a report that the Family is prevented from leasing a suitable unit because of illegal discrimination, the Agency shall provide written informational material to the Family and refer it to the Fair Housing Officer at the HUD Area Office in Honolulu or to the Hawai'i State Civil Rights Commission in Honolulu. [Eff 10/20/03; S1-11; am, ren S8-10-11 and comp 11/23/12; am and comp AUG 18 2017] (Auth: RCH §§4-105.4, 6-302, ROH S1-9.1) (Imp: RCH S6-302; ROH S6-23.3; 24 C.F.R. §§982.54, 982.301 to 982.304)

S8-10-12 Subsidy Standards/Occupancy Standards.

(a) Guidelines on Voucher Size and Occupancy. The following guidelines are set forth solely for determining the bedroom size to be designated on the Voucher. In determining the appropriate Voucher size, the Agency shall balance the need to avoid overcrowding with the need to make the best use of available Voucher funding and take reasonable action to avoid unnecessary subsidy. All standards in this section relate to the number of bedrooms

on the Voucher, not the Family's actual living arrangements. The Agency shall consider and apply the following criteria:

- (1) A Family shall be assigned the smallest Voucher suitable for its needs. Each Voucher, therefore, will identify at least one bedroom for every two persons, consistent with Housing Quality Standards.
- (2) Every member of the Family, regardless of age, shall be considered in determining the Family's Voucher size and the Agency shall count:
 - (A) Children who are subject to a joint custody agreement but live in the unit at least 51% of the time;
 - (B) Foster children and foster adults intending to reside in the unit for more than one hundred eighty days will not be required to share a bedroom with Family members and will be included in determining the Voucher size;
 - (C) A member of the Family who is temporarily absent from the unit for less than one hundred eighty days, unless otherwise provided by HUD rules;
 - (D) Minor children and college students who are away at school but live with the Family during school recesses;
- (3) In situations of verified medical necessity, an additional bedroom may be provided for:
 - (A) A Live-in Aide;
 - (B) Medical equipment, which requires a separate bedroom, or
 - (C) A Family member who must have a separate bedroom due to a documented serious medical condition.
- (4) A Family comprised solely of a pregnant woman (with no other person) shall be treated as a two-person Family.
- (5) The Agency shall not count absent Family members who are on active military duty or are institutionalized for an indefinite period, permanent absent members or visitors.
- (6) In no event may a Single Person be issued a Voucher size that is larger than a zero bedroom.
- (7) The living room of a unit may be used as a sleeping room for occupancy purposes only. The

living room shall not be counted as a bedroom for Voucher issuance purposes.

- (8) The following ratio shall be used as an issuance guide:

<u>Number of Bedrooms</u>	<u>Minimum Persons</u>	<u>Maximum Persons</u>
0	1	1
1	2	2
2	3	4
3	5	6
4	7	8

- (9) The following ratios shall be used as an occupancy guide for the Family members per sleeping room:

<u>Number of Bedrooms</u>	<u>Minimum Persons</u>	<u>Maximum Persons</u>
0	1	2
1	2	4
2	2	6
3	3	8
4	6	10

(b) Exception Payment Standards as a reasonable accommodation. The Agency may approve a payment standard of not more than one hundred twenty percent of the FMR as a reasonable accommodation for a Family that includes one or more Persons with Disabilities. The Family must submit a written request and include supporting documentation from a certified health professional.

(c) Visitors. Visitors of the Participant Family may reside with the Family no more than thirty days in one calendar year. Minors and college students who were part of the Family but who now live away from the home during the school year and are no longer on the Lease shall not be subject to this limitation. The Landlord must be notified and approve of visitors in advance of their staying with the Participant.

(d) Applicability of Voucher. Under the Voucher Program, a Family may rent an acceptable unit that is larger or smaller than stated on the Voucher. However, a smaller unit must meet the space requirements of "...at least one sleeping room or living/sleeping room of appropriate size for each two persons." The Payment Standard for a Family shall be the lower of (1) Voucher size, or (2) unit size of the unit rented by the Family. The Gross Rent for a unit must be comparable to other similar unassisted units in the area. A Family that initially submits for approval

a unit with a Gross Rent larger than the Payment Standard allotted for the Family shall pay not more than forty percent of the Family's Monthly Adjusted Income toward rent and utilities. [Eff 10/20/03; §1-12; am 12/7/07; am ren §8-10-12 and comp 11/23/12; am and comp AUG 18 2017] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.54, 982.402)

§8-10-13 Finder's Keeper Policy.

Upon receipt of a Voucher, the Family shall be responsible for finding an approved unit of appropriate size prior to expiration of the Voucher. The Family may select the dwelling unit which it already occupies if the unit meets all the requirements under the Voucher Program. Special Housing Types as provided in 24 CFR Part 982, Subpart M, will be allowed only as required by HUD regulations. The Agency may provide assistance in finding units for those Families who, because of age, disability or other reasons are unable to find an approved unit and shall provide assistance in cases where the Family alleges that discrimination is preventing it from finding a unit. Any such assistance shall not directly or indirectly reduce the Family's opportunity to choose among available units.

It is the policy of the Agency to provide a prospective Owner with the name, address and phone number of current and previous landlords of the Family. Such information is provided as part of the Family briefing and packet. [Eff 10/20/03; §1-13; am, ren §8-10-13 and comp 11/23/12; am and comp AUG 13 2017] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.54, 982.302(a), 982.304)

§8-10-14 Portability of Housing Vouchers.

After ACC or Program requirements have been fulfilled, a Family holding a current Voucher may move to another area and receive assistance. An Applicant Family is eligible for Portability if it applied in the Initial PHA's jurisdiction and holds a current Voucher.

- (1) The Family must inform the Initial PHA of where the Family wants to move and on what date it wants to move.

- (2) The Initial PHA shall make a determination as to whether the Applicant Family is income eligible in the jurisdiction of the Receiving PHA.
- (3) The Initial PHA shall advise the Family how to contact and request assistance from the Receiving PHA and shall promptly notify the Receiving PHA to expect the Family.
- (4) The Initial PHA shall give the Receiving PHA the most recent HUD Form 50058 and related verification information for the Family.
- (5) The Voucher size for the Family is determined in accordance with the occupancy standards of the Receiving PHA.
- (6) If the Applicant Family originally applied from outside the Agency jurisdiction, the Family must initially lease a unit under the Voucher Program within the Agency's jurisdiction for at least twelve months before the Portability provisions can be applied.
- (7) Moves under Portability are limited to not more than one in any twelve month period. [Eff 10/20/03; §1-14; am, ren §8-10-14 and comp 11/23/12; am and comp **AUG 18 2017**] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.353, 982.355)

§8-10-15 Request for Tenancy Approval. (a) Upon finding a suitable unit, the Family shall submit a copy of the Request for Tenancy Approval as signed by the Owner of the unit and the Family. Prior to approval of any unit for rental, the following actions shall be conducted:

Review of Lease and Tenancy Addendum. The Agency shall require a copy of the proposed Lease between the Owner and the Family. The HUD approved Tenancy Addendum shall be incorporated within the Lease.

Rent Reasonableness Review. The Agency shall determine whether the requested Rent to Owner plus any applicable Utility Allowance is approvable and that the Rent to Owner is reasonable.

Inspection of Unit.

(b) Reasonableness of Rent Certification by the Agency. The Agency shall certify for each approved unit that the Rent to Owner for such unit is:

Reasonable in relation to rents currently being charged for comparable units in the private, unassisted market, taking into account the age, location, size, type, quality, amenities, facilities, management and maintenance services of such unit; and

Not in excess of rents currently being charged by the Owner for comparable and unassisted units.

(c) Inspection of Unit.

(1) The Agency shall inspect the unit proposed to be leased to a Family prior to the approval of the Lease, as required by HUD thereafter, and at such other times as may be necessary to assure that the Owner and the Family are maintaining the unit in accordance with HQS, are providing the agreed upon utilities and other services and are complying with the terms and conditions of the Lease and/or HAP Contract.

If there are any deficiencies which must be corrected in order for the unit to meet HQS, the Agency shall notify the Owner or the Family of the work required. The Agency shall confirm that all deficiencies are corrected. The Agency may allow the Owner and Family to self-certify that all deficiencies have been repaired.

If the Agency determines that a unit does not meet HQS, and the Owner or the Family fails to take corrective action after being duly notified, or falsely self-certified that deficiencies were corrected, the Agency may exercise any of its rights, including, without limitation, disapproval of the Lease, abatement of housing assistance payments (even if the Family continues in occupancy), and/or termination of the HAP Contract. Accordingly, if corrective action is not fully completed by the deadline set by the Agency, the Agency shall not approve a new Lease, and shall not continue Housing Assistance Payments, after such deadline. In such situations, if the Family wishes to move into another unit and the Agency decides to terminate the HAP Contract, the Family, if eligible, shall be issued another Voucher.

- (2) If the unit violates the City and County of Honolulu building and/or zoning codes, the Agency shall notify the Owner of this violation and shall disapprove the unit.
If the unit is being utilized for any illegal purpose, the Agency shall notify the Owner and the Family of the violation and shall take appropriate action.
- (3) The Agency shall prepare and maintain reports on inspection and re-inspections. The report shall specify any deficiencies that must be corrected in order for the unit to meet HQS; and any other deficiencies, for use in the event of a subsequent claim by the Owner that deficiencies were caused by the Family during the period of occupancy.
- (4) The Agency shall schedule inspections or re-inspections of the unit with reasonable advance notice to the relevant party(ies). If the Participant is unable to keep a reinspection appointment, an adult authorized by the Head of Household or Landlord must be present. If there are more than three no-shows of reinspection appointments in a three year period, the Agency may consider ineligibility of the Participant for violations of the Family Obligations as described on the Voucher and as provided by 24 CFR 982.551.

(d) Responsibilities of the Family. The Family shall be responsible for compliance with all regulations of the Program as related to or required of the Family, its obligations under the Lease with the Owner, and any amendments to any of the foregoing.

(e) Responsibilities of the Owner. The Owner shall be responsible for compliance with all regulations of the Program as related to or required of the Owner, its obligations under the Lease, provisions of the HAP Contract, and any amendments to any of the foregoing. [Eff 10/20/03; §1-15; am, ren §8-10-15 and comp 11/23/12; am and comp AUG 15 2017] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§ 982.54, 982.303, 982.305, 982.308, 982.405, 982.452, 982.551)

S8-10-16 Rents. (a) Voucher Program.

- (1) Minimum Rent. The minimum rent shall be \$50 or as mandated by HUD. The Agency shall implement this policy effective immediately, before the Family's next annual reexamination.
- (2) Maximum Family Share at Initial Occupancy. Rents may exceed the applicable Payment Standard; however, the amount of assistance payment will not be increased. The initial Family Share for a newly leased unit shall not exceed forty percent of the Participant's Monthly Adjusted Income if the Gross Rent exceeds the applicable Payment Standard. This rent limitation applies to the initial occupancy.
- (3) Establishing the Payment Standard. At least annually, the Agency shall determine whether an adjustment is necessary to the applicable Payment Standard being used in the Agency's Voucher Program to assure continued affordability of housing by Participant Families. The Payment Standard shall be between ninety percent and one hundred ten percent of the published FMR for the applicable unit size.
- (4) Hardship Exemptions from the Minimum Rent Requirement.
 - (A) The Agency may waive or defer the minimum rent requirement for a Family that demonstrates that it is experiencing a financial hardship due to an unexpected or unprecedented burden on the Family as a result of one of the following situations beyond the Family's control:
 - (i) The Family has lost eligibility for or is awaiting an eligibility determination for a federal, state or local assistance program, including a Family that includes a member who is a noncitizen lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled to public benefits but for title IV of the Personal Responsibility and Work Opportunity Act of 1996.
 - (ii) The Family would be evicted because it is unable to pay the minimum rent.

- (iii) The Family income has decreased due to changed circumstances, including loss of employment.
 - (iv) The Family has an increase in expenses due to changed circumstances, such as medical costs, childcare, transportation, or education.
 - (v) A death or severe illness has occurred in the Family.
 - (vi) Other qualifying circumstances as determined by the Agency or HUD.
- (B) The Family shall submit a written request for an exemption from the minimum rent, with a complete and detailed explanation of the basis for the request and how the Family's situation qualifies under subparagraph (A) above, along with documentation that supports the Family's request. The minimum rent requirement will be suspended beginning the month following the Family's submission of a completed request. During the suspension, the minimum rent will be included in the Family's Total Tenant Payment and the Housing Assistance Payment will be increased accordingly.
- (C) Upon receipt of the Family's completed written request for exemption from the minimum rent requirement, the Agency will decide whether to grant the request, and if so, whether the hardship is temporary or long term. The Agency shall inform the Family of its decision in writing, including any immediate reinstatement of the minimum rent and any repayment obligations of the Family. The Agency's decision shall be subject to the Agency's informal process. A Family that disagrees with the Agency's decision may request an informal hearing.
- (i) Temporary Hardship. If it is determined, based on documentation provided by the Family, that the hardship is temporary, the minimum rent will be suspended for a period of ninety days from the first month

following the date the Family's written request is received by the Agency. At the end of the ninety-day period the minimum rent will be reinstated retroactively to the date of the suspension and the amount of overpaid assistance, based on the minimum rent amount, shall be reimbursed by the Family. The Agency will offer a reasonable repayment agreement to cover the minimum rent charges accumulated during the suspension.

- (ii) Long-term Hardship. If it is determined, based on documentation provided by the Family, that the hardship will extend beyond a ninety-day period, the Family will be exempt from the minimum rent requirement until the hardship no longer exists. Statements from third parties confirming the basis for the hardship may be required. The Family shall also provide any documentation that the Agency may periodically require to verify continuing hardship, and the Family shall comply with reporting information as required under obligations of the Family, described in 24 CFR 982.551. At a minimum, the Family's qualification for the hardship exemption shall be reviewed at each annual reexamination and any interim reexamination. The Family shall not be required to pay minimum rent for the period that the Agency determines the hardship exists.
- (iii) No Hardship. If the Agency determines that the claimed hardship does not qualify for an exemption from the minimum rent, or has not been established, the minimum rent will be reinstated. A repayment agreement will be executed for the minimum rent accrued during the time of the suspension.

(b) Rent Considerations Applicable to the Voucher Program.

- (1) Rent Reasonableness. The Agency shall determine the reasonableness of rent 1) before the subject unit is approved, 2) before any increase in rent as requested by the Landlord, 3) if there is a five percent decrease in the published FMR in effect sixty days before the Family's HAP Contract anniversary date (for the unit size rented by the Family) as compared with the FMR in effect one year before the Family's previous HAP Contract anniversary date, and 4) when directed by HUD.
- (2) Rent Increases. The Owner must submit a written notice to the Agency at least sixty days prior to any rent increase. The Agency may not approve the increase in rent unless the Owner has complied with all requirements of the HAP Contract and HQS.
- (3) Annual Determination of Allowances, Charges, and Adjustments. At least annually, the Agency shall review the Utility Allowance schedule and shall revise the allowance for a utility category if there has been a change of ten percent or more in the utility rate since the last time the Utility Allowance schedule was revised. The Agency shall maintain information supporting the annual Utility Allowance review and any revisions made in the Utility Allowance schedule. Any changes affecting the Family Share resulting from the adjustments shall be made at the Family's annual reexamination.
- (4) Maintenance of Certification and Relevant Documents. The Agency shall respectively maintain all certifications and relevant documentation for inspection by HUD for three years. [Eff 10/20/03; §1-16; am 12/7/07; am, ren

§8-10-16 and comp 11/23/12; am and comp AUG 19 2017] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§ 982.54, 982.503, 982.505, 982.507, 982.508, 982.516)

§8-10-17 Housing Assistance Payments. (a) Housing Assistance Payments Contract. The Agency shall make Housing Assistance Payments to the Owner on behalf of the Family in accordance with the Housing Assistance Payments Contract. No Housing Assistance Payments shall be made for any unit that is vacant and the subject HAP Contract shall be terminated.

(b) Amount of Housing Assistance Payments. The maximum Housing Assistance Payment that the Agency shall pay on behalf of the Family shall be the lower of the applicable Payment Standard for the Family or the Gross Rent, less the Total Tenant Payment.

(c) The Agency's Financial Obligations. The Agency's financial obligations shall be limited to making Housing Assistance Payments on behalf of Families. The Housing Assistance Payments to the Owner will continue during the term of the HAP Contract until the Family Share equals the lesser of the Payment Standard or Gross Rent. However, the termination of the Housing Assistance Payments shall not affect the Family's other rights or obligations under the Lease. Such termination shall also not preclude the resumption of payments as a result of changes in income or rent or other relevant circumstances during the term of the HAP Contract. If one hundred eighty days have passed since the date of the last Housing Assistance Payment on behalf of the Family, the subject HAP Contract shall be deemed terminated.

The Owner may retain the HAP for the month in which a Family moves.

(d) Limitation of Benefits to Family. In no event shall a Family receive or accept assistance from more than one PHA, for more than one unit, or under any other federal, state or local housing assistance program. [Eff 10/20/03; §1-17; am, ren §8-10-17 and comp 11/23/12; am and comp **AUG 18 2017**] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§ 982.54, 982.451)

§8-10-18 Execution of Lease and HAP Contract. (a) Term of Lease. The initial term of the Lease shall begin on a date stated in the Lease, and shall continue at least for one year therefrom, except if a shorter term would improve housing opportunities for the Family and a term shorter than one year is the prevailing local market practice. After the initial term has

expired, the Lease will continue in effect from month to month or as stated under the Lease.

(b) Term of HAP Contract. The term of the HAP Contract begins on the first day of the Lease term and will continue in effect until any of the following occurs:

- (1) The Lease is terminated by the Owner in accordance with the provisions stated in the Lease and/or Addendum to Lease;
- (2) The Lease is terminated by the Family in accordance with the provisions stated in the Lease and/or Addendum to Lease;
- (3) The Lease is terminated by mutual agreement of the subject Family and subject Owner;
- (4) The Agency terminates the HAP Contract;
- (5) The Agency terminates the Family's Program assistance;
- (6) The Family moves from the subject unit; or
- (7) One hundred eighty days have passed after the last Housing Assistance Payment was made to the Owner.

(c) Subsequent Adjustment to Initial Rent to Owner. If any subsequent adjustment to the initial Rent to Owner is to be made, it shall be made in accordance with applicable HUD and Agency rules and policies.

(d) Security Deposit. The Family is responsible for the entire payment of the security deposit under the Lease in accordance with state law and is expected to obtain funds to pay these deposits from its own resources and/or other private or public sources.

(e) Vacation of Unit, Disposition of Security Deposit. If the Family vacates its unit in violation of the Lease, the Owner, subject to state laws, may use the security deposit as reimbursement for any unpaid amounts owed by the Family under the Lease. The Owner shall notify the Family of the Owner's intention to retain part or all of the security deposit within fourteen days of the date the Family vacates. If no such amounts are owed, or if the amounts owed are less than the amount of the security deposit, the Owner shall refund the full amount or the unused balance of the security deposit to the Family.

(f) Disapproval of Lease. If the Lease or unit is disapproved, the Agency shall notify the Family and the Owner of the specific reasons for disapproval and the date by which they may remedy the disapproved items. If the Family and the Owner choose to remedy the disapproved items, a new or revised HUD form, Request for Tenancy

Approval, shall be submitted before the specified date stated on the notice of disapproval. The Agency, in its sole discretion, may approve the Lease if the disapproved items have been remedied. [Eff 10/20/03; S1-18; am ren S8-10-18 and comp 11/23/12; am and comp AUG 18 2017]
(Auth: RCH §§4-105.4, 6-302, ROH S1-9.1) (Imp: RCH S6-302; ROH S6-23.3; 24 C.F.R. §§982.305 to 982.309, 982.313, 982.507)

§8-10-19 Continued Eligibility and Interim Reexamination.

(a) Eligibility for Participation. A Family's eligibility for participation shall continue if the Family maintains the requirements governing eligibility, or the Agency has determined that the Family is eligible for continued assistance.

(b) Absence from Unit. To remain eligible for assistance, the entire Family may not be absent from the unit for longer than twenty-eight consecutive days. An individual Family member of a two or more member household shall not be considered absent if the member is expected to return to the Family within one hundred eighty days of the member's departure. If all Family members will be absent for more than twenty-eight consecutive days, the Family's assistance in the Program and the HAP Contract with the Owner will be terminated. The Family must promptly notify the Agency of absence from the unit, including any information requested on the purpose of the Family absences and must provide reasonable proof by supplying any information or certification requested by the Agency to verify that the Family is residing in the unit or the particulars relating to the Family absence from the unit.

(c) Reporting Changes in Income and Family Composition. A Family must report any changes in Family Income or family composition within ten days of the change and obtain approval from the Agency and Owner in connection therewith in order to maintain eligibility.

(d) Reporting Changes Under the Family Self Sufficiency Program. A Family who is on contract with the Agency's Family Self Sufficiency Program must report all decreases in earned income within ten days of the change once escrow has been established.

(e) Interim Reexamination. A Family may, at any time, request an interim reexamination because of a change

in Family Income. Any increase in Housing Assistance Payments resulting from such interim reexamination shall be effective as of the first day of the month following the month in which the change is reported or the effective date of the change, whichever is later, provided the Family complies with all Agency Program requirements. A Family receiving such increase shall report all subsequent changes in Family Income that occur any time before the next scheduled annual reexamination date within ten days of the change. Appropriate changes shall be made to the Housing Assistance Payments in the event of such changes. Upward adjustment to the Family Share shall be made on the first day of the month following the first complete calendar month after either the notification of the change or the effective date of income change, whichever is earlier. However, upward adjustment to the Family Share which is not reported timely will be effective on the first day of the month following the effective date of income change.

(f) Family Break-up. If a Family breaks up or members separate therefrom, the Agency shall have the discretion to decide, on a case-by-case basis, which Family members, if any, and assuming continued eligibility, will remain with the Program, unless a court of proper jurisdiction includes the disposition of the Voucher as part of the divorce or separation decree or other court decision in connection therewith. Factors to be considered by the Agency are:

- (1) Whether the assistance should remain with the Family members remaining in the original assisted unit;
- (2) Whether there are minor children or ill, elderly or disabled Family members;
- (3) Whether Family members were forced to leave the unit because of actual or threatened violence against Family members by a spouse or other member of the household, or an affiliated individual as defined in 24 C.F.R. part 5, subpart L. If the Family Break-up is due to activity covered by VAWA, the lease may be bifurcated.
- (4) Circumstances brought to the attention of the Agency, including, without limitation, matters raised during an informal review or meeting, which a Family member may request pursuant to Section 8-10-25. [Eff am and

comp AUC 13 2017] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.54, 982.312, 982.315, 982.516, 982.551)

§8-10-20 Reexamination. (a) Annual Reexamination.

A Family must be recertified for participation in the Program annually.

(1) An increase in the Family Share of the rent that results from an annual reexamination will take effect on the Family's anniversary date, and the Family will be notified at least thirty days in advance.

(A) If less than thirty days remain before the scheduled effective date, the increase takes effect on the first of the month following the end of the thirty day notice period.

(B) If a Family moves to a new unit, the increase will take effect on the effective date of the new Lease and HAP Contract, and no thirty day notice is required.

(C) If the Agency chooses to schedule an annual reexamination for completion prior to the Family's anniversary date for administrative purposes, the effective date will be determined by the Agency, but will always allow for the thirty day notice period.

(D) If the Family causes a delay in processing the annual reexamination, increases in the Family Share of rent will be applied retroactively, to the scheduled effective date of the annual reexamination. The Family will be responsible for any overpaid subsidy and may be offered a repayment agreement.

(2) A decrease in the Family Share of the rent that results from an annual reexamination will take effect on the Family's anniversary date.

(A) If a Family moves to a new unit, the decrease will take effect on the effective date of the new Lease and HAP Contract.

(B) If the Agency chooses to schedule an annual reexamination for completion prior to the Family's anniversary date for administrative purposes, the effective date will be determined by the Agency.

(C) If the Family causes a delay in processing the annual reexamination, decreases in the Family Share of the rent will be applied prospectively, from the first day of the month following completion of the reexamination processing. Delays in reexamination processing are considered to be caused by the Family if the Family fails to provide information requested by the Agency by the date specified, and this delay prevents the Agency from completing the reexamination as scheduled.

(b) Termination of Payments. Termination of Housing Assistance Payments, due to a determination of the Family's ineligibility, shall be in accordance with applicable HUD and Agency guidelines.

(c) Decrease in Family Size. When the Agency finds that the size of a Family has decreased, which requires a smaller Voucher size, the Family shall be reissued a Voucher based on its new size. Adjustments to the Housing Assistance Payments shall be made based on the reissued Voucher size at the Family's next annual reexamination following the change in Family size.

(d) Increase in Family Size. If the Agency finds that the size of a Family has increased, which qualifies it for a larger Voucher size, the Family may be re-issued a Voucher based on the appropriate bedroom size. If after an increase in the size of a Family such Family's unit does not comply with the occupancy standards in Section 8-10-12, the Family shall immediately be issued a Voucher for a larger bedroom size and must find another unit within one hundred twenty (120) days. Housing Assistance Payments and the Family's assistance shall be terminated at expiration of the Family's Voucher and/or upon the Family rejection, without good reason, of the offer of a unit which the Agency judges to be acceptable. [Eff 10/20/03; S1-20; am, ren S8-10-20 and comp 11/23/12; am and ren AUG 13 2017] (Auth: RCH §§4-105.4, 6-302, ROH S1-9.1) (Imp: RCH S6-302; ROH S6-23.3; 24 C.F.R. §§982.54, 982.516)

§8-10-21 Termination of Lease and Families Moving to New Units. (a) Termination of Lease and Reapplication. If a Family wishes to move from a unit that it is then

occupying during the initial Lease period, the Family must legally terminate such Lease therefor and obtain a release from the Owner. The Family may thereafter reapply for a new Voucher.

(b) Re-issuance of Voucher. If a Participant Family wishes to move to another unit prior to or upon termination of its current Lease and wishes to continue participating in the Program, such Family shall reapply for a Voucher and the Agency shall reissue a Voucher if the Family has been determined eligible for continued assistance and has fulfilled its obligations under the Program. [Eff 10/20/03; S1-21; am, ren S8-10-21 and comp 11/23/12; am and ren AUG 13 2017] (Auth: RCH §§4-105.4, 6-302, ROH S1-9.1) (Imp: RCH S6-302; ROH S6-23.3; 24 C.F.R. §§982.54, 982.516)

S8-10-22 Termination of Tenancy by Owner.

(a) Grounds for Termination. During the term of a Lease, the Owner shall not terminate such Lease with a Participant Family except for:

- (1) A Serious Violation or Repeated Violation of the Lease
- (2) Violations by the Family of federal, state or county laws which impose obligations on a tenant in connection with the occupancy or use of the subject unit and surrounding premises;
- (3) Criminal activity or alcohol abuse by the Family (as provided in the HUD prescribed Tenancy Addendum); or
- (4) Other good cause (as provided in the HUD prescribed Tenancy Addendum).

(b) Eviction by Court Action, Notice. The Owner may evict the Participant Family from the unit only by instituting a court action. The Owner must give the Tenant advance written notice which specifies the ground(s) for termination of the Lease. The subject Lease shall not be terminated before the Owner has given this notice to the subject Family, and the notice must be given at or before the commencement of the eviction action. The Owner must give the Agency a copy of any Owner termination of Lease notice to the Tenant. [Eff 10/20/03; S1-22; am, ren S8-10-22 and comp 11/23/12; am and ren AUG 13 2017] (Auth: RCH §§4-105.4, 6-302, ROH S1-9.1) (Imp: RCH S6-302; ROH S6-23.3; 24 C.F.R. S982.311)

§8-10-23 Denial or Termination of Assistance by

Agency. (a) Denial of Assistance for an Applicant. Includes any or all of the following: denying listing on the Agency Waiting List, denying or withdrawing a Voucher, refusing to enter into a HAP Contract or approve a Lease, and refusing to process or provide assistance under Portability procedures. The Agency shall provide VAWA information to all applicants denied admission to the Program.

(b) Termination of Assistance for a Participant. Includes any one or more of the following: terminating assistance from the Section 8 Rental Assistance Program, refusing or withdrawing a Voucher, refusing to enter into a HAP Contract or approve a Lease, terminating housing assistance payments under an outstanding HAP Contract, and refusing to process or provide assistance under Portability procedures. The Agency shall provide VAWA information to all participants terminated from the Program.

(c) Grounds for Denial or Termination. The Agency shall deny or terminate assistance for the following reasons:

- (1) Applicant or Participant has not paid all amounts owed to the Agency or any other PHA or has not reimbursed the Agency or any other PHA for any amounts the Agency or other PHA has paid to an Owner as allowed in a HAP Contract under the Certificate Program for unpaid rent, damages or other amounts owed by the Family under the Lease, or for vacancy loss;
- (2) Applicant or Participant breaches a repayment agreement;
- (3) Applicant or Participant is guilty of Program abuse, fraud, bribery or other corrupt or criminal act in connection with the Agency and/or any federal housing program;
- (4) Participant whose Total Tenant Payment is equal to the lesser of the Payment Standard or Gross Rent and one hundred eighty days have elapsed since the Agency's last HAP was made on behalf of such Participant;
- (5) The Family does not reside at the unit for more than twenty eight (28) consecutive days, as provided in Section 8-10-19(b).

- (6) Appropriate Family members do not provide their Social Security information and documentation within the time required and specified by the Agency;
- (7) Family member(s) fails to sign and submit consent forms for obtaining information in accordance with 24 CFR, Part 5, subparts B and F;
- (8) Family member(s) fails to submit required evidence to establish citizenship or eligible immigration status in accordance with 24 CFR, Part 5.
- (9) Family member(s) has violated one or more of the obligations of the Family, as described in 24 CFR 982.551;
- (10) The Family, or any member of the household thereof, has been evicted within the last three years from federally assisted housing, has been evicted for Violation of the Lease under the Voucher program, or has been disqualified or terminated from or deemed ineligible for any Voucher Program for any violation thereof;
- (11) Member(s) of the household has/have engaged in or threatened abusive or violent behavior toward Agency personnel;
- (12) Member(s) of the household is/are subject to the lifetime registration requirement under a state sex offender registration program. The Agency shall perform criminal history background checks necessary to determine whether any household member is subject to a lifetime sex offender registration requirement in the state where the housing is located and in other states where the household members are known to have resided. Such Family shall be permanently denied admission to the Program.
- (13) Member(s) of the household is/are or has/have engaged in violent criminal activity. "Violent criminal activity" means: any illegal criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force, firearms or other weapons against the person or property of another, substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage.
- (14) Member(s) of the household is/are or has/have engaged in other criminal activity. "Other

criminal activity" means: any criminal activity which may threaten or does threaten the health or safety of others, or the right of peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity; or which may threaten or does threaten the health or safety of the Owner or Agency staff.

- (15) Household member(s) is/are or has/have engaged in or has/have a pattern of alcohol abuse. "Alcohol abuse" means: any activity which, when perpetrated while under the influence of alcohol, may threaten or does threaten the health or, safety of others or the right to peaceful enjoyment of the premises by other residents. Alcohol abuse may not be considered a disqualifying factor if the Family properly evidences to the satisfaction of the Agency before such fact is discovered by the Agency, that the member of the household who abused alcohol:

- (A) Does not currently abuse alcohol and
 - (i) Has successfully completed an alcohol rehabilitation program; or
 - (ii) Is participating in a supervised alcohol rehabilitation program; or
- (B) Is no longer part of the household.

- (16) Household member(s) is/are currently or has/have engaged in drug-related criminal activity. "Drug-related criminal activity" means:

- (A) The manufacture, sale or distribution of, or the possession with intent to manufacture, sell or distribute, illegal drugs;
- (B) A pattern of illegal use of a drug by any household member, which may threaten the health, or safety of others, or the right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity of the Family;
- (C) Any illegal use or possession (other than with intent to manufacture, sell or distribute), of a drug or a controlled substance, except that such use or possession must have occurred within three years from the date of declared ineligibility or termination of assistance.

- (D) Prior drug-related criminal activity described in above subsections (16)(B) and (16)(C) may not be considered a disqualifying factor if the Applicant or Participant Family can demonstrate to the satisfaction of the Agency, before such drug-related criminal activity is discovered by the Agency, that the subject household member:
 - (i) Does not currently use or possess illegal drugs; and
 - a. Has successfully completed a supervised drug rehabilitation program in connection therewith; or
 - b. Is currently enrolled in a supervised drug rehabilitation program; and
 - c. Is willing to submit to random tests for the presence of illegal drugs; or
 - (ii) The household member engaged or engaging in drug-related criminal activity is no longer a member of the household.
- (E) An Applicant or Participant or any household member thereof convicted of manufacturing or producing methamphetamines anywhere, including, without limitation, on the premises of federally assisted housing, in violation of any federal, state, or local law, shall be immediately terminated and permanently denied admission to the Program.
- (F) An Applicant or Participant or any household member thereof evicted or terminated from federally assisted housing for drug-related criminal activity shall be denied admission to the Program for a period of three years from the effective date of eviction or termination of assistance, whichever shall occur later.
- (17) An Applicant or Participant enrolled in a special Voucher program has a Voucher that has expired.
- (d) Preponderance of Evidence. As a measure to determine whether a person has violated Program

requirements, the Agency must have acquired or been presented with a Preponderance of Evidence, as defined hereinbelow, that the Family, or any household member, is/are or has/had engaged in drug-related criminal activity, violent criminal activity or alcohol abuse.

- (1) Preponderance of Evidence means evidence which is of greater weight or is more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not. With respect to burden of proof in civil actions, Preponderance of Evidence means the greater weight of evidence, or evidence that is more credible and convincing to the mind. That evidence which best accords with reason and probability.

The word "preponderance" means something more than "weight"; it denotes a superiority of weight, or outweighing. The words are not synonymous, but substantially different. There is generally a "weight" of evidence on each side in case of contested facts. Evaluators of facts, however, cannot properly act upon the weight of evidence, in favor of the one having the burden of proof, unless the facts overbear, in some degree, the weight upon the facts provided by the other side. Preponderance of Evidence means that amount of evidence necessary for the plaintiff to win in a civil case. Preponderance of Evidence is that degree of proof which is more probable than not. Preponderance of Evidence is determined by the greater weight of all evidence, which does not necessarily mean the greater number of witnesses, but which means taking into account opportunity for knowledge, information possessed, and the manner of testifying.

- (2) Testimony from neighbors, co-workers, acquaintances, and police, court and police records, information from the Criminal Justice Center and other credible evidence, may be used toward determining whether a Preponderance of Evidence exists in regard to activities which would give cause for the Agency denying or terminating assistance. Situations which would add to the Preponderance of Evidence include, but are not limited to, drug raids, drugs found in

the unit, evidence which is tied to the activity, arrest warrants issued, and police reports detailing the offense.

(e) Initial Screening. Initial screening concerning grounds for denial or ineligibility to the Program will be based on information provided by the Family to the Agency in the application process. The inquiries will be standardized and directed to all applicants by the inclusion of the inquiries on the application form.

(f) Notice Regarding Prohibition of Admission. Where the Agency decides to prohibit admission to an Applicant, the Agency shall give to such Applicant a written notice thereof which shall state:

- (1) The reasons for the denial of assistance;
- (2) The effective date of the denial; and
- (3) The Applicant's right to request an informal hearing under Section 8-10-25.

(g) Notice Regarding Termination. Where the Agency decides to terminate assistance to a Participant Family, the Agency must give both the Family and the Owner thirty days' prior written termination notice which states:

- (1) The reasons for the termination;
- (2) The effective date of the termination;
- (3) The Family's right to request an informal hearing under Section 8-10-25; and
- (4) The Family's sole responsibility to pay the full rent to the Owner if the Family remains in occupancy.

(h) Term of Prohibition. An Applicant or Participant or any household member thereof shall be denied admission to any of the Agency's Section 8 Housing Assistance Programs for a period of three years from the date of the termination or denial of assistance, except as otherwise expressly provided by these rules (e.g., permanent denial of admission for persons convicted of manufacturing or producing methamphetamines anywhere, pursuant to Section 8-10-23(c)(16)(E)).

(i) Termination of Assistance Due to Insufficient Funding.

- (1) If the Agency determines that funding is insufficient to support continued assistance for Families in the Program, the Agency may terminate assistance.

(A) The Agency may cancel or withdraw Vouchers prior to their expiration.

- (B) The Agency shall terminate HAP Contracts by the most recent date of admission.
- (2) Families whose assistance is terminated in accordance with this subsection due to insufficient funding may reapply to the Program.
- [Eff 10/20/03; §1-23; am 12/7/07; am, ren §8-10-23 and comp 11/23/12; am and ren **AUS 13 2017**] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.454, 982.552 to 982.554)

§8-10-24 Disqualification from Participation.

(a) If the Agency determines that a Family or Owner has violated Program policies and requirements, such Family or Owner may be disqualified from participation in the Program for such period as deemed appropriate by the Agency. The Family or Owner shall be notified in writing of the disqualification and shall be entitled to a hearing under Section 8-10-25.

(b) Disqualification of an Applicant or Participant is described in Sections 8-10-7(c) and 8-10-23.

(c) An Owner may be disqualified from participation if:

- (1) The Owner has been suspended from participation by HUD; or
- (2) The federal government has instituted an administrative or judicial action against the Owner for violation of the Fair Housing Act or other federal equal opportunity requirements; or
- (3) The Owner has violated obligations under the HAP Contract; or
- (4) The Owner has committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing program; or
- (5) The Owner has engaged in drug trafficking, drug-related criminal activity or violent criminal activity; or
- (6) The Owner has a history or practice of non-compliance with HQS, or renting units that fail to meet local housing codes; or
- (7) The Owner has a history or practice of failing to evict Families for drug related or violent criminal activity; or for activity or for failure to act which threatens the health, safety or right of peaceful enjoyment of the premises by

others, PHA employees or neighbors of the Family;
or

- (8) The Owner has not paid state or local real property taxes, fines or assessments; or
- (9) The Owner has an outstanding balance owed to the Agency and does not repay after efforts to collect are unsuccessful; or
- (10) With respect to any unit rented after June 14, 1998, the Owner leases such unit to a parent, spouse, child, grandparent, grandchild, sister or brother of any member of the Family who is related to the Owner, unless the Agency determines that approving the unit would be a reasonable accommodation for a Family member who is a Person with Disabilities.

(d) Nothing in this rule is intended to give any Owner any right to participate in the Program. [Eff 10/20/03; §1-24; am, ren §8-10-24 and comp 11/23/12; am and ren AGE 13 2017] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.54, 982.453)

§8-10-25 Informal Settlement of Disputes.

(a) Procedure for Informal Settlement. If an Applicant, or Participant Family, or an Owner, disputes any action taken by the Agency, and claims that such actions adversely affect the rights, duties, welfare or status of said Family or Owner, such Family or Owner may present a written complaint to the Agency so that the dispute may be discussed informally and attempted to be settled without a hearing. The complaint must be filed with the Agency in writing within fifteen calendar days after the day the dispute arose or, if there was a written notification which gave rise to the dispute, within fifteen calendar days from the date on the written notice. The discussion shall be held as soon as reasonably possible after receipt of the complaint. A written summary of the discussion shall be prepared by the Agency within fifteen calendar days of the date of the discussion and one copy of the summary shall be given to the complainant. The summary shall specify the names of the participants, the date of meeting, the nature of the proposed resolution of the dispute and the specific reasons therefor, and the procedures by which a hearing

under Section 8-10-26 may be obtained if the complainant is not satisfied with the proposed resolution.

(b) Provision of Criminal Record. If denial or termination of assistance is based on a criminal record, the Agency shall provide the subject of the record and the Applicant or Participant with a copy of the criminal record and give the Family an opportunity to dispute the accuracy and relevance of that record in the informal review process as described in this Section. [Eff 10/20/03; §1-25; am, ren §8-10-25 and comp 11/23/12; am and comp **AUG 15 2017**] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.54, 982.554)

§8-10-26 Hearing on a Dispute. (a) Request for a Hearing. If a complainant is not satisfied with the disposition of a dispute in the informal discussion, and would like to pursue the dispute further, or if the complainant has received an adverse decision, the complainant must submit a written request for a hearing to the Agency within fifteen calendar days after receipt of the written summary of the informal discussion or receipt of an adverse decision.

In accordance with 24 CFR 982.554 and 982.555, hearings are not required for:

- (1) Discretionary administrative determinations by the Agency;
- (2) General policy issues or class grievances;
- (3) A determination of unit size under the Agency subsidy standards;
- (4) The Agency determination not to extend a Voucher term;
- (5) The Agency determination not to grant approval of a Lease or tenancy;
- (6) The Agency determination that a unit is not in compliance with HQS;
- (7) For an Applicant, a determination of the Voucher size under the Agency subsidy standards;
- (8) For a Participant, the Agency establishment of a Utility Allowance for Families in the Program; and
- (9) For a Participant, the Agency's determination to exercise or not to exercise any right or remedy against an Owner under a HAP Contract.

(b) Form and Content of Written Request. The written request shall contain each of the following:

- (1) Name, address and telephone number of the complainant;
- (2) A designation of the specific statutory provision, rule, decision, or order in question, together with a statement of the dispute involved;
- (3) A clear statement of the complainant's position or contention;
- (4) A memorandum of points and authorities, containing a full discussion of reasons or legal authorities in support of such position or contention; and
- (5) The action or relief sought.

(c) Person Conducting Hearing. The Administrator of the Agency or his or her duly authorized representative shall conduct the hearing.

(d) Notice and Conduct of Hearing / Judicial Review. The notice and conduct of the hearing and the request for judicial review shall be made pursuant to Chapter 91, Hawai'i Revised Statutes (HRS) and 24 CFR 982.554 and 982.555. [Eff 10/20/03; §1-26; am, ren §8-10-26 and comp 11/23/12; am and comp AUG 13 2017] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.54, 982.554, 982.555)

§8-10-27 Equal Opportunity Requirements. (a) The Program requires compliance with:

- (1) The Fair Housing Act;
- (2) Title VI of the Civil Rights Act of 1964;
- (3) The Age Discrimination Act of 1975;
- (4) Executive Order 11063, Equal Opportunity in Housing, Executive Order 12259, and Executive Order 12892;
- (5) Section 504 of the Rehabilitation Act of 1973;
- (6) Title II of the Americans with Disabilities Act, and all rules, regulations, and requirements issued pursuant thereto; and
- (7) HRS Chapter 515 (Discrimination in Real Property Transactions), but solely to the extent such State laws do not change or affect any requirement of 24 CFR Part 982 or any other HUD

requirements for administration or operation of the Program.

(b) The Agency shall notify applicants and participants of their rights under the Violence Against Women Act. [Eff 10/20/03; §1-27; am, ren §8-10-27 and comp 11/23/12; am and comp AUG 13 2017] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.53, 982.552)

§8-10-28 Code of Conduct.

The City shall maintain the following code of conduct:

- (1) Require compliance with conflict of interest requirements of the Housing Choice Voucher Program at 24 CFR 982.161; and
- (2) Prohibit the solicitation or acceptance of gifts or gratuities, in excess of a nominal value, by an officer or employee of the City, or any contractor, subcontractor, or agent of the City. The City's policies concerning administrative and disciplinary remedies for violation of the City's code of conduct are outlined in the Revised Charter of the City & County of Honolulu 1973 (2000 Edition), as amended, Article XI, Standards of Conduct and the Revised Ordinances of Honolulu 1990, as amended, Chapter 3, Article 8, Additional Standards of Conduct. (Eff 12/7/07;

§1-28; am, ren §8-10-28 and comp 11/23/12; am and comp AUG 13 2017] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.54, 982.161)

§8-10-29 Special Housing Types.

The following Special Housing Types are permitted in accordance with 24 CFR 982.601(a) and the Agency's building and zoning codes:

- Single room occupancy (SRO) housing;
- Congregate housing;
- Group home;
- Shared housing.

[Eff 12/7/07; §1-29; am, ren §8-10-29 and comp 11/23/12; am and comp AUG 13 2017] (Auth: RCH §§4-105.4, 6-

302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.54, 982.601)

§8-10-30 Severability. If any section, sentence, clause or phrase of these rules or their application to any person or circumstances or property is held to be unconstitutional, invalid, or unenforceable, the remaining portions of these rules or the application of these rules to other persons or circumstances or property shall remain in full force and not be affected. The Agency hereby declares that it would have adopted these rules, and each and every section, sentence, clause or phrase thereof, irrespective of the fact that any one or more other sections, sentences, clauses, or phrases is declared unconstitutional, invalid, or unenforceable. [Eff 10/20/03; §1-28; am and ren §1-30 12/7/07; am, ren and comp 11/23/12; am and comp *ASC 13 2017*] (Auth: RCH §§4-105.4, 6-302, ROH §1-9.1) (Imp: RCH §6-302; ROH §6-23.3; 24 C.F.R. §§982.54)

**DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU**

Amendments to Chapter 10 Section 8, Tenant Based Rental Assistance and Moderate Rehabilitation Programs were adopted on August 18, 2017, following a public hearing on July 12, 2017 after public notice was given on May 28, 2017, in the Honolulu Star-Advertiser Public Hearings.

These Rules shall take effect ten days after filing with the City Clerk of the City and County of Honolulu.



GARY K. NAKATA
Director
Department of Community Services

APPROVED:



KIRK CALDWELL
Mayor
City and County of Honolulu
Date: 08/07/17

FILED:



GLEN I. TAKAHASHI
City Clerk
Date: August 8, 2017

APPROVED AS TO FORM
AND LEGALITY:



Deputy Corporation Counsel

DEPARTMENT OF HUMAN SERVICES

Amendment and Compilation of Chapter 17-2028

Hawaii Administrative Rules

November 15, 2018

SUMMARY

1. §17-2028-60 is amended
2. Chapter 2028 is compiled.

HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 5

HAWAII PUBLIC HOUSING AUTHORITY

CHAPTER 2028

FEDERALLY-ASSISTED PUBLIC HOUSING PROJECTS

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Historical Note: Chapter 2028 of Title 17, Hawaii Administrative Rules, is substantially based upon Chapter 17-2028, Hawaii Administrative Rules, [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; am and comp **JAN 20 2019**], Chapter 17-535, Hawaii Administrative Rules, [Eff 1/1/81; am and comp 2/11/85; am and comp 5/26/98; R 12/03/01], and Chapter 15-190, Hawaii Administrative Rules [Eff 12/03/01; R 9/04/07]

SUBCHAPTER 1

GENERAL PROVISIONS

§17-2028-1 Purpose. These rules are adopted under chapter 91, HRS, and shall govern the administration of federal public housing programs designated to be carried out by a public housing agency, including admission to and the continued occupancy of federally-assisted public housing projects owned or operated by the authority. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. Parts 5, 903, 960, 965, 966; HRS §§356D-4, 356D-13)

§17-2028-2 Definitions. Whenever used in this chapter, unless specifically defined:

"Accessible dwelling unit" means a dwelling unit that is located on an accessible route and when designed, constructed, altered, or adapted can be approached, entered, and used by individuals with physical disabilities or a dwelling unit being made accessible as a result of alterations and is intended for use by a specific qualified individual with disabilities which meets the requirements of applicable standards that address the particular disability or impairment of an individual.

"Adjusted income" means "annual income" of the members of the family residing or intending to reside in the dwelling unit minus any HUD allowable expenses and deductions as defined in 24 C.F.R. §5.611 as it existed on March 28, 2013.

"Admissions and Continued Occupancy Policy" or "ACOP" means the regulatory document governing the policies by which the authority determines eligibility for admission, prospective tenant selection, dwelling

unit assignment, fair and nondiscriminatory transfers, rental agreement terminations, pet policies, and other property-specific guidelines as required pursuant to these rules.

"Annual income" means the gross amount of income anticipated to be received by the family during the twelve months after admission or reexamination. Gross income is the amount of income prior to any HUD allowable expenses or deductions, and does not include income which has been excluded by HUD, as defined in 24 C.F.R. §5.609 as it existed on March 28, 2013.

"Applicant" means an individual or family that submits an application for admission to the program but is not yet a participant in the program.

"Assets" or "net family assets" means net cash value after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investment as defined in 24 C.F.R. §5.603 as it existed on March 28, 2013, and excludes the value of necessary items of personal property such as furniture and automobiles.

"Assisted housing" means the same as "federally-assisted housing".

"Authority" means the Hawaii public housing authority.

"Backcharge" means the amount of arrears in rent or other charges owed to the authority.

"C.F.R." means the United States Code of Federal Regulations.

"Common areas" means areas which are available for use by more than one family including lobbies, corridors, hallways, stairways, parking lots, spots, ramps, washing machine or laundry room, rooftops, elevators, washrooms and lobby areas, driveways, storerooms, and shared ventilation ducts that service more than one dwelling unit.

"Community facilities" means real and personal property; buildings, equipment, lands, and grounds for recreational or social assemblies, and for educational, health, or welfare purposes; and necessary or convenient utilities, when designed

primarily for the benefit and use of the authority or the occupants of the dwelling units.

"Community service" means the performance of voluntary work or duties that are a public benefit and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities.

"Community wide" means inclusive of any location that is under the jurisdiction of the authority.

"Continuously assisted" means that the applicant is currently receiving assistance under any program of the United States Housing Act of 1937, as amended, and there is no break in assistance to the family.

"Covered families" means families who receive welfare assistance or other public assistance benefits ("welfare benefits") from a State or other public agency ("welfare agency") under a program for which federal, State, or local law requires that a member of the family must participate in an economic self-sufficiency program as a condition for such assistance.

"Criminal activity" means the tenant, any member of the tenant's household, a guest or another person under the tenant's control has engaged in any conduct constituting a criminal violation of federal law, HRS, or local ordinances regardless of whether there has been an arrest or conviction for such activity and without satisfying the standard of proof used for a criminal conviction.

"Designated housing" or "designated project" means a property (or properties), or a portion thereof that has been designated for occupancy by disabled families, elderly families, or mixed populations of disabled families and elderly families.

"Disabled family" means a family whose head, spouse, or sole member is a person with disabilities; or two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.

"Domestic violence" means the actual or threatened physical violence directed against a family member by a spouse, former spouse, or other member of the family who is living or has lived with the family.

"Drug" means a controlled substance as defined in section 102 of the Controlled Substances Act (21 U.S.C. §802) as it existed on March 28, 2013.

"Drug related criminal activity" means the illegal manufacture, sale, distribution, or use of a drug, or possession of a drug with intent to manufacture, sell, distribute or use the drug.

" Dwelling unit " means a residential unit in a public housing project.

"Economic self-sufficiency program" means any program designed to encourage, assist, train, or facilitate the economic independence of HUD-assisted families or to provide work for such families.

"Elderly" or "elderly family" means a family whose head, spouse, or sole member is a person who is at least sixty-two years of age; or two or more persons who are at least sixty-two years of age living together; or one or more persons who are at least sixty-two years of age living with one or more live-in aides.

"Eligible family" means a family that meets the qualifications and requirements of the program for admission into federally-assisted public housing.

"Enclosed or partially enclosed" means closed in by a roof or overhang and at least one wall. Enclosed or partially enclosed areas include but are not limited to areas commonly described as public lobbies, lanais, interior courtyards, patios, and covered walkways.

"Exempt individual" means an individual who is exempt from complying with community service or self-sufficiency activities and which is further defined in 24 C.F.R. §960.601(b) as it existed on March 28, 2013.

"Extremely low-income family" means a family whose annual income does not exceed thirty per cent of the median income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher

or lower than thirty per cent of the median income for the area if HUD finds that such variations are necessary because of unusually high or low family incomes.

"Family" means regardless of actual or perceived sexual orientation, gender identity, or marital status:

- (1) Two or more persons who live or intend to live together as a unit and whose income and resources are available to meet the family's needs and who may be related by blood, marriage, or operation of law and whose head of family has reached the age of majority. Family may include foster children and hanai children;
- (2) An elderly family;
- (3) A disabled family;
- (4) A displaced family;
- (5) The remaining member of a tenant family who is recorded as an authorized occupant on the current list of household members and who has reached the age of majority; or
- (6) A single person who is not an elderly or displaced person, or a person with disabilities, or the remaining member of a tenant family.

"Family self-sufficiency program" or "FSS program" means the program established by the authority in accordance with 24 C.F.R. Part 984 to promote self-sufficiency of assisted families, including the coordination of supportive services.

"Federally-assisted housing" means housing assisted under any of the following HUD programs:

- (1) Public housing;
- (2) Housing receiving project-based or tenant-based assistance under Section 8 of the United States Housing Act of 1937 (42 U.S.C. §1437f) as it existed on March 28, 2013;
- (3) Housing that is assisted under section 202 of the Housing Act of 1959, as amended by section 801 of the National Affordable

- Housing Act (12 U.S.C. §1701q) as it existed on March 28, 2013;
- (4) Housing that is assisted under section 202 of the Housing Act of 1959, as such section existed before the enactment of the National Affordable Housing Act as it existed on March 28, 2013;
 - (5) Housing that is assisted under section 811 of the National Affordable Housing Act (42 U.S.C. §8013) as it existed on March 28, 2013;
 - (6) Housing financed by a loan or mortgage insured under section 221(d)(3) of the National Housing Act (12 U.S.C. §17151 (d)(3)) that bears interest at a rate determined under the proviso of section 221(d)(5) of such Act (12 U.S.C. §17151 (d)(5)) as it existed on March 28, 2013;
 - (7) Housing insured, assisted, or held by HUD or by a State or local agency under section 236 of the National Housing Act (12 U.S.C. §1715z-1) as it existed on March 28, 2013; or
 - (8) Housing assisted by the Rural Development Administration under section 514 or section 515 of the Housing Act of 1949 (42 U.S.C. §§1483, 1484) as it existed on March 28, 2013.

"Foster children" means a person or persons, under eighteen years of age who is or are not related to the foster parent by blood, marriage, or adoption and who is or are in need of parenting care.

"Foster parent" means any adult person who gives parenting care and maintenance to a foster child pursuant to placement by an authorized agency.

"Gender identity" means actual or perceived gender-related characteristics.

"Hanai children" means a person or persons, under eighteen years of age, for whom an applicant or tenant provides food, nourishment and support for a minimum period of at least a year or has been recognized in the household for support by the department of human

services and who is acknowledged as the applicant's or tenant's child among friends, relatives and the community.

"HRS" means the Hawaii Revised Statutes.

"HUD" means the United States Department of Housing and Urban Development.

"Imputed welfare income" means the amount of annual income not actually received by a family, as a result of a specified welfare benefit reduction, that is nonetheless included in the family's annual income for purposes of determining rent.

"Involuntarily displaced" means an applicant who has vacated or will have to vacate the unit where the applicant lives because of one or more of the following:

- (1) Displacement by disaster;
- (2) Displacement by governmental action; or
- (3) Displacement by action of housing owner for reasons beyond the applicant's control and despite the applicant meeting all previously imposed conditions of occupancy. The action taken by the owner shall be for reasons other than an increase in rent.

"Live-in aide" means a person who resides with one or more elderly persons, or near elderly persons, or persons with disabilities, and who:

- (1) Is determined to be essential to the care and well-being of the persons;
- (2) Is not obligated for the support of the persons;
- (3) Would not be living in the unit except to provide the necessary support services; and
- (4) Is not a tenant.

"Location" means any site comprising a common geographic area undivided by natural or man-made barriers (such as rivers, highways, railroads, or other major obstructions) that block or impede normal pedestrian traffic and which may contain more than one project.

"Low-income family" means a family whose annual income does not exceed eighty per cent of the median income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than eighty per cent of the median income for the area if HUD finds that such variations are necessary because of unusually high or low family incomes.

"Multifamily dwelling" means a building containing more than two dwelling units.

"Near elderly family" means a family whose head, spouse, or sole member is at least fifty years of age but below the age of sixty two, or two or more persons, who are at least fifty years of age but below the age of sixty two, living with one or more live-in aides.

"PHA plan" means the authority's public housing agency plan that is prepared pursuant to 24 C.F.R. Part 903.

"Projects" means those rental properties owned or operated by the authority.

"Public housing" or "federally-assisted public housing" means housing assisted under the United States Housing Act of 1937, other than under Section 8 of that Act, and includes dwelling units in a mixed finance project that are assisted by the authority with capital or operating assistance.

"Refusal of an offer" means an applicant declines an offer made by the authority for a specific unit from any waiting list or an applicant's failure to respond to a written offer from the authority for a specific unit within the time specified in the offer.

"Rental agreement" means the agreement or contract containing the terms and conditions of occupancy of a dwelling unit entered into by the tenant and authority.

"Resident" means a United States citizen or a permanent United States resident who is able to demonstrate his or her intent to reside in Hawaii. Intent to reside in Hawaii may be demonstrated by the following: length of time spent in Hawaii; leasing or renting of a home in Hawaii; filing of personal Hawaii

income tax returns; registering to vote in Hawaii. Hawaii driver's license; record of Hawaii motor vehicle registration; notification of hire to work in Hawaii; records of employment in Hawaii; military records substantiating Hawaii residency; enrollment of minor children in Hawaii schools; establishment of bank accounts and other accounts in Hawaii; written reference from Hawaii residents, relatives, or social agencies; and any other indicia which could substantiate a claim of an intent to reside in Hawaii.

"Security deposit" means a monetary deposit required prior to admission to federally-assisted public housing or use of community facilities that is applied against the cost of loss or damage to the authority's property (reasonable wear and tear excepted) and non-payment of rent.

"Serviceman" means a person active in the Army, Navy, Air Force, Marine Corps or Coast Guard of the United States, and since July 29, 1945, the Commissioned Corps of the U.S. Public Health Service who has served therein at any time:

- (1) On or after April 6, 1917, and prior to November 11, 1918;
- (2) On or after September 16, 1940, and prior to July 26, 1947;
- (3) On or after June 27, 1950, and prior to February 1, 1955; or
- (4) On or after August 6, 1964 and prior to May 7, 1975.

"Sexual orientation" means homosexuality, heterosexuality, or bisexuality.

"Smoke" or "smoking" means inhaling or exhaling the fumes of tobacco or any other plant material, or burning or carrying any lighted smoking equipment for tobacco or any other plant material.

"Staff" means the employees or agents of the authority.

"Tenant" means the person or persons who enter into a rental agreement with the authority to reside in a dwelling unit.

"U.S.C." means the United States Code.

"Utility allowance" means the value of utilities such as electricity, gas, and water costs that are included in the gross rent of the tenant. This does not include telephone or cable television services.

"Utility reimbursement" means the amount, if any, by which the utility allowance for the unit exceeds the total tenant payment of the family occupying the unit.

"Very low-income family" means a family whose annual income does not exceed fifty per cent of the median income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than fifty per cent of the median income for the area if HUD finds that such variations are necessary because of unusually high or low family incomes.

"Veteran" means any person who served in the military or naval forces of the United States who has been discharged or released from active service under conditions other than dishonorable.

"Violent criminal activity" means any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp JAN 20 2019] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. Parts 5, 903, 960, 965, 966; HRS §§356D-4, 356D-13)

§17-2028-3 **Income limits.** (a) Income limits for an applicant's admission to a public housing project shall be as prescribed by HUD annual income limit guidelines.

(b) The authority shall adjust the income limits as established and required by HUD.

(c) Because the HUD income limits are mandatory and the authority has no discretion to amend or change the income limits, the income limits shall be established without a public hearing as provided in

§17-2028-3

Chapter 91-3(d), HRS, as it existed on March 28, 2013. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §5.601; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-4 **Asset transfers.** (a) All assets transferred or assigned from an applicant or tenant to another person, within a two year period prior to submitting an application for the program or reexamination shall be included in determining an applicant's assets.

(b) In determining assets, the authority shall include the value of any business or assets disposed of by an applicant or tenant for less than fair market value (including a disposition in trust, but not in a foreclosure or a bankruptcy sale) during the two years preceding the date of the application for the program or reexamination, as applicable, in excess of the consideration received therefore. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair market value if the applicant or tenant receives important consideration not measurable in dollar terms. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §5.603; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-5 **Occupancy guidelines.** (a) The authority shall establish occupancy guidelines to maintain the maximum usefulness of the dwelling units, while preventing excessive wear and tear or underutilization. The occupancy guidelines are incorporated by reference and attached as exhibit A.

(b) The occupancy guidelines shall provide for minimum and maximum unit sizes depending on the number of persons in a household for purposes of determining

unit size for the wait list. The occupancy guidelines are not to be confused with the authority's occupancy standards, which are based on prevailing county building codes. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 63 Fed. Reg. 70982-70987; 63 Fed. Reg. 70256-70257; HRS §§356D-4, 356D-13, 356D-31).

§17-2028-6 Occupancy standards. The authority and families shall abide by the occupancy standards for the admission and continued occupancy in housing projects as prescribed by the housing codes of the county in which the units are located. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 63 Fed. Reg. 70982 - 70987; 63 Fed. Reg. 70256-70257; HRS §§356D-4, 356D-13, 356D-31).

§17-2028-7 Utility allowances. (a) The monthly rent for a family residing in a federally-assisted public housing project shall include utility allowances established in accordance with HUD's standards for utility allowances as described in 24 C.F.R. §965.505 as it existed on March 28, 2013.

(b) Utility allowances shall be calculated by determining the utility rate then multiplying it by the applicable quantity allowance. A schedule of applicable quantity allowances for lighting, electric domestic hot water heaters, miscellaneous electrical, gas domestic hot water heaters shall be developed annually and shall take into account relevant factors affecting consumption requirements, including:

- (1) The equipment and functions intended to be covered by the allowance for which the utility will be used;
- (2) The size of the dwelling units and the number of occupants per dwelling unit;

- (3) Type of construction and design of the housing project;
- (4) The energy efficiency of authority-supplied appliances and equipment;
- (5) The utility consumption requirements of appliances and equipment whose reasonable consumption is intended to be covered by the total tenant payment; and
- (6) Temperature of domestic hot water.

(c) The authority shall conduct a review of utility rates in January of each year as required by 24 C.F.R. §965.507 as it existed on March 28, 2013. Electric and gas rate schedules for all providers shall be collected and reviewed for each month from the preceding January through December of the calendar year prior to the fiscal year beginning July 1. These monthly rates shall be averaged over the year period.

(d) The new utility allowances shall be posted and noticed to tenants at least sixty days prior to the implementation date, during which time tenants shall have the opportunity to present written or oral comments. The applicable schedules shall be publicly posted in a conspicuous manner at the authority's project offices and shall be furnished upon request. The implementation date for new allowances shall be July 1.

(e) Implementation of all new allowances or components of allowances, by utility, shall be required when there is more than a ten per cent change in the resulting allowance due to a rate change since the last change was effective. In cases when a utility is granted a substantial rate increase in between the annual review, a mid-year allowance adjustment may be required.

(f) The authority may update the quantity allowances. To update the quantity allowance, units of various sizes in a sampling of different types of developments shall be surveyed to determine the types of existing equipment as well as to identify any factors affecting energy efficiency. If there is a variance in energy consumption factors within housing projects, the worst case scenario shall be identified

and utilized for calculating the quantity allowances. The authority may, at its option, develop property specific allowances for its properties.

- (1) Allowances for lighting shall be developed by conducting a field survey of a representative sample of units to determine the number and type of fixtures. The following factors shall be used to determine the kilowatt hour per month allowance for each unit size:
 - (A) The number of fixtures;
 - (B) Watts per fixture; and
 - (C) Estimated hours of use per day.
- (2) Allowances for miscellaneous electric equipment shall be based upon usage of a television, radio, miscellaneous small appliances, and a fan.
- (3) The allowance for refrigerators is based on the equipment in place at the time of survey.
- (4) Allowances for cooking shall be based on the equipment in place at the time of survey.
- (5) Allowances for electric domestic hot water heating shall be based on engineering calculations for each bedroom size assuming a certain number of occupants. The data used in the calculations include estimated consumption per occupant per day, temperature of incoming water, temperature of hot water supply, efficiency of heater, and energy required to heat water to supply temperature.
- (6) Allowance for solar domestic hot water shall be based on a cost analysis of a domestic hot water heating system.
- (7) Gas consumption allowances shall be developed using the same methodology as the electric consumption allowance.
- (g) The authority shall provide medical disability allowances for tenants who have provided proof of medical necessity to the authority. The quantity allowances for medical equipment shall be

determined by taking the equipment's average energy consumption multiplied by the normal frequency of usage.

(h) A family shall pay for utility usage in excess of the applicable utility allowance.

(i) A family shall receive a utility reimbursement when the utility allowance exceeds the total family payment except where:

- (1) The family is paying a flat rent;
- (2) The utility reimbursement would result in a rent due to the authority below the minimum rent as established in section 17-2028-61; or
- (3) The family has received a financial hardship exemption pursuant to section 17-2028-61(b) from the minimum rent payment and reimbursement would result in a balance due from the authority to the household.

(j) If a family resides in a dwelling unit served by authority-furnished utilities and must pay for utility usage in excess of the applicable utility allowance pursuant to subsection (h), where:

- (1) A checkmeter has been installed, the family must pay the excess unit cost of the relevant utility amount based on the authority's average utility rate as described in subsection (b).
- (2) A checkmeter has not been installed, the family must pay for excess usage resulting from estimated utility consumption attributable to tenant-owned major appliances or to optional functions of authority-furnished equipment according to the schedule described in subsection (b).

[Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §§5.603, 5.632, 960.253, Part 965 Subpart E, §966.4; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-8 Verification of information. An applicant or tenant shall provide documentation to verify information upon request of the staff. [Eff 7/21/05; am and comp 9/4/07; comp 5/24/14; comp
JAN 20 2019 (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. Part 5, Subpart B; 24 C.F.R. §§960.203, 960.259; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-9 Misrepresentation. An applicant may be denied admission to a housing project if the applicant has submitted false information, withheld information, or made wilful misstatements. A tenant who does the same may be denied continued eligibility and have the rental agreement terminated. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp
JAN 20 2019] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §966.4; HRS §§356D-4, 356D-13, 356D-31)

SUBCHAPTER 2

ELIGIBILITY

§17-2028-21 Applicants. (a) A person seeking admission to a housing project shall submit a completed pre-application form prepared by the authority. The applicant may file at any of the authority's in-take offices and apply for one of the geographic waiting list areas prescribed in section 17-2028-36.

(b) The applicant shall be preliminarily placed on a waiting list upon submission of a completed pre-application form. Placement on a waiting list shall not be deemed a determination on eligibility or admission.

(c) An applicant who has misrepresented material information shall not be eligible to file an application with the authority for twelve months from the date of written notification from the authority. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §§960.202, 960.203; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-22 Eligibility for admission and participation. (a) To be eligible for participation in the program, applicant and household members shall meet all of the requirements of the pre-application and final application phases as set forth below:

- (1) During the pre-application phase, the applicant and adult household members shall:
 - (A) Qualify as a family;
 - (B) Be income eligible as determined under section 17-2028-3;

- (C) Not have an outstanding debt owed to the authority as a participant in any of its programs;
- (D) Not have an outstanding liability for unpaid rent or damages incurred while previously participating in any section 8 rental subsidy program or any HUD rental assistance program;
- (E) Provide a social security number for all family members or certify that the person does not have a social security number;
- (F) Not have been evicted since March 1, 1985, from a public housing program administered by the authority or any of its predecessors, the housing and community development corporation of Hawaii or Hawaii housing authority;
- (G) Not have been evicted from assisted housing by reason of drug-related criminal activity for a three-year period beginning on the date of the eviction unless the evicted tenant successfully completes a supervised drug rehabilitation program approved by the authority;
- (H) Not have committed fraud, bribery, or any other corrupt or criminal act in connection with any federal or state housing program;
- (I) Not be currently engaging in illegal use of a drug or give the authority reasonable cause to believe that a household member's illegal use (or pattern of illegal use) of a drug or abuse (or pattern of abuse) of alcohol may interfere with the health, safety, or right to peaceful enjoyment of the premises by other tenants. For the purposes of this subsection:
 - (i) "Currently engaged in" means the person has engaged in the behavior

- recently enough to justify a reasonable belief that the behavior is current; and
- (ii) In determining whether to deny eligibility based on a pattern of illegal use of a drug or a pattern of abuse of alcohol by a household member, the authority may consider rehabilitation as provided for under 42 U.S.C. §13661(b)(2)(A)-(C) as it existed on March 28, 2013.
- (J) Not currently or during a three year period preceding the date when the applicant household would otherwise be selected for admission be engaged in any drug-related criminal activity or violent criminal activity or other criminal activity involving assault, terroristic threatening, firearms, dangerous weapons, harassment, kidnapping, sexual assault, extortion, forgery, burglary, unauthorized entry into a dwelling, unauthorized entry into motor vehicle, criminal property damage, criminal trespass on public housing property, disorderly conduct, child pornography, and consuming liquor on public housing property, which is considered as reasonably likely to adversely affect the health, safety, right to peaceful enjoyment of the premises by other tenants, the authority, or staff;
 - (K) Not have been convicted of drug-related criminal activity for the manufacture, production, or distribution of methamphetamines;
 - (L) Not subject to lifetime registration requirements under any state sex offender's registration program;

- (M) Disclose tobacco use of all family members within the household.
- (2) During the final application phase, the applicant and all adult household members shall meet the requirements as set forth in (1), above, as well as the following requirements:
 - (A) Not engage in or threaten abusive or violent behavior toward the authority's staff. For purposes of this subsection, "threaten" means an oral or written threat or physical gestures that communicate intent to abuse or commit violence. Abusive or violent behavior may be verbal or physical and include use of expletives that are generally considered insulting, racial epithets, or other language, written or oral, that is customarily used to insult or intimidate; and
 - (B) Furnish evidence of citizenship or eligible immigrant status as provided for in 24 C.F.R. §5.508 as it existed on March 28, 2013.

(b) An applicant's past performance in meeting financial obligations, especially rent, may be considered by the authority in its selection of families for admission into its federally-assisted public housing program.

(c) An applicant who is continuously assisted under the United States Housing Act of 1937, as amended, shall be admitted to the program as though the applicant was already a program participant. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 42 U.S.C. §13661; 24 C.F.R. §§5.216, 960.201, 960.202, 960.203, 960.204, 960.205; HRS §§356D-4, 356D-13, 356D-31)

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§17-2028-23 Notification of eligibility.

(a) Upon making a determination of eligibility, the authority shall mail or cause to be delivered a written notification to an applicant. The notification shall specifically state the reasons for the determination.

(b) An applicant determined to be ineligible for admission or participation in the program shall be provided an opportunity for an informal hearing pursuant to section 17-2028-24. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp JAN 20 2019] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §960.208; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-24 Informal hearing for applicants determined to be ineligible for admission. (a) An applicant determined to be ineligible for admission or participation in the program may request an informal hearing by submitting a written request within fourteen calendar days from the date of notification of ineligibility.

(b) The informal hearing shall be scheduled within twenty-one calendar days from the date the written request is received and shall be conducted by any person or persons designated by the authority, but shall not be a person who made or approved the determination of ineligibility or a subordinate of such person.

(c) The applicant shall be given the opportunity to present evidence, which shall be considered by the hearing officer, along with the data compiled by the authority.

(d) A written notice of the hearing officer's decision shall be mailed to the applicant within twenty-one calendar days after the hearing. The notice shall include an explanation of the reasons for decision. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp JAN 20 2019] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §960.208; HRS §§356D-4, 356D-13, 356D-31)

SUBCHAPTER 3

TENANT SELECTION

§17-2028-31 **Nondiscrimination.** Tenant selection and assignment shall be made without regard to race, color, sex, religion, marital status, creed, national or ethnic origin, age, familial status, gender identity, sexual orientation, handicap or disability or HIV infection. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §960.103; HRS §§356D-4, 356D-13, 356D-31, 515-3)

§17-2028-32 **Income targeting.** (a) Not less than forty per cent of families admitted to the program during the fiscal year from the waiting list shall be extremely low income families.

(b) To the extent allowed by 24 C.F.R. §960.202(b)(2) as it existed on September 5, 2013, admission of extremely low income families to the authority's Section 8 voucher program during the authority's fiscal year shall be credited against the targeting requirement in subsection (a). [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §960.202; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-33 **Deconcentration.** (a) For federally-assisted public housing projects, the authority shall give priority to applicants to ensure that, to the maximum extent feasible, the housing projects will include families with a broad range of income generally representative of low income families in the authority's area of operation. The authority

shall not allow dwelling units to remain vacant awaiting an applicant who meets the appropriate income range.

(b) The authority may not concentrate very low-income families in dwelling units in certain public housing projects or certain buildings within projects. Additionally, the authority may not concentrate higher income families in dwelling units in certain housing projects or certain buildings within projects.

(c) In order to effectuate the policies stated in this section, the authority may reserve a certain percentage of units for applicant placement for applicants who do not qualify for a preference as described in section 17-2028-34. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**]
] (Auth: HRS §§356D-4, 356D-13) (Imp: 24
C.F.R. §§5.607, 903.1, 903.2, 960.204, 960.205, 960.206; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-34 Local preferences. (a) Subject to section 17-2028-33(c), eligible applicants shall be given preference for admission in the program in the order of the dates of their applications if, at the time they are seeking housing assistance, they fall within the following preference priority groups:

- (1) Involuntarily displaced;
- (2) Victims of domestic violence who are participating in a program with case management through a domestic violence shelter, program, or clearinghouse; or
- (3) Homeless persons who are participating in a federally or state funded homeless transitional shelter or program, and who are in compliance with a social service plan.

(b) Subject to section 17-2028-33(c), each preference in each priority group is of equal weight and an applicant who qualifies for any of the preferences shall receive assistance before any other applicant who is not so qualified regardless of:

- (1) Place on the waiting list; or
- (2) Date or time of submission of an application.

(c) A single applicant who is elderly, disabled or displaced shall be given preference over all other single applicants, regardless of the other single applicant's local preference.

(d) An applicant shall not receive preference if any adult member of the applicant family is a person who was evicted or terminated from any federally-assisted housing or state-aided public housing program operated by the authority for a three-year period beginning on the date of eviction because of drug-related criminal activities unless the adult member has successfully completed a rehabilitation program approved by the authority. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4; 356D-13) (Imp: 24 C.F.R. §960.204, 960.206; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-35 Loss of preference. An applicant who declines one offer of a housing unit, without good cause, or who voluntarily requests cancellation of the application, shall lose all preferences for a period of twelve months from the date the offer was declined or from the date of the request for cancellation. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: 24 C.F.R. §960.206; HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §960.206; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-36 Waiting list. (a) The authority shall maintain fifteen geographical waiting lists, which are community wide in scope and consist of all eligible applicants as follows:

- (1) City and County of Honolulu

- (A) Honolulu waitlist which is comprised of Ka'ahumanu Homes, Kalakaua Homes, Kalihi Valley Homes, Kamehameha Homes, Kuhio Homes, Mayor Wright Homes, Palolo Valley Homes, Punchbowl Homes, Pu'uwai Momi, Salt Lake Apartments, Spencer House, Kalanihuia, Makamae, Makua Ali'i, Paoakalani, and Pumehana;
 - (B) Central Oahu waitlist which is comprised of Kauhale Nani, Wahiawa Terrace, and Kupuna Home O'Waialua;
 - (C) Windward Oahu waitlist which is comprised of Ho'okipa Kahalu'u, Kaneohe Apartments, Kauhale O'hana, Ko'olau Village, and Waimanalo Homes; and
 - (D) Leeward Oahu waitlist which is comprised of Hale Laulima, Kau'iokalani, Maili I & II, Nanakuli Homes, Waimaha - Sunflower, and Waipahu I & II.
- (2) County of Hawaii
- (A) Hilo waitlist which is comprised of Lanakila Homes, Punahele Homes, Pomaikai Homes, Hale Aloha O Puna, Hale Olaloa, Kauhale O'Hanakahi;
 - (B) Honoka'a waitlist which is comprised of Hale Hauoli;
 - (C) Ka'u waitlist which is comprised of Pahala;
 - (D) Kona waitlist which is comprised of Ka Hale Kahalu'u, Hale Ho'okipa, Kaimalino, Kealakehe, and Nani Olu;
 - (E) Waikoloa waitlist which is comprised of Ke Kumu 'Ekolu; and
 - (F) Waimea waitlist which is comprised of Noelani I & II.
- (3) County of Maui
- (A) East Maui waitlist which is comprised of Kahekili Terrace and Makani Kai Hale;

- (B) West Maui waitlist which is comprised of Pi'ilani Homes and David Malo Circle; and
 - (C) Molokai waitlist which is comprised of Kahale Mua.
- (4) County of Kauai
- (A) East Kauai waitlist which is comprised of Hui O Hanama'ulu, Kapa'a, Hale Nana Kai O Kea, and Hale Ho'olulu; and
 - (B) West Kauai waitlist which is comprised of Ele'ele Homes, Hale Ho'onanea, Kalaheo Homes, Kekaha Ha'aheo, Kawailehua, and Home Nani.

(b) Applicants shall be notified of the opportunity to apply for and be placed on one of the waiting lists through notices posted in a conspicuous place at the authority's offices that accept applications and printed statements in the authority's informational material on its application process.

(c) Placement of applications on the waiting list shall be based upon the following:

- (1) Size of dwelling unit required based on occupancy standards;
- (2) Type of dwelling unit required (e.g., accessible for persons with disabilities);
- (3) Local preference subject to income targeting and deconcentration policies and goals; and
- (4) Date and time of receipt of application.

(d) An applicant cannot remain on a waiting list if they are currently a tenant in any federal public housing program.

(e) An applicant shall notify the authority of any change which will affect applicant's place on the waiting list and the authority's ability to contact applicant. Changes include, but are not limited to, family status, financial status, preference status, mailing address, and current residence.

(f) An applicant may elect to change from one geographic waiting list to another geographic waiting list while maintaining the original date and time of their application upon proper written notice to the authority. [Eff 7/21/05; am and comp 9/4/07; comp

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JAN 20 2019] (Auth: 24 C.F.R. §§960.206; HRS
§§356D-4; 356D-13) (Imp: 24 C.F.R. §960.206; HRS
§§356D-4, 356D-13, 356D-31)

§17-2028-37 Removal from waiting list. An applicant shall not be removed from the waiting list unless:

(a) The applicant requests that applicant's name be removed;

(b) The applicant fails to notify the authority of applicant's continued interest for housing at least once every twelve months;

(c) The applicant no longer meets the eligibility criteria set forth in section 17-2028-22;

(d) The applicant fails to respond to the authority's reasonable contact efforts.

Correspondence to the last known address will constitute reasonable effort to contact;

(e) The applicant fails without good cause to keep a scheduled interview or to provide requested information necessary to determine eligibility; or

(f) The applicant misrepresents any material information to the authority in the application or otherwise. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §§960.206, 960.208; HRS §§356D-4, 356D-13, 356D-31)

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§17-2028-38 Closing the waiting list. (a) The authority, at its discretion, may restrict acceptance of applications, and close the waiting list in whole or in part, when it determines that it will be unable to assist all the applicants on the waiting list within a reasonable period of time.

(b) The authority shall announce any closure and reopening of the application process through notices posted in a conspicuous place at the authority's offices that accept applications.

(c) During periods when application acceptance is closed and until it is reopened, the authority shall not maintain a list of persons to be notified when application acceptance is reopened.

[Eff 7/21/05; am and comp 9/4/07; am and comp 5/40/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13)
(Imp: 24 C.F.R. §960.202, 960.206; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-39 Offers. (a) An applicant shall be afforded one offer to rent a suitable unit.

(b) The offer to eligible applicants shall be made in sequence based upon the following:

- (1) Size of dwelling unit required;
- (2) Type of dwelling unit required (e.g. accessible units for the mobility, hearing or visually impaired);
- (3) Local preferences, subject to income targeting and deconcentration policies and goals; and
- (4) Date and time the application was received.

(c) Upon refusal of one offer, without good cause, the applicant's name will be cancelled from the waiting list on which the applicant's name has been placed.

(d) An applicant shall not be considered to have been offered a unit if an offer has been declined for good cause. Good cause may include, but is not limited to the following:

- (1) The unit is not of the proper size or type and the applicant would be able to reside there only temporarily (e.g., a specially designed unit that is awaiting a person with a disability needing such a unit);
- (2) The unit offered is unsuitable for health or safety reasons for the applicant;
- (3) The applicant is unable to move at the time of the offer and presents clear evidence which substantiates this to the authority's satisfaction, including, but not limited to:

- (A) A doctor verifies that the applicant has just undergone major surgery and needs a period to recuperate;
 - (B) A court verifies that the applicant is serving on a jury which has been sequestered; or
 - (C) A landlord verifies that the applicant has an existing rental agreement that cannot be breached without causing undue financial hardship.
- (4) The applicant's acceptance of the offer would result in undue hardship not related to consideration of race, color, national origin, or language and the applicant presents evidence which substantiates this to the authority's satisfaction (e.g., inaccessibility to source of current employment or day care facilities). [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §§960.202, 960.203, 960.206, 960.208; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-40 Occupancy of accessible dwelling units. (a) The authority shall take the following nondiscriminatory steps to maximize the utilization of accessible units by eligible individuals whose disability requires the accessibility features of the particular unit. When an accessible unit becomes vacant the authority shall, before offering such units to an applicant without a disability, offer such unit:

- (1) First, to a current occupant of another unit of the same project or other projects within the same housing program, having disabilities requiring the accessibility features of the vacant unit and occupying a unit not having such features, or, if no such occupant exists, then

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(2) To an eligible qualified applicant on the waiting list having a disability requiring the accessibility features of the vacant unit.

(b) When an applicant accepts an accessible unit, and the applicant does not have a disability that requires the accessibility features of the unit, the applicant shall be required to agree to move to a non-accessible unit when one becomes available. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: §§356D-4, 356D-13) (Imp: 24 C.F.R. §8.27, ; HRS §§356D-4, 356D-13, 356D-31)

SUBCHAPTER 4

OCCUPANCY AND RENTAL AGREEMENT

§17-2028-51 Rental agreement. (a) A tenant shall enter into a rental agreement with the authority that sets forth the conditions of occupancy for the tenant including, but not limited to, the rental terms, security deposit, smoking prohibitions, eligibility reexaminations and rental adjustments, and for welfare recipients, authorization for the authority to draw rental payments directly from their EBT or bank accounts.

(b) No tenant shall be permitted to remain in a housing project without a valid rental agreement. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §966.4; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-52 Eligibility for continued occupancy.

- (a) To be eligible for continued occupancy in a housing project, the tenant shall:
- (1) Qualify as a family;
 - (2) Conform to the occupancy standards;
 - (3) Abide by smoking prohibitions pursuant to section 17-2028-60;
 - (4) Not have a record of conduct or behavior which may be detrimental to the project, its tenants or employees of the authority; and
 - (5) Except for an exempt individual, conform to the following community service and economic self-sufficiency requirements:
 - (A) Contribute eight hours per month of community service (not including political activities);

- (B) Participate in an economic self-sufficiency program for eight hours per month; or
- (C) Perform eight hours per month of combined activities as described in paragraphs (A) and (B), above.

(b) Except for a newborn child, a person shall not be permitted to join or rejoin the family until the authority verifies that the person meets the eligibility requirements set forth in section 17-2028-22, and approves of the family's request to add a family member as an occupant of the unit. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: C.F.R. §§960.603, 966.4; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-53 Reexamination. (a) For families who pay an income-based rent, the authority shall reexamine a tenant's annual income, assets, family composition, and any other matter necessary to determine a tenant's rent and eligibility for continued occupancy at least once every twelve months.

(b) For families who pay a flat rent pursuant to section 17-2028-62, the authority shall conduct reexaminations as follows:

- (1) At least once every twelve months, the authority shall reexamine the family's composition and any other matter necessary to determine the family's eligibility for continued occupancy; and
- (2) At least once every three years, the authority shall reexamine the family's annual income, assets and any other matter necessary to determine the family's eligibility for continued occupancy.

(c) For all families who include non-exempt individuals, the authority shall also annually reexamine compliance with community service and economic self-sufficiency requirements. [Eff 7/21/05;

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am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**
] (Auth: HRS §§356D-4, 356D-13) (Imp: 24
C.F.R. §§960.257, 966.4; HRS §§356D-4, 356D-13, 356D-
31)

§17-2028-54 Reexamination results. (a) A family shall be given written notification within a reasonable time, after determination by the staff, of both the family's eligibility for continued occupancy and rent schedule.

(b) A family found ineligible for continued occupancy by the staff shall be required to vacate the dwelling unit unless the ineligibility is due to noncompliance with community service requirements pursuant to 24 C.F.R. Part 960, Subpart F as it existed on March 28, 2013. In such cases of noncompliance with community service requirements, the rental agreement shall not be renewed at the end of the twelve month term unless:

- (1) The tenant, and any other noncompliant family member, enter into a written agreement with the authority, in the form and manner required by the authority, to cure such noncompliance in accordance with such agreement; or
- (2) The family provides written assurance satisfactory to the authority that the tenant or other noncompliant family member no longer resides in the unit.

(c) A family aggrieved by the reexamination results may request a hearing pursuant to the authority's grievance procedure as provided in chapter 17-2021. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §§960.257, 960.607, 966.4, 966.51; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-55 Special reexamination. If at the time of admission or reexamination, a family's income cannot be reasonably anticipated for the next twelve-month period, the authority may schedule a special reexamination at any time prior to the next annual reexamination when deemed necessary. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp] (Auth: HRS §§356D-4, 356D-13) (Imp: 24
C.F.R. §5.609; HRS §§356D-4, 356D-13, 356D-31)

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§17-2028-56 Interim rent adjustment. (a) The authority may adjust a family's rent between reexamination if a tenant reports a change in family income. However, adjustments to rent shall not be made for covered families with reduced welfare benefit payments resulting from welfare sanctions for noncompliance with welfare self-sufficiency and work activity requirements. Adjustments, reflecting a lower rent, shall be made effective on the first of the month following the month the report was made. The authority will not process the rent adjustment if it confirms that the decrease in income will last less than thirty calendar days.

(b) A tenant who has obtained a decrease in rent under this section shall report all income increases to the authority which occur prior to the next reexamination within ten business days of when tenant knows the increase will occur, and rent shall be readjusted accordingly. Any increase in rent shall be effective on the first day of the second month following the month in which the change occurred.

(c) A tenant who fails to report any increase in income after obtaining a decrease in rent under this section shall be subject to a back rent charge retroactive to the month in which the rent increase should have been made pursuant to section 17-2028-58.

(d) A tenant shall report to the authority any changes in family composition. Rent adjustment shall be made between reexaminations when a person with income is added to the family and the rent adjustment

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shall be effective on the first of the second month following the approved inclusion. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp JAN 20 2019] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §§5.615, 960.257, 966.4; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-57 Tenant transfers. (a) Tenant transfers shall be made without regard to race, sex, color, creed, age, religion, gender identity, sexual orientation, handicap, national origin, or familial status.

(b) The authority may transfer a family to another dwelling unit:

- (1) To prevent overcrowding or under utilization of a dwelling unit as determined by the authority at the time of the annual or interim reexamination;
- (2) To preserve the purpose for which a project or unit was specifically developed or designed such as to meet the needs of the elderly or persons with disabilities;
- (3) Based on an emergency where conditions of the dwelling unit, building or project pose an immediate, verifiable threat to life, health or safety of the family;
- (4) For economic reasons affecting the tenant or the authority;
- (5) For administrative reasons determined by the authority including, but not limited to, permitting modernization, renovation, or rehabilitation work and transferring eligible tenants with disabilities from State-aided public housing projects to federally-assisted public housing projects; or
- (6) As a reasonable accommodation.

(c) Tenant transfers may take priority over new admissions.

(d) A family shall be afforded one offer to transfer to a unit that meets the criteria set forth in (b) above within the same housing project in which the family resides. If such unit is not available, the family may then be offered a unit in another housing project under the control of the management unit. If such a unit is not available, the family may then be offered a suitable unit on the island on which the family resides. Declining an offer to transfer for good cause as determined by the authority shall not be considered a refusal.

(e) A family requesting a transfer shall not be transferred during periods when eviction proceedings have been initiated or are in process against such family, which includes the issuance of a notice of violation of the rental agreement by the authority for which the authority is seeking eviction, or scheduling a grievance hearing related to same or during any periods of conditional deferment of eviction action against such family.

(f) A family requesting a transfer, who is not current with rent or other charges, and who does not have an approved payment arrangement shall not be transferred until the situation is resolved to the satisfaction of the authority.

(g) A family shall not be transferred between any federally-assisted housing programs.

(h) The authority may terminate the rental agreement of a family who refuses to transfer as required by the authority. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp JAN 20 2019]
(Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §966.4; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-58 Backcharges. (a) A family shall pay in full any backcharges within ninety days from the date of notification of the backcharge; provided that where the family timely reports a change in income to the authority and a backcharge results from an increase in income, payment for any backcharges

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shall not be due until ninety days from the date of a completed reexamination or interim rent adjustment. Failure to do so shall result in the termination of the rental agreement.

(b) The authority may, in its discretion, elect to negotiate a reasonable payment arrangement with a family to ensure payment in full of any backcharges. When the authority determines not to exercise this discretion, the family shall be responsible for the full balance of backcharges as stated in subsection (a). [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §966.4; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-59 Rental agreement termination. (a) A family shall give the authority at least twenty-eight days written notice that the family will vacate the family's unit prior to the vacate date.

(b) The authority may terminate a rental agreement when the tenant, any member of the tenant's household, or any guest or other person under the tenant's control:

- (1) Fails to observe or perform any covenant or obligation of the rental agreement, or rule of the authority or housing project, or law or ordinance of a governmental agency that pertains to or establishes standards of occupancy. This includes but is not limited to the following:
 - (A) Serious or repeated violation of the material terms of the rental agreement, including failure to make payments due or fulfill household obligations set forth in the rental agreement;
 - (B) Failure to provide family income, assets, employment and composition information and documentation to enable the authority to determine the family's

- rental rate and eligibility for continued occupancy;
- (C) Family no longer conforms to the occupancy limits as established by the authority for the unit occupied by the family and the family refuses to move to the first appropriate size unit offered;
 - (D) When requested by the authority due to health and safety, repair, abatement, construction or renovation of the dwelling unit, the family refuses to move;
 - (E) Family is ineligible for continued occupancy;
 - (F) Failure of a family member to comply with community service requirement provisions of 24 C.F.R. part 960, subpart F as it existed March 28, 2013, provided that such failure shall result in non-renewal of rental agreement and termination of tenancy at the end of the twelve-month rental agreement term;
 - (G) At the time of admission, reexamination, interim or at any other time, the family has submitted false information or has withheld valuable information or has made wilful misstatements; and
 - (H) Family fails to accept the authority's offer of a revision to the existing rental agreement.
- (2) Engages in the illegal use of a drug or gives the authority reasonable cause to believe that the illegal use (or pattern of illegal use) of a drug or abuse (or pattern of abuse) of alcohol may interfere with the health, safety, or right to peaceful enjoyment of the premises by other tenants;
 - (3) Who the authority determines engages in any criminal activity that threatens the health,

- safety, or right to peaceful enjoyment of the premises by other tenants;
- (4) Who the authority determines engages in any drug-related criminal activity on or near the authority's premises;
 - (5) Threatens the health or safety of an employee, contractor or agent of the authority or State;
 - (6) Violates the smoking prohibitions pursuant to section 17-2028-60 on more than three occasions and receives written notice of said violations; provided that if tenant, any member of the tenant's household, or any guest or other person under the tenant's control receives only one violation of section 17-2028-60 in one year, and participates in and completes a smoking cessation service program within the same year, the authority will clear the one violation and shall not deem the incident as a violation for the following year;
 - (7) Fails to maintain utility services;
 - (8) Has been convicted of a felony during the term of the tenancy, and the felony is related to the authority's property or funds, the resident association or tenant association's property or funds, homicide, assault, terroristic threatening, firearms, dangerous weapons, kidnapping, sexual assault, extortion, burglary, unauthorized control of propelled vehicle, and criminal property damage. This subsection does not apply to tenant's guest or other person under tenant's control;
 - (9) Flees to avoid prosecution, or custody or confinement after conviction, for a crime, or attempt to commit a crime, that is a felony under the laws of the place from which the individual flees;
 - (10) Violates a condition of probation or parole imposed under federal or state law; or

(11) Engages in wilful damage to the authority's property.

(c) The authority shall give a tenant written notice of the proposed termination of the rental agreement that conforms to 24 C.F.R. §966.4 as it existed on March 28, 2013, such as:

- (1) Fourteen days in the case of failure to pay rent except for nonpayment of minimum rent during the 90-day period beginning the month following the family's request for a financial hardship exemption pursuant to section 17-2028-61(b);
- (2) A reasonable time commensurate with the exigencies of the situation in the case of creation or maintenance of a threat to the health or safety of other tenants or project employees; or
- (3) Thirty days in all other cases.

The authority shall terminate a rental agreement in accordance with chapter 356D, HRS.

(d) The authority may terminate a rental agreement if any member of the family engages in the use of marijuana, even if pursuant to a lawful prescription under part IX of the Hawaii uniform controlled substances act as it existed on March 28, 2013. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: 24 C.F.R. §966.4; §§356D-4, 356D-13; 356D-98) (Imp: 24 C.F.R. §966.4; HRS §§356D-4, 356D-13, 356D-31, 356D-92)

§17-2028-60 **Smoking prohibited.** (a) Smoking is prohibited in all public housing projects, or portions of public housing projects, including inside dwelling units, unless specifically exempted by the authority in the ACOP, including:

- (1) In all common areas, community facilities, administrative offices or maintenance areas in and around the authority's public housing projects, including vehicles owned or leased by the authority. The authority may

designate additional common areas in the ACOP; and

- (2) Within a presumptively reasonable minimum distance of twenty five feet from entrances, exits, and windows that open to common areas, community facilities, and dwelling units, and ventilation intakes that serve common areas, community facilities, and dwelling units, including enclosed or partially enclosed areas where smoking is prohibited.

(b) This prohibition applies to the use of marijuana, even if its use is pursuant to a lawful prescription under part IX of the Hawaii uniform controlled substances act as it existed on March 28, 2013 that was given subsequent to tenant placement in the dwelling unit.

(c) Where smoking is not prohibited in a dwelling unit pursuant to subsection (a) and the household includes a person who smokes as disclosed pursuant to section 17-2028-22, the family shall pay a non-refundable monthly fee of \$5.00.

(d) The authority may discontinue the monthly fee required in subsection (c) when a family can demonstrate to the authority reasonable cause to believe that no member of the household continues to smoke. For the purposes of this subsection:

- (1) "Reasonable cause to believe" means by a preponderance of the evidence; and
- (2) In determining whether to discontinue charging the monthly fee, the authority may consider completion of a smoking cessation program. [Eff and comp 5/24/14, am and comp **JAN 20 2019** (Auth: §§356D-4, 356D-6.5, 356D-13, 328J-2) (Imp: 24 C.F.R. §§903.7, 966.3; HRS §§356D-4, 356D-6.5, SLH 2018, Act 127, §1, 356D-13, 356D-31)

SUBCHAPTER 5

RENTS, SECURITY DEPOSITS, and OTHER CHARGES

§17-2028-61 **Minimum rents.** (a) There is established a minimum rent of \$50.00 per month.

(b) The authority shall grant an exemption from payment of minimum rent if the family is unable to pay the minimum rent because of financial hardship attributable only to the following situations:

- (1) The family has lost eligibility for or is awaiting an eligibility determination for a Federal, State, or local assistance program;
- (2) The family would be evicted because it is unable to pay the minimum rent;
- (3) The income of the family has decreased because of changed circumstances, including loss of employment;
- (4) A death has occurred in the family; and
- (5) Other circumstances determined by the authority or HUD.

(c) If a family requests a financial hardship exemption, the authority shall suspend the minimum rent requirement beginning the month following the family's request for a hardship exemption, and continuing until the authority determines whether there is a qualifying financial hardship and whether it is temporary or long term.

(d) When the authority determines that a qualifying financial hardship is temporary, the authority shall reinstate the minimum rent from the beginning of the suspension of the minimum rent ninety days after receiving the exemption request. The authority shall offer a reasonable payment arrangement to the family to ensure payment in full of any backcharges.

§17-2028-61

(e) When the authority determines a qualifying financial hardship is long term, the authority shall exempt the family from the minimum rent requirements so long as such hardship continues. Such exemption shall apply from the beginning of the month following the family's request for a hardship exemption until the end of the qualifying financial hardship.

(f) When the authority determines that there is no qualifying financial hardship exemption, the authority shall reinstate the minimum rent, including back rent owed from the beginning of the suspension. The family shall be responsible for backcharges as established in section 17-2028-58 and shall not be eligible for payment arrangements as provided under section 17-2028-58(b). [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**]
(Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. 5.630; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-62 Choice of rent. Once a year, the authority shall give each family the opportunity to choose between two methods of determining the monthly tenant rent. The family may choose to pay either a flat rent or income-based rent.

(a) The flat rent shall be the fair market rents ("FMRs") that are determined by HUD, at least annually, pursuant to 24 C.F.R. §888.113 as it existed on March 28, 2013. These FMRs, which include utilities (exclusive of telephone and cable television), are established for dwelling units of various bedroom sizes. Because the FMRs are determined by HUD and the authority has no discretion to amend or change the FMRs, the FMRs shall be established without a public hearing as provided in Section 91-3(d), HRS.

(b) The income-based rent is based on thirty per cent of the family's monthly adjusted income or ten per cent of the family's monthly income, or the minimum rent set forth in section 17-2028-61, whichever is greater.

- (1) The income-based rent does not include charges for excess utility consumption or other charges.
 - (2) The income-based rent shall not exceed the total tenant payment pursuant to 24 C.F.R. §5.628 as it existed on March 28, 2013, for the family minus any applicable utility allowance for tenant-paid utilities. If the utility allowance exceeds the total tenant payment, the authority shall pay such excess amount (the utility reimbursement) either to the family or directly to the utility supplier to pay the utility bill on behalf of the family. If the authority pays the utility supplier, the authority shall notify the family of the amount of the utility reimbursement paid to the supplier.
 - (3) For purposes of establishing the income-based rent, the authority shall exclude from annual income the earned income of previously unemployed family members and increases in earnings of a family member during participation in any economic self-sufficiency or other job training program as provided for in 24 C.F.R. §960.255 as it existed on March 28, 2013 and the PHA plan.
- (c) If a family is unable to pay the flat rent because of financial hardship, the family may at any time request a switch to payment of income-based rent prior to the next annual option to select the type of rent. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §356D-15) (Imp: HRS §§356D-4, 356D-13; 24 C.F.R. §§5.628, 960.253, 960.255; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-63 Security deposits. (a) Prior to admission to a housing project, a family shall pay a security deposit in an amount not to exceed one month's rent. The security deposit may be applied to rent or

§17-2028-63

used to repay charges owed to the authority upon the termination of the rental agreement.

(b) Where smoking is not prohibited in a dwelling unit pursuant to section 17-2028-60(c) and the household includes a person who smokes as disclosed pursuant to section 17-2028-22, the family shall pay an initial refundable smoking deposit of \$75.00.

(c) The authority may charge a non-refundable community facilities maintenance fee of not less than one per cent of the community facilities expenses for rental and use for private functions. Resident associations that are duly recognized by the authority shall be exempt from the payment of this deposit.

[Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §966.4; HRS §§356D-4, 356D-13, 356D-31).

§17-2028-64 **Other Charges.** The authority may charge a family, in addition to monthly rent and applicable utility charges, the following:

(a) A late fee of \$25.00 if the monthly rent is paid after the seventh business day of that month;

(b) A dishonored check fee of \$25.00 for every check made payable to the authority that is returned for insufficient funds; and

(c) Maintenance costs which includes repair costs related to damages to the dwelling unit or appliances or equipment furnished by the authority, in excess of ordinary wear and tear, and for any repairs to project buildings, facilities, or common areas required because of the wrongful act or negligence of the family or the family's guest or visitor.

[Eff and comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §966.4; HRS §§356D-4, 356D-13, 356D-31).

SUBCHAPTER 6

FAMILY SELF-SUFFICIENCY PROGRAM

§17-2028-71 Family self-sufficiency program.

The objective of the authority's family self-sufficiency (FSS) program is to reduce the dependency of low-income families on welfare assistance, section 8, public housing, or any federal, state, or local rent or homeownership subsidies. Under the family self-sufficiency program, low-income families are provided opportunities for education, job training, counseling, and other forms of social service assistance, while living in assisted housing, so that they may obtain the education, employment, and business and social skills necessary to achieve self-sufficiency. [Eff 7/21/05; am and comp 9/4/07; comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. Part 984; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-72 Eligibility. (a) Tenants in the authority's federal public housing program are eligible to participate in the family self-sufficiency program.

(b) Preference shall be given to applicants who already receive family self-sufficiency-related support services for fifty per cent or less of the allocations. [Eff 7/21/05; am and comp 9/4/07; comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. Part 984; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-73 Recruitment and outreach. (a) The authority shall conduct outreach programs to recruit participants for the family self-sufficiency program.

(b) Outreach efforts may include the following:

- (1) Sending informational brochures to each family participating in the authority federal public housing program;
- (2) Conducting orientation sessions for families who express an interest in participating in the family self-sufficiency program; and
- (3) Identifying and targeting potential families in the authority's caseloads.

[Eff 7/21/05; am and comp 9/4/07;

comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. Part 984; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-74 Selection. (a) Families will be selected without regard to race, color, religion, sex, disability, gender identity, sexual orientation, familial status, or national origin.

(b) Families will be selected by date of receipt of the family self-sufficiency application.

(c) In the event there are more applicants than family self-sufficiency allocations available, the authority shall conduct a lottery to determine placement on the waiting list.

(d) Initially, up to twenty-five tenants may be selected to participate in the family self-sufficiency program. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. Part 984; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-75 Termination or withholding of service. (a) The authority shall monitor and assess the family self-sufficiency participant's progress and compliance with the goals set forth in the contract of

participation. When the authority determines that the family self-sufficiency participant is not making progress or complying with the goals of the contract of participation, the authority shall notify the family self-sufficiency participant of such determination and provide the family self-sufficiency participant six months to demonstrate compliance with the plan of the contract of participation.

(b) If no progress has been made or the family self-sufficiency participant is still not complying with the contract of participation after the six-month period, the authority shall provide the family self-sufficiency participant with a written notice of intent to terminate or withhold services and of the opportunity to request an informal hearing.

[Eff 7/21/05; am and comp 9/4/07; comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13)
(Imp: 24 C.F.R. Part 984; HRS §§356D-4, 356D-13, 356D-31)

SUBCHAPTER 7

SPECIAL PROGRAMS

§17-2028-81 **Special programs.** The authority may administer programs that are created for special or specific purposes to benefit specific categories of persons pursuant to HUD regulations governing those programs. This may include selection from wait lists and lists of participants using criteria that are different from those provided in this chapter. [Eff 7/21/05; am and comp 9/4/07; comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. 960.505; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-82 **Occupancy by police officers.**

(a) For purposes of this section, "police officer" means a person determined by the authority to be, during the period of residence of that person in public housing, employed on a full-time basis as a duly licensed professional police officer by a federal, State or local government or by any agency of these governments.

(b) For the purpose of increasing security for tenants of a public housing project, the authority may allow police officers that would not otherwise be eligible for occupancy in public housing, to reside in a public housing dwelling unit.

(c) The authority shall include in the PHA annual plan or supporting documents the number and location of the units to be occupied by police officers, and the terms and conditions of their tenancies; and a statement that such occupancy is needed to increase security for public housing tenants.

(d) Occupancy by police officers shall be carried out pursuant to 24 C.F.R. §960.505, as it existed on March 28, 2013. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §960.505; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-83 Designated housing. (a) The authority may designate public housing projects, or portions of public housing projects, for occupancy by disabled families, elderly families, or mixed populations of disabled and elderly families.

(b) The authority shall designate public housing projects, or portions of public housing projects in accordance with 24 C.F.R. Part 945 as it existed on March 28, 2013. The authority shall also include a description of the designation activity in the PHA plan. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. Part 945; HRS §§356D-4, 356D-13, 356D-31)

SUBCHAPTER 8

HOUSEHOLD PETS

§17-2028-91 Pet ownership. (a) The authority may permit pet ownership by tenants of public housing, subject to compliance with the authority's pet policy established in the PHA plan.

(b) This subchapter does not apply to animals that assist, support or provide service to persons with disabilities. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp JAN 20 2019] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §§960.705, 960.707; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-92 Conditions for pet ownership.

(a) A tenant shall comply with the authority's reasonable conditions for pet ownership that include, but are not limited to, the following:

- (1) Obtaining a permit from the authority to own a pet pursuant to the requirements set forth in the authority's pet policy established in the PHA plan; and
- (2) Complying with the authority's rules for pet ownership.

(b) The authority may revoke a pet permit for the following reasons:

- (1) The authority determines that the pet is not properly cared for;
- (2) The pet presents a threat to the safety and security of other tenants, employees of the authority, contractors and others on the premises;
- (3) The pet is destructive or causes an infestation;
- (4) The pet disturbs other tenants for reasons including, but not limited to, noise, odor,

cleanliness, sanitation, and allergic reactions;

- (5) The pet owner fails to provide an annual update on the pet as required in the pet rules;
- (6) The resident association or project pet committee, which consists of tenants with and without a pet, recommends to the authority that the pet permit be revoked due to a demonstrated lack of cooperation and responsibility in maintaining the pet; or
- (7) Tenant fails to pay on a timely basis the following applicable pet fees:
 - (A) An initial pet deposit of \$75.00 or an amount equal to the total tenant payment, whichever is lower; and
 - (B) For owners of a dog or cat, a non-refundable monthly fee of \$5.00. This fee shall not apply to residents of projects for the elderly and persons with disabilities. [Eff 7/21/05; am and comp 9/4/07; am and comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §§5.318, 960.705, 960.707; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-101

SUBCHAPTER 9

MISCELLANEOUS PROVISIONS

§17-2028-101 Severability. If any part, section, sentence, clause, or phrase of this chapter, or its application to any person or transaction or other circumstances, is for any reason held to be unconstitutional or invalid, the remaining parts, sections, sentences, clauses, and phrases of this chapter, or the application of this chapter to other persons or transactions or circumstances, shall not be affected. [Eff 7/21/05; am and comp 9/4/07; comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §§356D-4, 356D-13) (Imp: HRS §1-23)

§17-2028-102 Number and gender. Words in the singular or plural number and masculine gender shall have the same meaning as defined in section 1-17, HRS." [Eff 7/21/05; am and comp 9/4/07; comp 5/24/14; comp **JAN 20 2019**] (Auth: HRS §356D-4, 356D-13) (Imp: HRS §1-17)

IS-EN-01 MAL GP
 OFFICE
 (HONOLULU)

DEPARTMENT OF HUMAN SERVICES

Amendments to and compilation of chapter 2028, title 17, Hawaii Administrative Rules, on the Summary Page dated November 15, 2018 were adopted on November 15, 2018 following a public hearing held on October 25, 2018, after public notice was given in the Honolulu Star-Advertiser, the Maui news, the Garden Island, West Hawaii Today, and the Hawaii Tribune-Herald on September 24, 2018.

They shall take effect ten days after filing with the Office of the Lieutenant Governor.



PONO SHIM, Chairperson
Board of Directors
Hawaii Public Housing Authority



DAVID Y. IGE
Governor
State of Hawaii

Dated: 01-10-2019

APPROVED AS TO FORM:



Deputy Attorney General

Filed: _____

LIEUTENANT GOVERNOR S
OFFICE

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EXHIBIT A

OCCUPANCY GUIDELINES

The authority does not determine who shares a bedroom/sleeping room, but there must be at least one person per bedroom. The Occupancy Guidelines for determining unit size shall be applied in a manner consistent with Fair Housing guidelines.

For occupancy guidelines, an adult is a person 18 years or older.

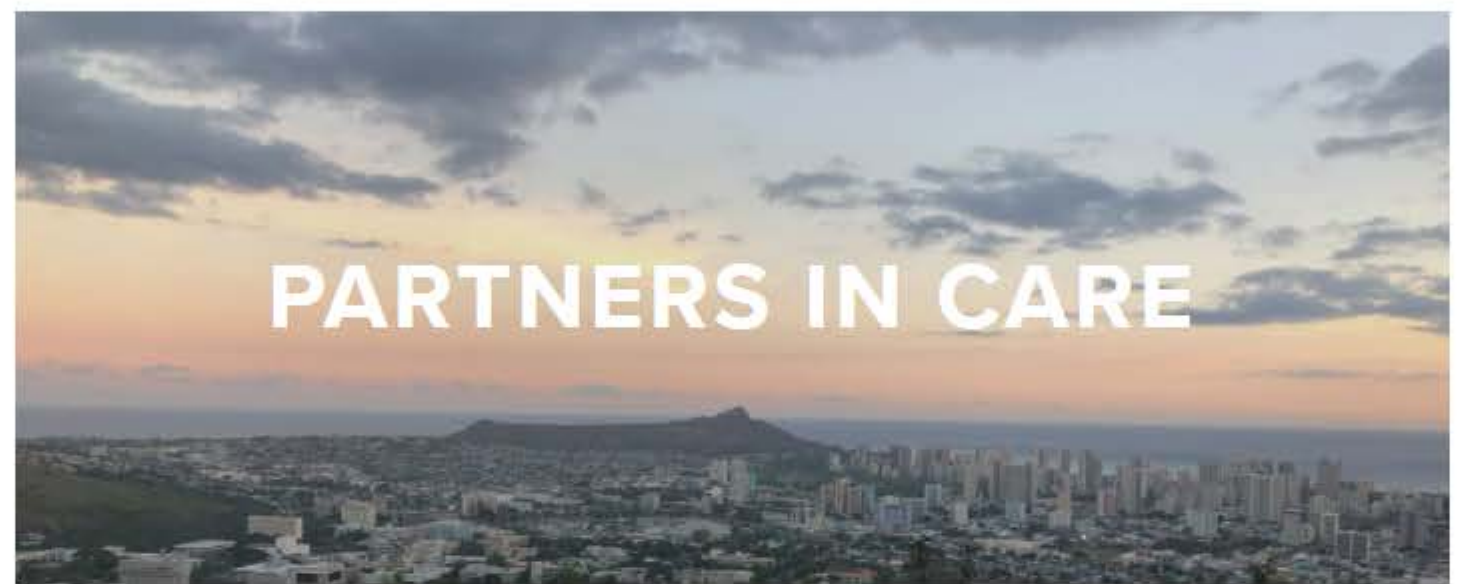
All guidelines relate to the number of bedrooms in the unit. Dwelling units will be so assigned that:

One bedroom will be generally assigned for every two family members. The authority shall consider factors such as family characteristics including sex, age, or relationship, the number of bedrooms and the size of sleeping areas or bedrooms and the overall size of the dwelling unit. Consideration shall also be given for medical reasons and the presence of a live-in aide.

Single person families shall be allocated one bedroom.

GUIDELINES FOR DETERMINING BEDROOM SIZE FOR WAIT LIST

Bedroom Size	Persons in Household: <u>(Minimum #)</u>	Persons in Household: <u>(Maximum #)</u>
0 Bedroom	1	1
1 Bedroom	1	2
2 Bedrooms	2	4
3 Bedrooms	3	6
4 Bedrooms	4	8
5 Bedrooms	6	10



LEGAL AID SOCIETY OF HAWAII END OF THE MORATORIUM TRAINING FOR PROVIDERS!!!

Legal Aid Society of Hawaii has developed a 30 minute on-line training for social service providers and others interested in assisting their clients, patients and customers who may be facing eviction due to non-payment of rent given the expected lifting of the eviction moratorium in August. Please click [HERE](#) to link to the training.

[COVID-19 SCREENING TOOL](#)

NEWS

HI-501 FY '21 RFP FOR PROJECT APPLICANTS NOW AVAILABLE!

SUPREME COURT RULES FEDERAL EVICTION MORATORIUM TO END

NEW FEDERAL EVICTION BAN APPLIES TO OAHU

From: [Sharon Baillie](#)
To: ["oahu-pic@googlegroups.com"](mailto:oahu-pic@googlegroups.com)
Subject: HI-501 FY '21 RFP for Project Applicants Now Available!
Date: Monday, September 13, 2021 12:16:00 PM
Attachments: [image001.png](#)
[HI-501 FY '21 CoC Competition RFP.pdf](#)

Aloha Oahu Continuum of Care Community,

Partners In Care, on behalf of the Oahu CoC, is seeking project proposals from qualified nonprofit agencies providing shelter and supportive services to persons experiencing homelessness. Please see the attached Request for Proposals (RFP) for more information. Selected applicants will be included in the HI-501 federal grant application for funds under the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care Program.

Agencies must attend one of two available RFP Q&A Sessions to be considered for this funding opportunity.

- Wednesday, September 15, 2021, 3:00 p.m. HST – [Join Here!](#)
- Friday, September 17, 2021, 2:00 p.m. HST – [Join Here!](#)

Submission due date is Wednesday, October 6, 2021, 12:00 p.m. HST.

For additional information including scoring tools, please visit www.partnersincareoahu.org/fy21-coc-application.

Thank you,

Sharon Baillie

Operations and Planning Manager | Pronouns: She/Her/Hers ([what's this?](#))

Partners In Care

200 N. Vineyard Boulevard Ste. A-210

sharonb@partnersincareoahu.org

808-380-9466

www.partnersincareoahu.org

[Partners In Care Facebook](#)

Donate to Partners In Care at any Foodland or Sack N Save checkout throughout September!



PARTNERS IN CARE



Code # 79071

September 13, 2021

HI-501 FY '21 RFP for Project Applicants Now Available!

NOFO

Aloha Oahu Continuum of Care Community,

Partners In Care, on behalf of the Oahu CoC, is seeking project proposals from qualified nonprofit agencies providing shelter and supportive services to persons experiencing homelessness. Please find the Request for Proposals (RFP) [here](#). Selected applicants will be included in the HI-501 federal grant application for funds under the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care Program.

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Submission due date is Wednesday, October 6, 2021, 12:00 p.m. HST.

For additional information including scoring tools, please visit [here](#).

All questions can be sent to Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org

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[Supreme Court Rules Federal Eviction Moratorium to End](#)

NOFO
FY21 COC APPLICATION
ARCHIVED HI-501 COC APPLICATIONS

2021 NOTICE OF FUNDING OPPORTUNITY (NOFO)

- [HUD 2021 Notice of CoC Competition](#)
- [HUD 2021 NOFO CoC Competition](#)
- [GRANTS.GOV Announcement](#)

HI-501 NOFO APPLICATION MATERIALS

- | | |
|---|--|
| Timeline | SCORECARDS |
| FY '21 Request for Proposals (RFP) | New Projects |
| RFP Project Applicant PowerPoint | Renewal New Projects |
| RFP Session Q&A | Renewal/Expansion Projects |
| FY '21 What's New, Changes & Highlights | Renewal HMIS |
| FY '21 CoC Program ARD | Renewal SSO-CE |

HI-501 NOFO APPLICATIONS SUBMISSION

Coming Soon!

RESOURCES

- [HUD 2021 Continuum of Care Program Competition Documents](#)
- ["How To" e-snaps](#)
- [DUNS registration](#)
- [SAM registration](#)

HI-501 FY '21 RFP FOR PROJECT APPLICANTS NOW AVAILABLE!
News

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- CAREERS
- 501C3 BOD

Continuum of Care (CoC) Program Competition

The FY Continuum of Care (CoC) Program (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness.

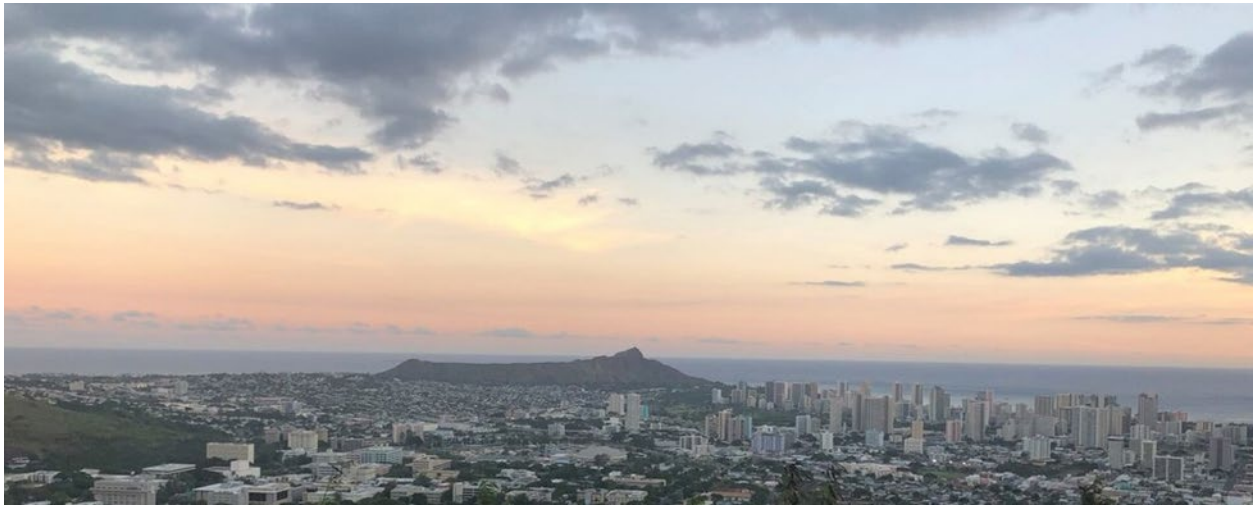
This Notice of Funding Opportunity (NOFO) establishes the funding criteria for the FY Continuum of Care (CoC) Program. Every year the [U.S. Department of Housing and Urban Development](#) (HUD) releases a several billion dollars available to the CoC upon application. HUD may add to the total amount with any available funds that have been carried over or recaptured from previous fiscal years. Keep posted for the most update to information on the FY CoC Program Competition.

[Information on FY21 CoC Competition](#)

[Archived HI-501 CoC Applications](#)

**REQUEST FOR PROPOSALS
FY 2021 HUD Continuum of Care Program Competition**

HI-501 Honolulu City and County



Proposals Due: Wednesday, October 6, 2021, 12:00 p.m. HST

REQUEST FOR PROPOSALS

FY2021 HUD Continuum of Care Program Competition

HI-501 Honolulu City and County
Homeless Assistance Programs

Serving as the Collaborative Applicant (CA) for the O‘ahu Continuum of Care (CoC), Partners In Care (PIC) is pleased to issue this Request for Proposals (RFP) to be included in the O‘ahu CoC consolidated application for the U.S. Department of Housing and Urban Development (HUD) CoC Program Competition.

Nonprofit agencies who provide shelter, housing, and supportive services to persons experiencing homelessness on O‘ahu are invited to submit applications to be considered for this local evaluation process.

To support all applicants in preparing their proposals, the CoC will host two mandatory RFP information and Q&A sessions ([see timeline](#)). Agencies only need to attend one session. Outside of these sessions, all questions must be submitted by email only to the PIC point of contact, Sharon Baillie. Please note that questions will not be accepted after the RFP Questions Deadline—Wednesday, September 22, 2021 by 5:00 p.m. **Please do not contact any PIC or CoC employees, agents, or officials other than the PIC point of contact for this RFP.**

Point of Contact

Sharon Baillie, Operations and Planning Manager

Phone: 808-380-9466

Email: sharonb@partnersincareoahu.org

Estimated Timeline

All times are in HST

PIC issues RFP	September 13, 2021
MANDATORY RFP Information & Q&A Sessions <i>*applicant attendance required at only one session*</i>	September 15, 2021, 3pm-4pm September 17, 2021, 2pm-3pm
Deadline for applicants to submit questions on RFP	September 22, 2021
Answers to RFP questions published to website	September 24, 2021
PROPOSALS DUE	October 6, 2021, 12pm HST
Evaluation Committee project evaluation and ranking	October 7—October 21, 2021
<i>Optional</i> —Project presentations to Evaluation Committee (PIC will contact applicants to schedule presentations)	October 11—15, 2021
Evaluation Committee concludes evaluation and rankings	October 22, 2021
Unconflicted Planning Committee and CoC Advisory Board review and approve of project ranking	October 27, 2021
PIC sends Intent to Award notifications to applicants	October 28, 2021
Applicant appeals due to PIC office	November 1, 2021, 12pm HST
Appeals, if any, to be heard	November 2, 2021
CoC consolidated application draft & project rankings posted on PIC website for public review & comment	November 8, 2021
PIC final review and revision of CoC application	November 8—11, 2021
Final consolidated application and priority listing posted on PIC website	November 12, 2021
PIC submits final application to HUD	November 16, 2021

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I. CoC Local Funding Competition: Overview

Each year, the U.S. Department of Housing and Urban Development (HUD) releases a Notice of Funding Opportunity (NOFO) for its Continuum of Care nation-wide competition. Prior to applying, each Continuum of Care (CoC) must conduct a local funding competition that evaluates and ranks local projects to be included in a consolidated application to HUD.

This Request for Proposals (RFP) serves as the announcement of the O'ahu CoC's local funding competition. The CoC's Collaborative Applicant—Partners In Care (PIC)—along with O'ahu's Continuum of Care and external evaluators will evaluate proposals and prioritize projects that meet NOFO priorities, align with the CoC's mission and objectives and meet CoC system-wide needs. PIC will then post the consolidated application for public comment before submitting to HUD.

A. Purpose

The purpose of this local funding competition is to streamline the application process of developing the consolidated application and, ultimately, to expedite providers' ability to implement projects and house those experiencing homelessness on O'ahu.

B. Continuum of Care Program

The CoC Program provides funding to states, localities, and nonprofit organizations to provide permanent housing, transitional housing, supportive services, and homelessness prevention programs as well as data management through a Homelessness Management Information System (HMIS). The CoC Program, as authorized by subtitle C of title IV of the [McKinney-Vento Homeless Assistance Act](#) and the [CoC Program Rule](#), is designed:

- 1) to promote community-wide commitment to ending homelessness;
- 2) to provide funding to nonprofit providers and state & local governments to quickly rehouse homeless individuals & families, while minimizing trauma & dislocation;
- 3) to promote access to, and effective utilization of, mainstream programs and programs funded with state or local resources; and
- 4) to optimize self-sufficiency among individuals and families experiencing homelessness.

O'ahu's Continuum of Care serves the City and County of Honolulu (HI-501) by bringing together homelessness services across sectors to work to end homelessness on O'ahu.

C. Collaborative Applicant

The O'ahu CoC has designated PIC as the Collaborative Applicant (CA) for the 2021 NOFO process. As the CA, PIC will submit the CoC consolidated application to HUD in partnership with the O'ahu CoC and is the sole eligible applicant for the HUD CoC Program Planning Grant funds. PIC will work to ensure the CoC receives the maximum amount of HUD CoC Program funds and will ensure project compliance with HUD rules and regulations.

Partners In Care – Oahu Continuum of Care (PIC). PIC is a planning, coordinating, and advocacy alliance of nonprofit homeless providers, government stakeholders, private businesses, community advocates, public housing agencies, hospitals, universities, affordable housing developers, law enforcement, and persons with lived experience of homelessness. PIC develops recommendations for programs and services to meet needs for people experiencing homelessness within O'ahu's CoC. PIC also assists in developing new programs, while working to preserve or expand effective existing programs.

II. Available Funding and Priorities

A. Funding Distribution

Each year, HUD uses the Annual Renewal Demand (ARD) [see [24 CFR 578.17\(b\)\(2\)](#)] to designate the amount of funding available to each CoC. The ARD is the sum of the annual renewal amounts of all projects within the CoC eligible to apply for renewal in 2021, before making any adjustments to rental assistance, leasing, and operating line items due to changes in Fair Market Rent (FMR).

Based on its 2021 ARD, HI-501 Honolulu City and County has an estimated \$11,990,165 in funding for new and renewal project types for the FY 2021 CoC Program Competition. The O'ahu CoC may reallocate up to 5% (\$599,508) of the ARD for New Projects. An additional \$599,508 may be available in CoC Bonus projects. An additional \$1,071,065 may be available for DV Bonus Projects.

2021 Funding Estimates

New/Renewal Projects	11,990,165
**Potential Reallocation	**599,508
DV Bonus Projects	1,071,065
Bonus Projects	599,508
Total	13,660,738

**Amount included in New/Renewal Projects

B. Funding Priorities

Based on priorities listed in Section II.A of the NOFO and on CoC priorities and goals, PIC will prioritize projects that:

1. Adhere to a Housing First approach or philosophy
2. Work to reduce unsheltered homelessness, particularly by providing unsheltered individuals with permanent housing options
3. Advance racial equity in homeless service provision and work toward reducing racial disparities in homelessness
4. Consider the perspectives of individuals with lived experience in program design, implementation, and/or evaluation
5. Demonstrate project effectiveness and overall system impact through objective data outcomes (e.g., exits to positive housing, recidivism)
6. Demonstrate cost effectiveness
7. Leverage partnerships, community resources, and coordination with healthcare, housing, and service agencies to meet client needs

The CoC will prioritize new projects that:

1. Provide permanent supportive housing
2. Coordinate with housing providers that do not receive ESG or CoC funds (e.g., Public Housing Agencies) and/or healthcare organizations to provide permanent housing and rapid rehousing services. See NOFO Section II.A.5, Section II.B.4, and Section VII.B.6.

C. Eligible Project Types

The following are project types eligible for funding in this year's competition.

Renewal Projects. Eligible renewal projects include:

- Permanent Housing (PH), Permanent Supportive Housing (PSH), Joint Transition Housing and Permanent Housing—Rapid Re-Housing (TH & PH-RRH) projects
- Supportive Services Only (SSO) projects—Coordinated Entry*
- Homeless Management Information System projects (HMIS)*
- Youth Homeless Demonstration Program projects (YHDP)**
- **Renewal-New Projects**—all new projects awarded during the 2019 and 2020 CoC Competition that are not yet under grant agreement with HUD or have not yet operated for an entire grant period

**Only the Oahu CoC Designated CES and HMIS lead may apply for HMIS and SSO-CE monies.*

***Replacement YHDP Project. The Consolidated Appropriations Act of 2021 permits the renewal or replacement of YHDP projects under the CoC Program; therefore, a renewing YHDP project may choose to replace its current project with a new project which may include activities ineligible under the CoC Program, or portions of its current program design, to conduct activities that are ineligible with CoC Program funds provided the replacement project demonstrates it will directly address youth homelessness. See Section V.B.4(5) in the NOFO.*

New Projects. New projects can be funded through reallocation and/or bonus funds. PIC may reallocate up to \$599,508 to support new eligible housing programs for a 1-year grant term. PIC will prioritize Permanent Housing—Permanent Supportive Housing (PH-PSH) projects that coordinate with housing providers that do not receive ESG or CoC funds (e.g., Public Housing Agencies) and/or healthcare organizations to provide permanent housing. However, we will accept other eligible project application types.

Expansion Projects. PIC is accepting Expansion Project Proposals for the program types specified in renewal eligible projects (PH-PSH, TH & PH-RRH, DV SSO-CE). YHDP projects cannot use the expansion process. HUD will allow project applicants to apply for a new expansion project (see Section III.B.2.k of the NOFO) under the DV Bonus, reallocation, and CoC bonus processes to expand existing projects that will increase the number of units, persons served, services provided to existing program participants, or to add additional activities to HMIS and SSO-Coordinated Entry projects. If the new expansion project will expand an existing eligible CoC Program renewal project, HUD will not fund capital costs (i.e., new constructions, rehabilitation, or acquisition) and HUD will only allow a 1-year funding request. To apply for an expansion grant, project applicants must submit separate renewal and new project applications.

Domestic Violence (DV) Bonus Projects. PIC is accepting DV Bonus Projects totaling \$1,071,065, for the following types of projects, which are limited to a 1-year funding request and must follow the Housing First approach:

- Permanent Housing-Rapid Re-Housing (PH-RRH) projects dedicated to serving survivors of domestic violence, dating violence, or stalking that are defined as homeless at [24 CFR 578.3](#);

- Joint TH and PH-RRH component projects as defined in Section III.C.2.n of the NOFO dedicated to serving survivors of domestic violence, dating violence, or stalking that are defined as homeless at [24 CFR 578.3](#); or
- Supportive Services Only—Coordinated Entry project to implement policies, procedures, and practices that equip the DV CoC's Coordinated Entry System to better meet the needs of survivors of domestic violence, dating violence, or stalking. Only the CoC designated DV CES lead may apply for SSO-CE monies.

DV Bonus funding may be used to expand an existing renewal project that is not dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking who meet the definition of homeless in paragraph (4) of [24 CFR 578.3](#) so long as the DV Bonus funds for expansion are solely for additional units, beds, or services dedicated to persons eligible to be served with DV Bonus funding.

CoC Bonus Project. Collaborative Applicants may include new project applications of up to 5 percent of its CoC Final Pro Rata Need (FPRN). New projects created through the CoC Bonus must meet the project eligibility and project quality threshold requirements established by HUD in Sections V.C.3.b and c of the NOFO. To be eligible to receive a CoC Bonus project, a Collaborative Applicant must demonstrate its CoC ranks projects based on how they improve system performance as outlined in Section VII.B.2.b of the NOFO. This amount represents \$599,098 in possible funding for new PIC Project Applicants.

D. CES and HMIS or Equivalent Participation Requirement

Project applicants must agree to participate in a local CES and HMIS system. However, in accordance with Section 407 of the Act, any Victim Service Provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Instead, Victim Service Providers must use the local DV CES/HMIS system.

III. Application and Evaluation Process

HUD expects each CoC to implement a thorough review of both new and renewal project applications submitted to HUD in the FY 2021 CoC Program Competition. CoCs must ensure: (1) all proposed program participants will be eligible for the program component type selected; (2) the information provided in the project application and proposed activities are eligible and consistent with program requirements established in the [CoC Program Rule](#); (3) each project narrative is fully responsive to the question being asked and meets all criteria for that question as required by the NOFO; (4) the data provided in various parts of the project application are consistent; and (5) all required attachments correspond to e-snaps' list of attachments and contain accurate and complete information dated between August 17, 2021 and November 16, 2021.

A. Pre-Submission Preparation

Prior to applying, we recommend potential applicants read this RFP in full. Additionally, applicants should read the [NOFO](#) in its entirety in conjunction with the [CoC Program Rule](#) to ensure a comprehensive understanding of and compliance with all CoC program requirements. Ideally, applicants will read these documents prior to attending mandatory RFP Information and Q&A Sessions.

Determine Eligibility. All project applicants must meet all statutory and regulatory requirements in the Act and the Rule; and all project applicants must meet Threshold Requirements as outlined in Section V.C.3 of the NOFO. If a project does not meet these requirements, it will not be scored or included in the rankings.

Mandatory RFP Information and Q&A Sessions. The strength of project applications is an important component in the overall CoC application submitted to HUD. To ensure each project is submitting the best application possible, PIC is conducting two mandatory RFP Information and Q&A Sessions via Microsoft TEAMS:

Wednesday, September 15, 2021, 3:00 p.m. to 4:00 p.m. HST– [Join Here!](#)

Friday, September 17, 2021, 2:00 p.m. to 3:00 p.m. HST– [Join Here!](#)

A representative from each applicant agency must attend one of the sessions and document attendance in the TEAMS chat window. Applications will not be accepted from organizations that do not attend one of the RFP Information and Q&A Sessions.

Questions, RFP Answers & Clarifications. Questions will be answered during the RFP Information and Q&A Sessions. Additional questions or requests for interpretation must be submitted by email to Sharon at sharonb@partnersincareoahu.org by the RFP Questions Deadline, **Wednesday, September 22, 2021 at 5:00 p.m. HST.**

A summary of questions and answers pertaining to this RFP, submitted through email and provided during the RFP Information and Q&A Sessions, will be published on the PIC [website](#) by **Friday, September 24, 2021.**

B. Evaluation Process

The NOFO requires that each CoC conduct a transparent and objective process to review and rank all applications for renewal of existing projects and creation of new projects. Ranking of renewal projects must incorporate regularly collected data on project performance and effectiveness and should reflect compliance with the CoC's established processes and priorities.

External evaluators identified by PIC will be responsible for evaluating proposals by scoring and ranking projects. These evaluators have extensive experience in homelessness services, finances, evaluation, and/or service systems.

Scoring & Ranking. Evaluators will score individual projects using the O'ahu CoC Scorecards. Scorecards will correspond directly to questions addressed in the narrative and e-snaps application. Scorecard criteria reflects HUD and CoC priorities. Notably, the NOFO emphasizes objective measures, systems level performance, and racial equity in this year's funding competition. HUD suggests that 33% of housing projects' scorecard criteria use objective measures, that 20% of scorecard criteria evaluate the project's contributions to overall system performance, and that the project use an equity lens when evaluating procedures and data.

Evaluators will rank order projects based on application scores as well as CoC system factors, such as:

- Ensuring geographic coverage
- Ensuring service to sub-populations
- Overall system-level functioning of the CoC*

Based on these rankings, projects will be placed into either Tier 1 or Tier 2 and ranked by raw score within each tier.

*To ensure overall system functioning, the O'ahu CoC has determined that all CES and HMIS projects will be placed in Tier 1 and ranked by raw score amongst other Tier 1 projects. Additionally, all new and renewal projects awarded in FY19 and FY20, which are not yet under grant agreement or have not operated for a full year will be placed in Tier 1 and ranked by raw score with other Tier 1 ranked projects. Per HUD, CoC Bonus and YHDP projects will not be included in tier rankings but will be scored.

Tier 1 and 2 Funding Process. HUD will continue the Tier 1 and Tier 2 funding process. HUD will conditionally select project applications in Tier 1 from the highest scoring to the lowest scoring CoC, provided the project applications pass both eligibility and threshold review. In the event insufficient funding is available to award all Tier 1 projects, Tier 1 will be reduced proportionately, which could result in some Tier 1 projects falling into Tier 2. Therefore, the CoC should carefully rank Tier 1 applications.

If a project application straddles the Tier 1 and Tier 2 funding line, HUD will conditionally select the project up to the amount of funding that falls within Tier 1. Using the CoC score and other factors described in Section II.B.10 of the NOFO, HUD may fund the Tier 2 portion of the project. If HUD does not fund the Tier 2 portion of the project, HUD may award the project at the reduced amount, provided the project is still feasible with the reduced funding (e.g., the project is able to continue serving homeless program participants effectively). Project applications placed in Tier 2 will be assessed for eligibility and threshold requirements, and funding will be determined using the CoC Application score as well as the factors listed in Section II.B.10 of the NOFO. For full explanation of this process, please refer to NOFO Section II.B.11.

Tier 1 and 2 Available Funding. Tier 1 is equal to the combined ARD amounts as described in Section III.B.2.a (**\$10,142,099**). Tier 2 is the difference between Tier 1 and the maximum amount of CoC renewal, reallocation, and CoC bonus funds that a CoC can apply for, but does not include YHDP renewal, YHDP replacement, or projects selected with DV Bonus funds. CoC Planning will be reviewed separately from these tiers. YHDP renewal and YHDP replacement projects are being non-competitively awarded separately from the tiers. DV Bonus funding is also being awarded separately from the tiers as described in NOFO Section II.B.11.e. for new projects (including the new projects that are part of an expansion) that CoCs indicate they would like considered for the available DV Bonus funding.

C. CoC Approval Process

The O'ahu CoC will review all project applications in accordance with Section II.B. of the NOFO consistent with Performance-Based Decisions. Pursuant to the requirements of the [FY 2021 Appropriations Act](#):

- CoCs cannot receive grants for new projects, other than through reallocation, unless the CoC competitively ranks projects based on how they improve system performance as outlined in Section VII.B.2.b of the NOFO;
- HUD will prioritize funding for CoCs that have demonstrated the ability to reallocate resources to higher performing projects.

D. Applicant Appeals Process

Applicants may appeal any of the following decisions:

- Project ranking in Tier 1
- Project placement in Tier 2
- Reduction in renewal grant amount (i.e., renewal grant partially re-allocated to a new project)
- Elimination of renewal grant (i.e., entire grant re-allocated to a new project) if not previously notified that grant was to be re-allocated because of low performance.

Appeals must be submitted in writing to the O'ahu CoC Advisory Board and received by **12:00 PM on Monday, November 1, 2021**, mailed or delivered to 200 North Vineyard Boulevard, Suite A-210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

IV. Application Components

Applicants should be sure to have all application components, including:

1. E-snaps application
2. Project narrative
3. Project budget
4. Documented match
5. HMIS APR for NOFO funding period
6. Agency's most recent financial audit

A. E-snaps Application

The e-snaps application can be found [here](#). Please be sure to fill out the application in full, but do not press submit. Please print the e-snaps application and any uploaded documents for inclusion in your packets.

B. Project Narrative

All applicants should address all project narrative questions provided by project type in [Appendix B](#). These questions will directly correspond to scorecard criteria for each project type. If you are unable to provide an answer to any of these questions, please

explain why in the notes at the end of each section. Where applicable, we provide the location in the APR and e-snaps application to find answers to narrative questions.

C. Project Budget

Please include the project budget for this funding cycle. You may use the budget template found in [Appendix C](#). Costs should be reasonable, justified, and competitive. The budget must demonstrate the project is cost effective, with costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.

- Provide an overview of the one-year project budget using an excel spreadsheet or word document. Include all costs, including those that will be provided using in kind or leveraged resources (which should be at least 25% of the total cost).
- Provide a separate 1- to 2-page budget narrative that shows how budget costs were calculated and briefly explains how each item is needed to support project implementation/program.

D. Match Requirements

Applicants should describe the source(s) for the required 25% match. Applicants should ensure that the match source aligns with project goals and proposed population served. If sources are secured but not documented, describe the plan for doing so in the project narrative financial section. Types of acceptable matches:

In-Kind Matches. The applicant may use the value of property, equipment, goods, or services contributed to the project, provided that, if the applicant had to pay for such items with grants funds, the costs would have been eligible.

Third-Party Services. are to be used as a match, the applicant and the third-party services provider that will deliver the services must enter into a memorandum of understanding (MOU) *before the grant is executed* documenting that the third party will provide such services and value towards the project. To be eligible for match, the cash or in-kind must be used for services that are eligible under the activities listed in 24 CFR 578 Subpart D.

Program Income. Project applicants that intend to use program income as match must provide an estimate of how much program income will be used for match.

Leverage. HUD considers any matching funds above and beyond the minimum required amount to be leverage. Leveraging includes all funds, resources, and/or services that the applicant can secure on behalf of the client being served. While leveraging includes all cash matching funds, it is broader in scope, including any other services, supplies, equipment, space, etc. that are provided by sources other than HUD.

Please note that applicants will be expected to spend down 25% of the match each quarter if awarded funding.

E. APR for NOFO Funding Period

All applicants must submit the HMIS Annual Performance Report (APR) for the period of July 1, 2020—June 30, 2021. For assistance, please contact HMIS at hmis@partnersincareoahu.org. **Applicants only have until September 22, 2021, at 5:00 p.m.** to ask HMIS how to pull report. HMIS will not help assist with calculating numbers, percentages, or with cleaning data.

F. Agency Financial Audit

Provide the most recent agency financial audit. If your agency does not have an audit, explain why in the project narrative.

V. Submission Instructions

Proposals must be received no later than Wednesday, October 6, 2021 at noon.

Completed proposals must include:

- 1) One (1) original hard copy
- 2) Five (5) hard copies of project proposal packets, being sure to:
 - a. Label the folder with the agency name on the front cover, year and program name, type of project submission (i.e., Renewal, New, DV Bonus, Expansion, etc.), and amount requested.
 - b. Tab and label each section of the application according to the contents that follow.
- 3) One (1) electronic PDF copy via flash drive.
 - a. File names should be descriptive in the electronic copy with agency and project type (i.e., PIC_HMIS_FY21).

Applications that do not include both hard and electronic copies will not be considered.

Mail or deliver proposal submissions to:

**Partners In Care
200 North Vineyard Boulevard, Suite A-210
Honolulu, HI 96817**

All applications must be received in the PIC office by the deadline. Proposals submitted by email or fax will not be accepted. Late submissions will not be considered, including those submitted late due to mail or delivery service failure. Supplemental documents or revisions after the Proposal Deadline will not be accepted.

CoC program participants shall be responsible for compliance with all applicable federal, state, and local laws, ordinances, directives, rules, and regulations, including but not limited to the program requirements of 24 CFR 578.

Successful applicants are expected to initiate approved projects promptly after execution of the grant agreement. HUD may take action if certain performance standards are not met. In addition, applicants are expected to expend grant funds on a timely basis.

The O'ahu CoC reserves the right to amend or revise the terms and conditions of this RFP at any time and will publish any and all amendments at www.partnersincareoahu.org. Applicants should review this website regularly for any and all amendments to the RFP FY 2021 HUD Continuum of Care (CoC) Program Competition HI-501 Honolulu City and County, Homeless Assistance Programs.

Appendix A: Resources

The following resources may be useful for the preparation of your application:

- HUD Exchange e-snaps: CoC Program Resources
<https://www.hudexchange.info/programs/e-snaps/>
- HUD CoC Program Competition
https://www.hud.gov/program_offices/comm_planning/coc/competition
- Data Universal Number System (DUNS) Number
<https://fedgov.dnb.com/webform/displayHomePage.do>
- System for Award Management (SAM)
<https://sam.gov/content/home>
- 24 CFR Part 578 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Continuum of Care Program
[https://files.hudexchange.info/resources/documents/CoCProgramInterimRule_Fo
rmattedVersion.pdf](https://files.hudexchange.info/resources/documents/CoCProgramInterimRule_Fo
rmattedVersion.pdf)
- 2021 HI-501 CoC Program Competition
<https://www.partnersincareoahu.org/fy21-coc-application>

Appendix B: Project Narrative Questions

Please see the following questions for each project type:

- [Renewal Project](#)
- [New/Expansion Project](#)
- [Renewal New Project](#)
- [Renewal—HMIS Project](#)
- [Renewal—SSO CE Project](#)

Renewal Project Narrative & Project Performance Questions

I. Program Description

1. Application Type
 - Renewal Project Application
 - Renewal New Project Application
 - Expansion Project Application
 - DV Bonus Project Application
2. Program Type & Name
 - Permanent Supportive Housing: _____
 - Rapid Re-Housing: _____
 - Transitional Housing: _____
 - Joint Component Transitional Housing and Rapid Rehousing/Youth Demonstration Program Bridge Housing: _____
 - Supportive Services Only: _____
 - Other (please specify) _____
3. Who is the target population for this program? (Place an "X" next to all that apply)
 - Chronically Homeless
 - Minors (under 18)
 - Young adults (18-24)
 - Individuals seeking substance use treatment
 - Families with children
 - Single adults
 - Households fleeing domestic violence
 - Individuals living with HIV/AIDS
 - Medically vulnerable
 - Individuals living with severe mental illness
 - Veterans
 - Other (please specify): _____

4. Describe the program, including **services provided** and the program's main **goals**. [Applicants may copy/paste from e-snaps section 3B.1]
5. How many people and households does the program estimate serving in the next funding year? [These numbers should match e-snaps section 5A]
 - Total Households: _____
 - Total Individuals: _____

II. Program Approach and Alignment with Policy Priorities

6. Explain how this program adheres to a Housing First or Low Barriers model or approach. [e-snaps 3B.3]
7. Explain what rules your program has/will have for participants and what happens if clients break these rules. [e-snaps 3B.3]
8. Explain the program's process for terminating participants from the program. [e-snaps 3B.3]
9. Describe how this program has/will advance(d) racial equity in homelessness service provision.
10. How does this program consider perspectives from individuals with lived experience in program design, planning, implementation, evaluation, etc.?
11. How does your program work to ensure cost-effectiveness?
12. Explain how the program leverages partnerships, community resources, and coordination with healthcare, housing, and service agencies to meet client needs.
13. How did your program adapt to the COVID-19 pandemic, and what plans are in place long-term (e.g., vaccine mandates, testing, quarantine procedures, etc.)?

III. Program Implementation and Performance

In this section, please provide data on program implementation for the period of 7/1/20 - 6/30/21. Where applicable, the location in the HMIS Annual Performance Report (APR) is provided in parentheses. If the data provided does not match the attached APR, or if data is not available, indicate why in the notes at the end of this section.

14. How many individuals did the program estimate serving? [This number should match previous application]
15. How many individuals has the program served? [APR 1a1]
16. Of these individuals, how many were identified through coordinated entry?
17. If less than 100% of individuals were referred through coordinated entry, please explain how these individuals were identified and determined to be eligible for the program? (If 100% CES-referred, enter "n/a")

18. What is the average time (in days) from program entry to residential placement for clients in your program? [APR 22c;]
19. Please provide the percentage of clients that identify as each racial group. Note that percentages should add up to 100%. [APR 12a;]
 - Native Hawaiian or Other Pacific Islander _____
 - White _____
 - Asian: _____
 - Black or African American _____
 - Native American or Alaskan Native _____
 - Multiple Races: _____
 - Other: _____
 - Missing: _____
20. How has agency reviewed client outcomes through an equity lens? Describe how the program has identified any programmatic changes needed to make these outcomes more equitable and what plans are in place to make those changes.
21. How does the program determine progress made toward program goals and assess program outcomes (e.g., internal or external evaluation, review of HMIS data, etc.)?
22. What percentage of program leavers exited to permanent housing? [APR 23c]
23. What percentage of participants remained in the program or moved into permanent housing? In other words, what percentage of participants served remained in housing either by staying in the program [APR 1] or exited to permanent housing [APR 23c]?
24. Does your program track homeless recidivism? If so, what percentage of program participants returned to homelessness within 12 months of exit to permanent housing? Please explain how your program tracks this data.
25. What percentage of adult leavers gained or increased income (from any source)? [APR 19a2]
26. What percentage of adult stayers gained or increased income (from any source)? [APR 19a1]
27. Please describe any other outcomes provided by internal or external evaluation process (note what data was used to determine these outcomes).
28. Provide any additional notes on Program Performance that you would like evaluators to know.

IV. CoC System Participation & Impact

System Needs & Impact

29. Please describe how this program fits a need within the CoC and meets its priorities for this RFP.

30. Bed utilization rate—what was the program’s bed utilization rate at each quarter?
[APR Q7b; divide total by program capacity]

Participation

31. Please describe how this program collaborates with other agencies within the CoC and within the larger community.
32. Besides General PIC meetings, what other meetings does your agency attend? (e.g., committee meetings)
33. How many committee meetings has your agency attended in the last 12 months?

HMIS Participation & Timelines of Data Entry

34. What percentage of project start records took more than 3 days for entry? What percentage of project exit records took more than three days for entry? [APR Q6]
35. Provide any additional notes on CoC System Participation & Impact that you would like evaluators to know.

V. Monitoring

36. Has this program been monitored by HUD since 1/1/2018?
37. Are there any unresolved HUD monitoring findings related to this HUD CoC Program project or other HUD funded projects within your agency?
- Yes*
 - No
38. Are there any unresolved audit findings related to this project or any other HUD funded project in your agency?
- Yes*
 - No
39. *If yes, was your agency on a Corrective Action Plan?
- Yes*
 - No
40. *If yes, was the HUD Corrective Action Plan resolved by the deadline?
- Yes
 - No*
41. *If not, why not?
42. Are you currently on a Corrective Action Plan with HUD or the CoC?
- Yes
 - No
43. Provide any additional notes on Monitoring that you would like evaluators to know.

VI. Program Finances and Grant Expenditure

44. What is the cost per person (total number of participants divided by the total budget, including match)?
45. What is the cost per positive exit/retention (Number of stayers [APR Q1] + leavers who exited to permanent destinations [APR 23c] divided by total budget including match)?
46. Did this project expend 100% of awarded HUD funds for the grant most recently ended?
47. What is the average unspent amount from the three most recently completed renewal grant years? (If grant has not yet been renewed, enter "n/a")
48. Has the applicant secured AND documented a match of at least 25%? If so, please explain what kind of match and if the applicant has ensured that the match source has no stipulations on spending that could affect project funding. If applicant has not secured AND documented a match, please explain why.
49. Provide any additional notes on Program Finances and Grant Expenditure that you would like evaluators to know.

VII. Agency Information

50. Has your agency been financially audited in the last three years?
 - Yes
 - No*
51. *If not, why not?
52. Describe any findings or exceptions found in your most recent agency financial audit. Please explain them and any corrective action being taken and whether they have been resolved.
53. Describe the agency's efforts to advance racial equity within the organization, including
 - having under-represented individuals in leadership and managerial positions and
 - having reviewed internal policies and procedures from an equity lens and developing a plan to ensure that policies do not impose undue barriers on certain groups.
54. Describe the agency's efforts to incorporate the perspectives of people with lived experience into organizational policies and practices, including
 - having representation from multiple individuals with lived experience on the Board of Directors and
 - having a process for receiving and incorporating feedback from individuals with lived experience.
55. Provide additional notes on Agency Information you would like evaluators to know.

New/Expansion Projects

Narrative Questions

I. Program Description

1. Application Type
 - Renewal Project Application
 - Renewal New Project Application
 - Expansion Project Application
 - DV Bonus Project Application

2. Program Type & Name
 - Permanent Supportive Housing: _____
 - Rapid Re-Housing: _____
 - Transitional Housing: _____
 - Joint Component Transitional Housing and Rapid Rehousing/Youth Demonstration Program Bridge Housing: _____
 - Supportive Services Only: _____
 - Other (please specify) _____

3. Who is the target population for this program? (Place an "X" next to all that apply)
 - Chronically Homeless
 - Minors (under 18)
 - Young adults (18-24)
 - Individuals seeking substance use treatment
 - Families with children
 - Single adults
 - Households fleeing domestic violence
 - Individuals living with HIV/AIDS
 - Medically vulnerable
 - Individuals living with severe mental illness
 - Veterans
 - Other (please specify): _____

4. Briefly describe the program, including the **program's main goals**. [e-snaps 3B.1]

5. What are the needs of the clients this program will serve, and how will this program address those needs?

6. Please describe the type, scale, and location of housing the program will provide (if applicable). [e-snaps 4B]

7. How will the program assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs? [e-snaps 4A.1]

8. What support services will the program offer? Be sure to explain how the program will assist clients in obtaining mainstream benefits, in increasing employment and/or income, and in working to maximize their ability to live independently. [e-snaps 4A.2-3]

9. Describe the plan for rapid implementation if funded, including a description of how

the project will be ready to begin housing the first program participant. Be sure to provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.

10. How many people and households does the program estimate serving in the next funding year? [These numbers should match e-snaps section 5A]
 - Total Households: _____
 - Total Individuals: _____
11. Provide any additional notes on Program Description that you would like evaluators to know.

II. Project Approach and Alignment with Policy Priorities

12. Explain how this program will adhere to a Housing First or Low Barriers model or approach. [e-snaps 3B.5]
13. Explain what rules your program will have for participants and what happens if clients break these rules. [e-snaps 3B.5]
14. Explain the program's process for terminating participants from the program. [e-snaps 3B.5]
15. Describe how this program will advance racial equity in homelessness service provision.
16. How will this program consider perspectives from individuals with lived experience in program design, planning implementation, evaluation, etc.?
17. How will your program work to ensure cost-effectiveness?
18. Explain how the program will leverage partnerships, community resources, and coordination with healthcare, housing, and service agencies to meet client needs. In particular, describe if and how this project 1) will leverage housing resources with housing subsidies or units not funded through CoC or ESG programs and/or 2) will leverage health resources, including a partnership commitment with a healthcare organization.
19. Describe the program's short-term and long-term plans for dealing with COVID-19 impacts (e.g., vaccine mandates, testing, quarantine procedures, etc.).
20. Provide any additional notes on Project Approach and Alignment with Policy Priorities that you would like evaluators to know.

III. Program Performance & Evaluation

21. What performance measures will your program establish, and how will the agency evaluate progress towards those measures?

22. How will the program review program participant outcomes with an equity lens, including the disaggregation of outcome data by race, ethnicity, gender identity, age, etc.?

IV. Financial

23. What is the estimated cost per person (total number of participants divided by the total budget, including match)?
24. Has the applicant secured AND documented a match of at least 25%? If so, please explain what kind of match and if the applicant has ensured that the match source has no stipulations on spending that could affect project funding. If applicant has not secured AND documented a match, please explain why.

V. Agency Background and Experience

25. Describe the experience of the applicant and sub-recipients (if any) working with the proposed population and providing housing similar to that proposed in the application.
26. Describe the experience of the applicant and sub-recipients (if any) in utilizing a Housing First approach.
27. Describe the applicant's experience in effectively utilizing federal funds, including HUD grants and other public funding. For example, does the applicant show satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients, regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants? [e-snaps 2B.1-4]
28. Has your agency been financially audited in the last three years?
- Yes
 - No*
29. *If not, why?
30. Describe any findings or exceptions found in your most recent agency financial audit. Explain any corrective action being taken and whether these findings have been resolved.
31. Describe the agency's efforts to advance racial equity within the organization, including
- having under-represented individuals (e.g., BIPOC, LGBTQ+, etc.) in leadership and managerial positions and
 - having reviewed internal policies and procedures from an equity lens and developing a plan to ensure that policies do not impose undue barriers on certain groups.
32. Describe the agency's efforts to incorporate the perspectives of people with lived experience into organizational policies and practices, including
- having representation from multiple individuals with lived experience on the

- Board of Directors and
 - having a relational process for receiving and incorporating feedback from individuals with lived experience.

33. Provide any additional notes on Agency Background & Experience that you want evaluators to know.

IV. CoC System Participation & Impact

System Needs & Impact

34. Please describe how this program fits a need within the CoC and meets its priorities for this RFP.

Participation

35. Please describe how this program will collaborate with other agencies within the CoC and within the larger community?

36. Besides General PIC meetings, what other meetings does your agency attend? (e.g., committee meetings)

37. How many committee meetings has your agency attended in the last 12 months?

38. How will this program participate in HMIS and CES?

39. Provide any additional notes on CoC System Participation & Impact that you would like evaluators to know.

Renewal-New Projects Narrative and Performance Measures Questions

I. Program Description

1. Application Type

- Renewal Project Application
- Renewal New Project Application
- Expansion Project Application
- DV Bonus Project Application

2. Program Type & Name

- Permanent Supportive Housing: _____
- Rapid Re-Housing: _____
- Transitional Housing: _____
- Joint Component Transitional Housing and Rapid Rehousing/Youth Demonstration Program Bridge Housing: _____
- Supportive Services Only: _____
- Other (please specify) _____

3. Who is the target population for this program? (Place an “X” next to all that apply)
 - Chronically Homeless
 - Minors (under 18)
 - Young adults (18-24)
 - Individuals seeking substance use treatment
 - Families with children
 - Single adults
 - Households fleeing domestic violence
 - Individuals living with HIV/AIDS
 - Medically vulnerable
 - Individuals living with severe mental illness
 - Veterans
 - Other (please specify): _____
4. Describe the program, including **services provided** and the program’s main **goals**.
[Applicants may copy/paste from e-snaps 3B.1]
5. How many people and households does the program estimate serving in the next funding year? [These numbers should match e-snaps section 5A]
 - Total Households: _____
 - Total Individuals: _____

II. Project Approach and Alignment with Policy Priorities

6. Explain how this program adheres to a Housing First or Low Barriers model or approach. [e-snaps 3B.3]
7. Explain what rules your program has/will have for participants and what happens if clients break these rules. [e-snaps 3B.3]
8. Explain the program’s process for terminating participants from the program. [e-snaps 3B.3]
9. Describe how this program has/will advance(d) racial equity in homelessness service provision.
10. How does this program consider perspectives from individuals with lived experience in program design, planning, implementation, evaluation, etc.?
11. How does your program work to ensure cost-effectiveness?
12. Explain how the program leverages partnerships, community resources, and coordination with healthcare, housing, and service agencies to meet client needs.
13. How did your program adapt to the COVID-19 pandemic, if applicable, and what plans are in place long-term (e.g., vaccine mandates, testing, quarantine procedures, etc.)?

III. Program Implementation and Performance

In this section, please provide data on program implementation for the period of 7/1/20 - 6/30/21. Where applicable, the location in the APR is provided in parentheses. If the data provided does not match the attached APR, or if data is not available, indicate why in the notes at the end of this section.

*If program has not begun enrolling clients, please skip to question 21.

14. How many individuals did the program estimate serving? [This number should match previous application]
15. How many individuals has the program served? [APR 1a1]
16. Of these individuals, how many were identified through coordinated entry?
17. If less than 100% of individuals were referred through coordinated entry, please explain how these individuals were identified and determined to be eligible for the program? (If 100% CES-referred, enter "n/a")
18. What percentage of participants exited without move-in? [APR 22c]
19. What is the average time (in days) from program entry to residential placement for participants in your program? [APR 22c]
20. Please provide the percentage of participants that identify as each racial group. Note that percentages should add up to 100%. [APR 12a]
 - Native Hawaiian or Other Pacific Islander _____
 - White _____
 - Asian: _____
 - Black or African American _____
 - Native American or Alaskan Native _____
 - Multiple Races: _____
 - Other: _____
 - Missing: _____
21. If project has not yet enrolled clients, please provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.
22. How does/will the program determine progress made toward program goals and assess program outcomes (e.g., internal or external evaluation, review of HMIS data, etc.)?
23. How has/will the program review program participant outcomes with an equity lens, including the disaggregation of outcome data by race, ethnicity, gender identity, age, etc.?
24. Please describe any other outcomes provided by internal or external evaluation process (note what data was used to determine these outcomes).
25. Provide any additional notes on Program Performance that you would like evaluators to know.

IV. CoC System Participation

26. Please describe how this program fits a need within the CoC and meets its priorities for this RFP.
27. Please describe how this program collaborates with other agencies within the CoC and within the larger community.
28. Besides General PIC meetings, what other meetings does your agency attend? (e.g., committee meetings)
29. How many committee meetings has your agency attended in the last 12 months?
30. Provide any additional notes on CoC System Participation that you would like evaluators to know.

V. Monitoring

31. Has this program been monitored by HUD since 1/1/2018?
32. Are there any unresolved HUD monitoring findings related to this HUD CoC Program project or other HUD funded projects within your agency?
 - Yes*
 - No
33. Are there any unresolved audit findings related to this project or any other HUD funded project in your agency?
 - Yes*
 - No
34. *If yes, was your agency on a Corrective Action Plan?
 - Yes*
 - No
35. *If yes, was the HUD Corrective Action Plan resolved by the deadline?
 - Yes
 - No*
36. *If not, why not?
37. Are you currently on a Corrective Action Plan with HUD or the CoC?
 - Yes
 - No
38. Provide any additional notes on Monitoring that you would like evaluators to know.

VI. Program Finances and Grant Expenditure

39. What is the cost per person (total number of participants divided by the total budget,

including match)?

40. Did this project expend 100% of awarded HUD funds for the grant most recently ended?
41. Has the applicant secured AND documented a match of at least 25%? If so, please explain what kind of match and if the applicant has ensured that the match source has no stipulations on spending that could affect project funding. If applicant has not secured AND documented a match, please explain why.
42. Provide any additional notes on Program Finances and Grant Expenditure that you would like evaluators to know.

VII. Agency Information

43. Has your agency been financially audited in the last three years?
 - Yes
 - No*
44. *If not, why?
45. Describe any findings or exceptions found in your most recent agency financial audit. Please explain them and any corrective action being taken and whether they have been resolved.
46. Describe the agency's efforts to advance racial equity within the organization, including
 - having under-represented individuals in leadership and managerial positions and
 - having reviewed internal policies and procedures from an equity lens and developing a plan to ensure that policies do not impose undue barriers on certain groups.
47. Describe the agency's efforts to incorporate the perspectives of people with lived experience into organizational policies and practices, including
 - having representation from multiple individuals with lived experience on the Board of Directors and
 - having a relational process for receiving and incorporating feedback from individuals with lived experience.
48. Provide any additional notes on Agency Information that you would like evaluators to know.

Renewal—HMIS Projects

Narrative Questions

I. Project Description

1. Application Type
 - Renewal Project Application
 - Renewal New Project Application
 - Expansion Project Application
 - DV Bonus Project Application

2. Program Type & Name
 - Permanent Supportive Housing: _____
 - Rapid Re-Housing: _____
 - Transitional Housing: _____
 - Joint Component Transitional Housing and Rapid Rehousing/Youth Demonstration Program Bridge Housing: _____
 - Supportive Services Only: _____
 - Other (please specify) _____

3. Please describe all current HMIS activities within the CoC, including training, monitoring and evaluation, data management, and reporting. [e-snaps 3B.1]

4. Describe HMIS current data standards (e.g., collection of Universal Data Elements) and abilities, including the ability to un-duplicate client records. [e-snaps 4A.1-8]

5. How does HMIS work with the CoC's Coordinated Entry System?

6. Provide any additional notes on Project Description you would like evaluators to know.

II. Project Approach and Alignment with Policy Priorities

7. Explain how HMIS promotes a system-wide Housing First or Low Barriers model or approach.

8. How does the agency use HMIS data to advance racial equity in the CoC?

9. How does HMIS work to promote cost-effectiveness within the CoC?

10. Explain how HMIS leverages partnerships, community resources, and coordination with healthcare, housing, and service agencies to meet system needs.

11. How did HMIS respond to the COVID-19 pandemic, and what plans are in place long-term (e.g., assisting providers with vaccination and testing records)?

12. Provide any additional notes on Project Approach and Alignment with Policy Priorities you would like evaluators to know.

III. Monitoring

13. Has this program been monitored by HUD since 1/1/2018?
14. Are there any unresolved HUD monitoring findings related to this HUD CoC Program project or other HUD funded projects within your agency?
- Yes*
 - No
15. Are there any unresolved audit findings related to this project or any other HUD funded project in your agency?
- Yes*
 - No
16. *If yes, was your agency on a Corrective Action Plan?
- Yes*
 - No
17. *If yes, was the HUD Corrective Action Plan resolved by the deadline?
- Yes
 - No*
18. *If not, why not?
19. Are you currently on a Corrective Action Plan with HUD or the CoC?
- Yes
 - No
20. Provide any additional notes on Monitoring that you would like evaluators to know.

IV. Program Finances and Grant Expenditure

21. Did this project expend 100% of awarded HUD funds for the grant most recently ended?
22. What is the average unspent amount from the three most recently completed renewal grant years? (If grant has not yet been renewed, enter "n/a")
23. Has the applicant secured AND documented a match of at least 25%? If so, please explain what kind of match and if the applicant has ensured that the match source has no stipulations on spending that could affect project funding. If applicant has not secured AND documented a match, please explain why.
24. Provide any additional notes on Program Finances and Grant Expenditure that you would like evaluators to know.

V. Agency Information

25. Has your agency been financially audited in the last three years?
- Yes
 - No*

26. *If not, why not?
27. Describe any findings or exceptions found in your most recent agency financial audit. Please explain them and any corrective action being taken and whether they have been resolved.
28. Describe the agency's efforts to advance racial equity within the organization, including
 - a. having under-represented individuals in leadership and managerial positions and
 - b. having reviewed internal policies and procedures from an equity lens and developing a plan to ensure that policies do not impose undue barriers on certain groups.
29. Describe the agency's efforts to incorporate the perspectives of people with lived experience into organizational policies and practices, including
 - c. having representation from multiple individuals with lived experience on the Board of Directors and
 - d. having a relational process for receiving and incorporating feedback from individuals with lived experience.
30. Provide any additional notes on Agency Information that you would like evaluators to know.

Renewal SSO—CE Project Narrative Questions

I. Project Description

1. Application Type
 - Renewal Project Application
 - Renewal New Project Application
 - Expansion Project Application
 - DV Bonus Project Application
2. Program Type & Name
 - Permanent Supportive Housing: _____
 - Rapid Re-Housing: _____
 - Transitional Housing: _____
 - Joint Component Transitional Housing and Rapid Rehousing/Youth Demonstration Program Bridge Housing: _____
 - Supportive Services Only: _____
 - Other (please specify) _____

II. Planning & Access

3. How does CES ensure accessibility to all individuals and families seeking homeless and homeless prevention services on O'ahu?
4. How does CES reach people who are least likely to apply in the absence of special outreach?
5. How does CES ensure access points for sub-populations (including individuals living with disabilities), and how are these access points integrated into the overall CES?
6. How is CES advertised to families and individuals seeking services, particularly those who have the highest barriers? [e-snaps 3B.4.c]
7. Explain policies and procedures for ensuring that the CES process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status?
8. How are individuals fleeing domestic violence served through CES?
9. How does CES work with a broad range of organizations across sectors (government, healthcare, etc.)?

III. Assessment, Prioritization, & Referrals

10. Please describe the standardized assessment process and how it is used to direct clients to appropriate housing and services that best fit their needs.
11. How does CES prioritize individuals and families who are most in need of assistance and ensure that they receive it in a timely manner?
12. Describe the referral process, including steps taken to serve clients who fall out of housing or who have an unsuccessful referral. [e-snaps 3B.4.e]

IV. Data Management

13. Describe the CES data management system.
14. Describe how CES works with HMIS to ensure high quality system performance.

V. Evaluation

15. Please describe how CES evaluates the CE process at system and programmatic levels (e.g., meeting with projects regarding intake, assessment, and referral processes AND soliciting feedback from projects and participants regarding the CES process).
16. How has CES adapted to COVID-19 impacts and what long-term plans are in place?

VI. Monitoring

17. Has this program been monitored by HUD since 1/1/2018?
18. Are there any unresolved HUD monitoring findings related to this HUD CoC Program project or other HUD funded projects within your agency?
- Yes*
 - No
19. Are there any unresolved audit findings related to this project or any other HUD funded project in your agency?
- Yes*
 - No
20. *If yes, was your agency on a Corrective Action Plan?
- Yes*
 - No
21. *If yes, was the HUD Corrective Action Plan resolved by the deadline?
- Yes
 - No*
22. *If not, why not?
23. Are you currently on a Corrective Action Plan with HUD or the CoC?
- Yes
 - No
24. Provide any additional notes on Monitoring that you would like evaluators to know.

VII. Program Finances and Grant Expenditure

25. Did this project expend 100% of awarded HUD funds for the grant most recently ended?
26. What is the average unspent amount from the three most recently completed renewal grant years? (If grant has not yet been renewed, enter "n/a")
27. Has the applicant secured AND documented a match of at least 25%? If so, please explain what kind of match and if the applicant has ensured that the match source has no stipulations on spending that could affect project funding. If applicant has not secured AND documented a match, please explain why.
28. Provide any additional notes on Program Finances and Grant Expenditure that you would like evaluators to know.

VIII. Agency Information

29. Has your agency been financially audited in the last three years?
- Yes

No*

30. *If not, why not?
31. Describe any findings or exceptions found in your most recent agency financial audit. Please explain them and any corrective action being taken and whether they have been resolved.
32. Describe the agency's efforts to advance racial equity within the organization, including
 - a. having under-represented individuals in leadership and managerial positions and
 - b. having reviewed internal policies and procedures from an equity lens and developing a plan to ensure that policies do not impose undue barriers on certain groups.
33. Describe the agency's efforts to incorporate the perspectives of people with lived experience into organizational policies and practices, including
 - c. having representation from multiple individuals with lived experience on the Board of Directors and
 - d. having a relational process for receiving and incorporating feedback from individuals with lived experience.
34. Provide any additional notes on Agency Information that you would like evaluators to know.

Appendix C: Example Budget

Please include the costs that you need – *not limited to the items listed below.*

Line Item	Amount Requested	Match/In-Kind	Total
Personnel			
Benefits			
A. Subtotal Personnel/Benefits			
Non-Personnel			
Rent			
Utilities			
Repair/Maintenance			
Program Materials and Supplies			
Printing			
Participant Costs			
Travel			
Communications			
Contracted Services			
Staff Training			
Equipment			
Rental Assistance/ Leasing			
Other			
B. Subtotal Non-Personnel			
C. Subtotal Direct Costs (A+B)			
D. Indirect Costs @ X%			
E. Total Costs (C + D)			

Renewal Project Scorecard		
Project Name _____		
Agency: _____		
Project Type: _____		
Evaluator _____		
CoC Threshold Requirements		
Program participates in CES.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project utilizes a Housing First and/or Low Barrier approach.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project has documented and secured the minimum match.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project is financially feasible.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Agency has provided an acceptable organizational audit/financial review.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If answered "yes" to all of the above, continue to the rating section below.</i>		
Project Rating		
Rating Criteria	Points Earned	Points Available
Submission Requirements		
Timely submission of project application and all attachments in e-snaps.	<input style="width: 50px; height: 20px;" type="text"/>	1
Timely submission of project application packets in accordance with RFP requirements.	<input style="width: 50px; height: 20px;" type="text"/>	1
Subtotal	<input style="width: 50px; height: 20px;" type="text"/>	2
Project Description & Approach		
Project Description		
Describes program, including goals, services provided, and target population.	<input style="width: 50px; height: 20px;" type="text"/>	5
Project Alignment with Policy Priorities		
Degree to which program implements a Housing First approach or philosophy.	<input style="width: 50px; height: 20px;" type="text"/>	4
Program advances racial equity in homelessness service provision (including degree to which program racial demographics reflect overall homeless population racial breakdown).	<input style="width: 50px; height: 20px;" type="text"/>	4
Program considers individuals with lived experience in program design, planning, implementation, evaluation, etc.	<input style="width: 50px; height: 20px;" type="text"/>	4
Program demonstrates cost-effectiveness.	<input style="width: 50px; height: 20px;" type="text"/>	4
Program leverages partnerships, community resources, and coordination with healthcare, housing, and service agencies to meet client needs.	<input style="width: 50px; height: 20px;" type="text"/>	4
Program has short-term and long-term plan for operating safely during the COVID-19 pandemic.	<input style="width: 50px; height: 20px;" type="text"/>	2
Subtotal	<input style="width: 50px; height: 20px;" type="text"/>	27
Performance Measures		

Time to Placement		
On average, time from project entry to residential placement is 15 days (RRH), 30 days (DV RRH), or 180 days (PSH & TH).	<input type="text"/>	8
Exits to Permanent Housing		
≥90% of participants remain in or move to permanent housing.	<input type="text"/>	10
Recidivism		
≤15% of participants who exited to permanent housing return to homelessness within 12 months of exit.	<input type="text"/>	5
New or Increased Income		
At least 8% of project leavers received new or increased income (from any source).	<input type="text"/>	1
At least 8 % of project stayers received new or increased income (from any source).	<input type="text"/>	1
Subtotal	<input type="text"/>	25
Project Cost-Effectiveness		
Describes how the project has assessed and will assess project outcomes.	<input type="text"/>	4
Costs per positive housing exit (total budget with match/#persons exited to positive locations or still in program) is reasonable for program type.	<input type="text"/>	4
Subtotal	<input type="text"/>	8
Service High Need Population		
At least 95% of participants have an assessment score that indicates RRH or more intensive intervention (RRH), the participant is at the highest end of the PSH range (PSH), meet CoC's TH targeting criteria (TH).	<input type="text"/>	3
Equity Factors		
Agency Factors		
Agency has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions.	<input type="text"/>	1
Agency's Board of Directors includes representation from more than one person with lived experience.	<input type="text"/>	1
Agency has relational process for receiving and incorporating feedback from persons with lived experience.	<input type="text"/>	1
Agency has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers.	<input type="text"/>	1
Program Factors		
Program has reviewed participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, age, etc.	<input type="text"/>	1

HI-501 FY '21 NOFO

Program has identified programmatic changes need to make participant outcomes more equitable and developed a plan to make those changes.	<input type="text"/>	1
Program is working with HMIS to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, age, etc.	<input type="text"/>	1
Subtotal	<input type="text"/>	7
Monitoring		
Bed/utilization rate has been at or above 90% at each quarter.	<input type="text"/>	3
Any HUD monitoring findings and corrective action were minimal.	<input type="text"/>	3
Timely drawdown of most recent grant expenditures with time expense ratio is ≤10% (% of term expired minus % funds disbursed).	<input type="text"/>	5
90% or more of program entries and exits were entered into HMIS within 3 days.	<input type="text"/>	3
Subtotal	<input type="text"/>	14
CoC Participation and Contribution to System Performance		
Agency participates in PIC--e.g., serving on the Board of Directors, committees, and /or workgroups--and collaborates with PIC members.	<input type="text"/>	5
Describes how project fits system needs and fits with CoC priorities.	<input type="text"/>	3
Subtotal	<input type="text"/>	8
Financial Performance		
Most recent agency financial audit found no exceptions or findings.	<input type="text"/>	3
Budget costs are within local average for project type.	<input type="text"/>	3
Subtotal	<input type="text"/>	6
Total	<input type="text"/>	100

New/Expansion Project Scorecard		
Project Name _____		
Agency: _____		
Project Type: _____		
Evaluator _____		
CoC Threshold Requirements		
Agency participates in CES.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project will utilize a Housing First and/or Low Barrier approach.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project has documented and secured the minimum match.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project is financially feasible.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Agency has provided an acceptable organizational audit/financial review.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If answered "yes" to all of the above, continue to the rating section below.</i>		
Project Rating		
Rating Criteria	Points Earned	Points Available
Submission Requirements		
Timely submission of project application and all attachments in e-snaps.	<input style="width: 50px; height: 20px;" type="text"/>	1
Timely submission of project application packets in accordance with RFP requirements.	<input style="width: 50px; height: 20px;" type="text"/>	1
Subtotal	<input style="width: 50px; height: 20px;" type="text"/>	2
Project Description		
Project Description		
Provides description of proposed project, including target population, type of housing provided, and types of services offered.	<input style="width: 50px; height: 20px;" type="text"/>	5
Demonstrates understanding of the needs of the clients to be served and shows that the proposed housing and services will fit those needs.	<input style="width: 50px; height: 20px;" type="text"/>	5
Explains how program will assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	<input style="width: 50px; height: 20px;" type="text"/>	5
Explains how program will help clients access mainstream benefits, increase employment and/or income, and maximize ability to live independently.	<input style="width: 50px; height: 20px;" type="text"/>	5
Project will either 1) leverage health resources, including a partnership with a healthcare organization or 2) leverage housing resources with housing subsidies or units not funded through the CoC or ESG programs.	<input style="width: 50px; height: 20px;" type="text"/>	10
Describes the plan for rapid implementation, with a reasonable and detailed schedule of proposed activities at 60, 120, and 180 days after grant award.	<input style="width: 50px; height: 20px;" type="text"/>	5
Subtotal	<input style="width: 50px; height: 20px;" type="text"/>	35
Project Approach & Alignment with Policy Priorities		

Project Alignment with Policy Priorities		
Degree to which program will implement a Housing First approach or philosophy.	<input type="text"/>	4
Program will advance racial equity in homelessness service provision.	<input type="text"/>	4
Program will consider individuals with lived experience in program design, planning, implementation, evaluation, etc.	<input type="text"/>	4
Application demonstrates program will be cost-effective.	<input type="text"/>	4
Program will leverage partnerships, community resources, and coordination with healthcare, housing, and service agencies to meet client needs.	<input type="text"/>	4
Program has short-term and long-term plan for operating safely during the COVID-19 pandemic	<input type="text"/>	2
Subtotal	<input type="text"/>	22
Project Performance & Evaluation		
Describes objective program outcomes and how the program will assess those outcomes.	<input type="text"/>	4
Program has a plan to review participant outcomes with an equity lens, including the disaggregation of outcome data by race, ethnicity, gender	<input type="text"/>	3
Subtotal	<input type="text"/>	7
Financial		
Budget costs are within local average for project type.	<input type="text"/>	3
Most recent agency financial audit found minimal exceptions or findings.	<input type="text"/>	3
Subtotal	<input type="text"/>	6
Agency Background & Experience		
Applicant and sub-recipients (if any) have experience working with proposed population and the proposed housing type.	<input type="text"/>	4
Applicant has experience in utilizing a Housing First approach.	<input type="text"/>	4
Applicant has experience in effectively utilizing federal funds, including HUD grants and other public funding (e.g., regular drawdowns, timely reimbursement of subrecipients, timely resolution of monitoring findings, and timely submission of reports for existing grants).	<input type="text"/>	5
Subtotal	<input type="text"/>	13
Equity Factors		
Agency Factors		
Agency has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions.	<input type="text"/>	1

Agency's Board of Directors includes representation from more than one person with lived experience.	<input type="text"/>	1
Agency has relational process for receiving and incorporating feedback from persons with lived experience.	<input type="text"/>	1
Agency has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers on certain groups.	<input type="text"/>	1
Subtotal	<input type="text"/>	4
CoC System Participation and Impact		
Degree to which agency participates in PIC--e.g., serving on the Board of Directors, committees, and workgroups--and collaborates with PIC members.	<input type="text"/>	5
Describes how the project fits system needs and fits with CoC priorities.	<input type="text"/>	3
Ensures that program will participate in HMIS and CES.	<input type="text"/>	3
Subtotal	<input type="text"/>	11
Total	<input type="text"/>	100

Renewal-New Project Scorecard		
Project Name _____		
Agency: _____		
Project Type: _____		
Evaluator _____		
CoC Threshold Requirements		
Program participates in CES.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project utilizes a Housing First and/or Low Barrier approach.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project has documented and secured the minimum match.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project is financially feasible.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Agency has provided an acceptable organizational audit/financial review.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If answered "yes" to all of the above, continue to the rating section below.</i>		
Project Rating		
Rating Criteria	Points Earned	Points Available
Submission Requirements		
Timely submission of project application and all attachments in e-snaps.	<input style="width: 50px; height: 20px;" type="text"/>	1
Timely submission of project application packets in accordance with RFP requirements.	<input style="width: 50px; height: 20px;" type="text"/>	1
Subtotal	<input style="width: 50px; height: 20px;" type="text"/>	2
Project Description & Approach		
Project Description		
Describes project, including goals, services provided, and target population.	<input style="width: 50px; height: 20px;" type="text"/>	8
Project Alignment with Policy Priorities		
Degree to which program implements a Housing First approach or philosophy.	<input style="width: 50px; height: 20px;" type="text"/>	5
Program advances racial equity in homelessness service provision (including degree to which program racial demographics reflect overall homeless population racial breakdown).	<input style="width: 50px; height: 20px;" type="text"/>	5
Program considers individuals with lived experience in program design, planning, implementation, evaluation, etc.	<input style="width: 50px; height: 20px;" type="text"/>	5
Program demonstrates cost-effectiveness.	<input style="width: 50px; height: 20px;" type="text"/>	5
Program leverages partnerships, community resources, and coordination with healthcare, housing, and service agencies to meet client needs.	<input style="width: 50px; height: 20px;" type="text"/>	5
Program has short-term and long-term plan for operating safely during the COVID-19 pandemic.	<input style="width: 50px; height: 20px;" type="text"/>	3
Subtotal	<input style="width: 50px; height: 20px;" type="text"/>	36
Performance Measures		

Time to Placement*		
On average, time from project entry to residential placement is 15 days (RRH), 30 days (DV RRH), or 180 days (PSH & TH).	<input type="text"/>	5
Exits without Move-in*		
Less than 5% of clients exited without move-in.	<input type="text"/>	5
<i>*if program has not enrolled any participants, score on timeline in lieu of time to placement and exits without move-in</i>		
Timeline		
Provides a detailed schedule of proposed activities at 60, 120, and 180 days after grant award.	<input type="text"/>	10
Evaluation		
Describes how the project has assessed and will assess project outcomes.	<input type="text"/>	15
	Subtotal <input type="text"/>	25
Service High Need Population		
At least 95% of participants have an assessment score that indicates RRH or more intensive intervention (RRH), the participant is at the highest end of the PSH range (PSH), meet CoC's TH targeting criteria (TH). *If program has not enrolled any participants, did the program indicate participation in CES?	<input type="text"/>	5
Equity Factors		
Agency Factors		
Agency has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions.	<input type="text"/>	1
Agency's Board of Directors includes representation from more than one person with lived experience.	<input type="text"/>	1
Agency has relational process for receiving and incorporating feedback from persons with lived experience.	<input type="text"/>	1
Agency has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers on certain groups.	<input type="text"/>	1
Program Outcomes		
Program has reviewed participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, age, etc.	<input type="text"/>	1
Program has identified programmatic changes need to make participant outcomes more equitable and developed a plan to make those changes.	<input type="text"/>	1
Program is working with HMIS to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, age, etc.	<input type="text"/>	1
	Subtotal <input type="text"/>	7

Monitoring		
HUD monitoring findings and corrective action were minimal.	<input type="text"/>	3
Timely drawdown of most recent grant expenditures with time expense ratio is ≤10% (% of term expired minus % funds disbursed).	<input type="text"/>	6
Subtotal	<input type="text"/>	9
CoC Participation and Contribution to System Performance		
Agency participates in PIC--e.g., serving on the Board of Directors, committees, and /or workgroups--and collaborates with PIC members.	<input type="text"/>	5
Describes how project fits system needs and fits with CoC priorities.	<input type="text"/>	5
Subtotal	<input type="text"/>	10
Financial Performance		
Most recent agency financial audit found no exceptions or findings.	<input type="text"/>	3
Budget costs are within local average for project type.	<input type="text"/>	3
Subtotal	<input type="text"/>	6
Total	<input type="text"/>	100

Renewal HMIS Project Scorecard		
Project Name _____		
Agency: _____		
Project Type: _____		
Evaluator _____		
CoC Threshold Requirements		
Program participates in CES.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project utilizes a Housing First and/or Low Barrier approach.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project has documented and secured the minimum match.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project is financially feasible.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Agency has provided an acceptable organizational audit/financial review.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If answered "yes" to all of the above, continue to the rating section below.</i>		
Project Rating		
Rating Criteria	Points Earned	Points Available
Submission Requirements		
Timely submission of project application and all attachments in e-snaps.	<input style="width: 50px; height: 20px;" type="text"/>	2
Timely submission of project application packets in accordance with RFP requirements.	<input style="width: 50px; height: 20px;" type="text"/>	2
Subtotal	<input style="width: 50px; height: 20px;" type="text"/>	4
Project Description		
Project Description		
Describes current HMIS activities within the CoC (e.g., training, monitoring and evaluation, data management, and reporting).	<input style="width: 50px; height: 20px;" type="text"/>	10
Describes HMIS current data standards and abilities, including ability to un-duplicate records.	<input style="width: 50px; height: 20px;" type="text"/>	10
Describes how HMIS works with the CoC's CES.	<input style="width: 50px; height: 20px;" type="text"/>	10
Project Alignment with Policy Priorities		
Explains how HMIS promotes a system-wide Housing First philosophy.	<input style="width: 50px; height: 20px;" type="text"/>	8
Describes how the agency uses HMIS data to advance racial equity in the CoC.	<input style="width: 50px; height: 20px;" type="text"/>	8
Describes how HMIS works to promote cost-effectiveness in the CoC.	<input style="width: 50px; height: 20px;" type="text"/>	8
HMIS leverages partnerships, community resources, and coordination with healthcare, housing, and service agencies to meet system needs	<input style="width: 50px; height: 20px;" type="text"/>	8
Describes how HMIS responded to the COVID-19 Pandemic and what plans are in place long-term (e.g., assisting providers with vaccination and testing records)	<input style="width: 50px; height: 20px;" type="text"/>	8

Subtotal		70
Equity Factors		
Agency Factors		
Agency has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions.		2
Agency's Board of Directors includes representation from more than one person with lived experience.		2
Agency has relational process for receiving and incorporating feedback from persons with lived experience.		2
Agency has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers on certain groups.		2
Subtotal		8
Monitoring		
HUD monitoring findings and corrective action were minimal.		5
Timely drawdown of most recent grant expenditures with time expense ratio is ≤10% (% of term expired minus % funds disbursed).		10
Subtotal		15
Financial Performance		
Most recent agency financial audit found no exceptions or findings.		3
Subtotal		3
Total		100

Renewal SSO-CE Project Scorecard		
Project Name _____		
Agency: _____		
Project Type: _____		
Evaluator _____		
CoC Threshold Requirements		
Program participates in CES.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project utilizes a Housing First and/or Low Barrier approach.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project has documented and secured the minimum match.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Project is financially feasible.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Agency has provided an acceptable organizational audit/financial review.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If answered "yes" to all of the above, continue to the rating section below.</i>		
Project Rating		
Rating Criteria	Points Earned	Points Available
Submission Requirements		
Timely submission of project application and all attachments in e-snaps.	<input style="width: 50px; height: 20px;" type="text"/>	1
Timely submission of project application packets in accordance with RFP requirements.	<input style="width: 50px; height: 20px;" type="text"/>	1
Subtotal	<input style="width: 50px; height: 20px;" type="text"/>	2
Planning & Access		
CES ensures accessibility to all individuals and families seeking homeless services on Oahu.	<input style="width: 50px; height: 20px;" type="text"/>	5
CES has a plan to reach people who face certain barriers and are least likely to apply to programs in absence of special outreach.	<input style="width: 50px; height: 20px;" type="text"/>	5
CES ensures access points for sub-populations.	<input style="width: 50px; height: 20px;" type="text"/>	5
CES advertises effectively to individuals and families seeking services.	<input style="width: 50px; height: 20px;" type="text"/>	5
CES has policies and procedures to ensure equitable access to the CES process by all eligible persons regardless of race, color, nationality, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.	<input style="width: 50px; height: 20px;" type="text"/>	5
CES has policies and procedures for serving individuals fleeing domestic violence.	<input style="width: 50px; height: 20px;" type="text"/>	5
CES works with a wide range of organizations across sectors, including government and healthcare.	<input style="width: 50px; height: 20px;" type="text"/>	5
Subtotal	<input style="width: 50px; height: 20px;" type="text"/>	35
Assessment, Prioritization, & Referrals		

HI-501 FY '21 NOFO

CES has a standardized assessment process to direct individuals and families to appropriate housing to meet their needs.	<input type="text"/>	5
CES has a process for prioritizing individuals and families who are most in need.	<input type="text"/>	5
CES has a process in place for serving clients who fall out of housing or who have unsuccessful referrals.	<input type="text"/>	5
Subtotal	<input type="text"/>	15
Data Management		
CES has a robust data management system.	<input type="text"/>	5
CES works with HMIS to ensure an overall high quality system	<input type="text"/>	5
Subtotal	<input type="text"/>	10
Evaluation		
Agency Factors		
CES regularly evaluates its process at a systems and programmatic level.	<input type="text"/>	5
CES has a process in place to ensure that racial equity is achieved at all stages of the CES process.	<input type="text"/>	8
Describes how CES adapted to the COVID-19 pandemic and what long-term plans are in place.	<input type="text"/>	5
Subtotal	<input type="text"/>	18
Monitoring		
HUD monitoring findings and corrective action were minimal.	<input type="text"/>	5
Timely drawdown of most recent grant expenditures with time expense ratio is $\leq 10\%$ (% of term expired minus % funds disbursed).	<input type="text"/>	10
Subtotal	<input type="text"/>	15
Financial Performance		
Most recent agency audit found no exceptions or findings	<input type="text"/>	5
Subtotal	<input type="text"/>	5
Total	<input type="text"/>	100



COVID-19 SCREENING TOOL

NEWS



HI-501 COC PROJECT PRIORITY LISTING PUBLICLY AVAILABLE

O'AHU HOUSING NOW DONATION DRIVE

HI-501 FY '21 RFP FOR PROJECT APPLICANTS NOW AVAILABLE!

October 28, 2021

HI-501 FY '21 CoC Project Priority Listing Publicly Available

NOFO

Partners In Care on behalf of the Oahu Continuum of Care is pleased to make publicly available the Priority Project Listing for the 2021 CoC Consolidated Application to HUD. Pending any appeals, this listing is final, Tuesday, November 2, 2021. Please submit comments or questions regarding the priority listing to [Sharon Baillie, Operations and Planning Manager](#).

[HI-501 CoC Consolidated Application Project Priority Listing PDF](#)

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NOFO
FY21 COC APPLICATION
ARCHIVED HI-501 COC APPLICATIONS

2021 NOTICE OF FUNDING OPPORTUNITY (NOFO)

- [HUD 2021 Notice of CoC Competition](#)
- [HUD 2021 NOFO CoC Competition](#)
- [GRANTS.GOV Announcement](#)

HI-501 NOFO APPLICATION MATERIALS

- | | |
|--|--|
| Timeline | SCORECARDS |
| FY '21 Request for Proposals (RFP) | New/Expansion Projects' |
| RFP Project Applicant PowerPoint | Renewal New Projects |
| RFP Session Q&A 9-15-21 | Renewal Projects' |
| RFP Session Q&A 9-17-21 | Renewal HMIS |
| RFP Q&As 9-24-21 | Renewal SSO-CE |
| FY '21 What's New, Changes & Highlights | <i>9/15/21 - Expansion project submissions will be evaluated using the new project scorecard, previously text read expansion projects being evaluated using the renewal scorecard.</i> |
| FY '21 CoC Program ARD | |
| Agencies Eligible to Apply for FY '21 NOFO Funding | |

HI-501 NOFO APPLICATIONS SUBMISSION

[HI-501 FY21 Project Priority Listing \(As of 10/28/2021\)](#)

RESOURCES

- [HUD 2021 Continuum of Care Program Competition Documents](#)
- ["How To" e-snaps](#)
- [DUNS registration](#)
- [SAM registration](#)

[HI-501 FY '21 COC PROJECT PRIORITY LISTING PUBLICLY AVAILABLE](#)

[HI-501 FY '21 RFP FOR PROJECT APPLICANTS NOW AVAILABLE!](#)

PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Summer Pakele
Housing Director
Alternative Structures International
spakele@asi-hawaii.org

Dear Ms. Pakele,

On behalf of Partners In Care (PIC) and the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposal has been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal	Family PSH Leeward Oahu Year 6	8	1	\$331,121
Renewal	Youth Housing Collaborative Y5	NR	NR	\$0*

*ASI did not submit a renewal project for their Youth Housing Collaborative grant, therefore these monies were reallocated to fund new projects within the continuum.

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

Please note that all funding decisions are tentative and subject to revision pending any appeals received and will not be final until Tuesday, November 2, 2021 at 4:30 p.m. At this time, PIC will announce final funding awards to the continuum listserv.

PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include this project in the 2021 CoC Application to HUD.

Sincerely,



Laura E. Thielen
PIC Executive Director

From: [Sharon Baillie](#)
To: "Summer Pakele"
Cc: [Laura Thielen](#); [Jillian Okamoto](#)
Subject: 2021 CoC Competition Project Notification
Date: Thursday, October 28, 2021 1:46:00 PM
Attachments: [2021 CoC Competition Letter - ASI.pdf](#)
[image001.png](#)
[HI-501 FY '21 CoC Project Application Rankings.pdf](#)

Aloha Summer,

Please find attached, the Oahu CoC FY '21 CoC Project Notification Letter for ASI. Please do not hesitate to contact me if you have any questions.

Thank you,

Sharon Baillie

Operations and Planning Manager | Pronouns: She/Her/Hers ([what's this?](#))

Partners In Care

200 N. Vineyard Boulevard Ste. A-210

sharonb@partnersincareoahu.org

808-380-9466

www.partnersincareoahu.org

[Partners In Care Facebook](#)



PARTNERS IN CARE

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Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Lisa Kimura
Vice President, Community Impact
Aloha United Way
lkimura@auw.org

Dear Ms. Kimura,

On behalf of Partners In Care (PIC) and the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposal has been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal	Consolidated PH 2021	18	1 & 2	\$5,219,667*

Tier 1	\$3,373,601.00
Tier 2	\$1,846,066.00

*Amount awarded less than amount requested by \$326,913, project will be amended back for budget and project revisions. These monies were reallocated to fund new projects within the continuum. Tier 1 funding is historically always funded completely. Tier 2 ranked projects are only funded if the overall CoC application is scored amongst the top in the country and as money is available through HUD.

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

Please note that all funding decisions are tentative and subject to revision pending any appeals received and will not be final until Tuesday, November 2, 2021 at 4:30 p.m. At this time, PIC will announce final funding awards to the continuum listserv.

PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include this project in the 2021 CoC Application to HUD.

Sincerely,



Laura E. Thielen
PIC Executive Director

From: [Sharon Baillie](#)
To: lkimura@auw.org
Cc: [Laura Thielen](#); [Jillian Okamoto](#)
Subject: 2021 CoC Competition Project Notification
Date: Thursday, October 28, 2021 1:45:00 PM
Attachments: [2021 CoC Competition Letter - AUW.pdf](#)
[image001.png](#)
[HI-501 FY '21 CoC Project Application Rankings.pdf](#)

Aloha Lisa,

Please find attached, the Oahu CoC FY '21 CoC Project Notification Letter for AUW. Please do not hesitate to contact me if you have any questions.

Thank you,

Sharon Baillie

Operations and Planning Manager | Pronouns: She/Her/Hers ([what's this?](#))

Partners In Care

200 N. Vineyard Boulevard Ste. A-210

sharonb@partnersincareoahu.org

808-380-9466

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[Partners In Care Facebook](#)



PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Stanley Perpignan
Program Manager
Hope Treatment Services
sperpignan@hopehi.com

Dear Mr. Perpignan,

On behalf of Partners In Care (PIC) and the Oahu Continuum of Care (CoC), I am sorry to notify you that the following project proposal which has been reviewed and ranked for the 2021 CoC Program Competition, will not be included in the 2021 CoC Application to HUD. This project proposal did not meet certain threshold requirements (documented match, organizational audit) and project submission did not include all required documentation (e-snaps application).

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
New	Homeless Assistance Program	NR	NR	\$0

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

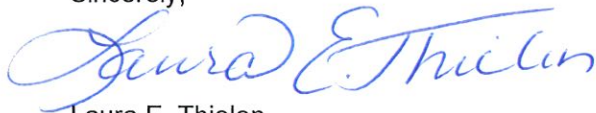
Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

Please note that all funding decisions are tentative and subject to revision pending any appeals received and will not be final until Tuesday, November 2, 2021 at 4:30 p.m. At this time, PIC will announce final funding awards to the continuum listserv.

PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Please reach out with any questions you may have and to be provided feedback on proposal submission. We encourage HTS to apply for funding opportunities that may become available in the future.

Sincerely,



Laura E. Thielen
PIC Executive Director

From: [Sharon Baillie](#)
To: [Stanley Perpignan](#)
Cc: [Laura Thielen](#); [Jillian Okamoto](#)
Subject: 2021 CoC Competition Project Notification
Date: Thursday, October 28, 2021 1:47:00 PM
Attachments: [2021 CoC Competition Letter - HTS.pdf](#)
[image001.png](#)
[HI-501 FY '21 CoC Project Application Rankings.pdf](#)

Aloha Stanley,

Please find attached, the Oahu CoC FY '21 CoC Project Notification Letter for HTS. Please do not hesitate to contact me if you have any questions.

Thank you,

Sharon Baillie

Operations and Planning Manager | Pronouns: She/Her/Hers ([what's this?](#))

Partners In Care

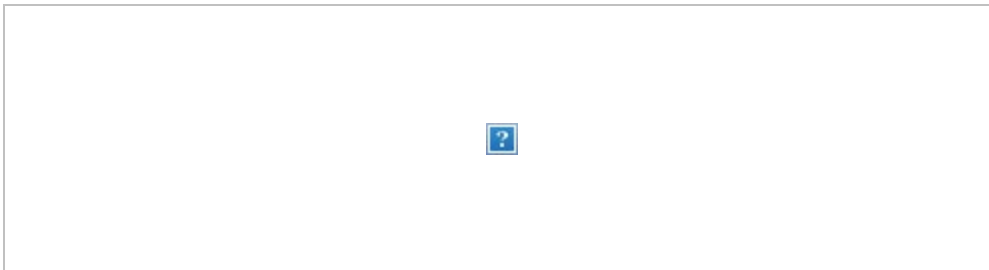
200 N. Vineyard Boulevard Ste. A-210

sharonb@partnersincareoahu.org

808-380-9466

www.partnersincareoahu.org

[Partners In Care Facebook](#)



October 28, 2021

HI-501 FY '21 CoC Project Priority Listing Publicly Available

NOFO

Partners In Care on behalf of the Oahu Continuum of Care is pleased to make publicly available the Priority Project Listing for the 2021 CoC Consolidated Application to HUD. ~~Pending any appeals, this listing is final, Tuesday, November 2, 2021.~~ Please submit comments or questions regarding the priority listing to [Sharon Baillie, Operations and Planning Manager](#).

11/01/2021 UPDATE

As of 12:00 p.m. HST, Monday, November 1st, the Priority Project Listing is final. No appeals were received.

[HI-501 CoC Consolidated Application Project Priority Listing PDF](#)

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NOFO

FY21 COC APPLICATION
ARCHIVED HI-501 COC APPLICATIONS

2021 NOTICE OF FUNDING OPPORTUNITY (NOFO)

- HUD 2021 Notice of CoC Competition
- HUD 2021 NOFO CoC Competition
- GRANTS.GOV Announcement

HI-501 NOFO APPLICATION MATERIALS

Timeline

- FY '21 Request for Proposals (RFP)
- RFP Project Applicant PowerPoint
- RFP Session Q&A 9-15-21
- RFP Session Q&A 9-17-21
- RFP Q&As 9-24-21
- FY '21 What's New, Changes & Highlights
- FY '21 CoC Program ARD
- Agencies Eligible to Apply for FY '21 NOFO Funding

SCORECARDS

- New/Expansion Projects*
- Renewal New Projects
- Renewal Projects*
- Renewal HMIS
- Renewal SSO-CE
- 9/15/21 - Expansion project submissions will be evaluated using the new project scorecard, previously text read expansion projects being evaluated using the renewal scorecard.*

HI-501 NOFO APPLICATIONS SUBMISSION

- HI-501 FY21 Project Priority Listing

From: [Sharon Baillie](#)
To: ["oahu-pic@googlegroups.com"](mailto:oahu-pic@googlegroups.com)
Subject: HI-501 FY '21 CoC Program Competition Project Listing Publicly Available
Date: Monday, November 1, 2021 1:27:17 PM
Attachments: [image001.png](#)
[HI-501 FY '21 CoC Project Application Rankings.pdf](#)

Good Afternoon Oahu Continuum of Care,

Partners In Care is pleased to make publicly available, the Priority Project Listing for the Oahu Continuum of Care 2021 CoC Consolidated Application to HUD. You may find the listings in the attached pdf or by visiting our website here: <https://www.partnersincareoahu.org/fy21-coc-application>. Please do not hesitate to get in contact with myself or Laura Thielen laurat@partnersincareoahu.org if you have any questions or concerns.

Thank you,

Sharon Baillie

Operations and Planning Manager | Pronouns: She/Her/Hers ([what's this?](#))

Partners In Care

200 N. Vineyard Boulevard Ste. A-210

sharonb@partnersincareoahu.org

808-380-9466

www.partnersincareoahu.org

[Partners In Care Facebook](#)



PARTNERS IN CARE



[COVID-19 SCREENING TOOL](#)

NEWS



HI-501 COC PROJECT
PRIORITY LISTING PUBLICLY
AVAILABLE

O'AHU HOUSING NOW
DONATION DRIVE

HI-501 FY '21 RFP FOR
PROJECT APPLICANTS NOW
AVAILABLE!

October 28, 2021

HI-501 FY '21 CoC Project Priority Listing Publicly Available

NOFO

Partners In Care on behalf of the Oahu Continuum of Care is pleased to make publicly available the Priority Project Listing for the 2021 CoC Consolidated Application to HUD. Pending any appeals, this listing is final, Tuesday, November 2, 2021. Please submit comments or questions regarding the priority listing to [Sharon Baillie, Operations and Planning Manager](#).

[HI-501 CoC Consolidated Application Project Priority Listing PDF](#)

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[Older Post](#)
[O'ahu Housing Now Donation Drive](#)

PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Summer Pakele
Housing Director
Alternative Structures International
spakele@asi-hawaii.org

Dear Ms. Pakele,

On behalf of Partners In Care (PIC) and the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposal has been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal	Family PSH Leeward Oahu Year 6	8	1	\$331,121
Renewal	Youth Housing Collaborative Y5	NR	NR	\$0*

*ASI did not submit a renewal project for their Youth Housing Collaborative grant, therefore these monies were reallocated to fund new projects within the continuum.

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

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PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include this project in the 2021 CoC Application to HUD.

Sincerely,



Laura E. Thielen
PIC Executive Director

PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Lisa Kimura
Vice President, Community Impact
Aloha United Way
lkimura@auw.org

Dear Ms. Kimura,

On behalf of Partners In Care (PIC) and the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposal has been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal	Consolidated PH 2021	18	1 & 2	\$5,219,667*

Tier 1	\$3,373,601.00
Tier 2	\$1,846,066.00

*Amount awarded less than amount requested by \$326,913, project will be amended back for budget and project revisions. These monies were reallocated to fund new projects within the continuum. Tier 1 funding is historically always funded completely. Tier 2 ranked projects are only funded if the overall CoC application is scored amongst the top in the country and as money is available through HUD.

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

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PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include this project in the 2021 CoC Application to HUD.

Sincerely,



Laura E. Thielen
PIC Executive Director

PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Amanda Pump
Director of Oahu Programs
Children and Family Services
apump@cfs-hawaii.org

Dear Ms. Pump,

On behalf of the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposals have been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal New	Coordinated Entry Project FY2021	7	1	\$153,852
Renewal New	Rapid Rehousing TH & PH RRH FY2021	9	1	\$387,099
New Expansion	Rapid Rehousing TH & PH RRH FY2021 Expansion	11	1	\$43,000
DV Bonus/New Expansion	Coordinated Entry Project FY2021 Expansion	22	2	\$75,000

*Please note, we are requesting CFS submit a NEW Expansion Project, which will be submitted for DV Bonus project funds for your currently funded DV Coordinated Entry System to expand services to clients experiencing Domestic Violence. This new project will need to be submitted in e-snaps by Tuesday, November 2, 2021 at 5:00 p.m.

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

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PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include these projects in the 2021 CoC Application to HUD.

Sincerely,



Laura E. Thielen
PIC Executive Director

PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Samantha Church
Executive Director
Family Promise of Hawaii
sam@familypromisehawaii.org

Dear Ms. Church,

On behalf of the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposal has been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
DV Bonus/New	FY21 - Family Promise DV R2A	DV 1/6	1	\$920,242

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

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PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include this project in the 2021 CoC Application to HUD.

Sincerely,



Laura E. Thielen
PIC Executive Director

PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Jon Berliner
Executive Director
Gregory House Program
jonb@gregoryhouse.org

Dear Mr. Berliner,

On behalf of Partners In Care (PIC) and the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposal has been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal New	Anuenue Pathway to Housing	13	1	\$466,969

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

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PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include this project in the 2021 CoC Application to HUD.

Sincerely,



Laura E. Thielen
PIC Executive Director

PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Heather Lusk
Executive Director
Hawaii Health and Harm Reduction Center
hlusk@hhrc.org

Dear Ms. Lusk,

On behalf of Partners In Care (PIC) and the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposal has been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal New/YHDP	HHHRC Guide on the Side	N/A	N/A	\$62,377

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

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PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include this project in the 2021 CoC Application to HUD.

Sincerely,



Laura E. Thielen
PIC Executive Director

PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Jaque Kelley-Uyeoka
Deputy CEO
Hale Kipa
jaq@halekipa.org

Dear Ms. Kelley-Uyeoka,

On behalf of Partners In Care (PIC) and the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposal has been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal New/YHDP	Guide on the Side Collaborative	N/A	N/A	\$195,496

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

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PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include this project in the 2021 CoC Application to HUD.

Sincerely,



Laura E. Thielen
PIC Executive Director

PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Greg Payton
CEO
Mental Health Kokua
gpayton@mhkhawaii.org

Dear Mr. Payton,

On behalf of Partners In Care (PIC) and the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposals have been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal	Safe Haven	16	1	\$846,543
Renewal	Permanent Supportive Housing	17	1	\$270,213

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

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PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include these projects in the 2021 CoC Application to HUD.

Sincerely,



Laura E. Thielen
PIC Executive Director

PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Norma Spierings
Chief Development Officer
Parents and Children Together
nspierings@pachawaii.org

Dear Ms. Spierings,

On behalf of the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposals have been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal New	Hale Ola	2	1	\$264,704
New Expansion/CoC Bonus	Hale Ola Expansion	19	2	\$199,836*

*Please note, we are requesting PACT submit a NEW Expansion Project, which will be submitted for CoC Bonus funds for your currently funded DV Joint TH & PH-RRH to add bed capacity and expand services to clients experiencing Domestic Violence. This new project will need to be submitted in e-snaps by Tuesday, November 2, 2021 at 5:00 p.m.

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

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PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include these projects in the 2021 CoC Application to HUD.

Sincerely,



Laura E. Thielen
PIC Executive Director

PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Laura Thielen
Executive Director
Partners In Care
laurat@partnersincareoahu.org

Dear Ms. Thielen,

On behalf of the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposals have been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal New/YHDP	HI-501 Youth HMIS FY2021	N/A	N/A	\$106,105
Renewal New/YHDP	HI-501 Youth CES FY2021	N/A	N/A	\$93,191
Renewal	HI-501 HMIS FY2021	3	1	\$200,000
Renewal	HI-501 CES FY2021	4	1	\$300,000
New Expansion/CoC Bonus	HI-501 HMIS FY2021 Expansion	20	2	\$199,836*
New Expansion/CoC Bonus	HI-501 CES FY2021	21	2	\$199,836*

*Please note, we are requesting PIC submit two NEW Expansion Projects, which will be submitted for CoC Bonus project funds for your currently funded CES and HMIS programs to expand services to clients experiencing homelessness. These new project will need to be submitted in e-snaps by Tuesday, November 2, 2021 at 5:00 p.m.

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

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PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include these projects in the 2021 CoC Application to HUD.

Sincerely,



Jillian Okamoto
Oahu CoC Planning Committee Chair

PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Carla Houser
Executive Director
Residential Youth Services and Empowerment
chouser@rysehawaii.org

Dear Ms. Houser,

On behalf of Partners In Care (PIC) and the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposals have been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal New/YHDP	Diversion	N/A	N/A	\$235,884
Renewal New/YHDP	Guide on the Side	N/A	N/A	\$245,439
Renewal New/YHDP	Mobile Crisis Response Hui	N/A	N/A	\$275,000
Renewal New/YHDP	PSH	N/A	N/A	\$458,180
Renewal New/YHDP	TH/RRH	N/A	N/A	\$176,392
New	FY 2021 Youth RRH	1	1	\$384,016*
New	FY 2021 Youth Permanent Housing	10	1	\$172,492**

*Amount awarded is more than requested, project will be amended back for budget and project revisions. **These two new projects were awarded through the reallocation process.

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

Please note that all funding decisions are tentative and subject to revision pending any appeals received and will not be final until Tuesday, November 2, 2021 at 4:30 p.m. At this time, PIC will announce final funding awards to the continuum listserv.

PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include these projects in the 2021 CoC Application to HUD.

Sincerely,



Laura E. Thielen
PIC Executive Director

PARTNERS IN CARE

Oahu Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

SENT VIA EMAIL

October 28, 2021

Linda Ahue
Executive Director
Steadfast Housing Development Corporation
lahue@steadfast-hawaii.org

Dear Ms. Ahue,

On behalf of Partners In Care (PIC) and the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposals have been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal	2021 PH Ohana	5	1	\$581,433
Renewal	Ekolu Group Homes	12	1	\$126,761
Renewal	Headway House 2021	14	1	\$219,231

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

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Sincerely,



Laura E. Thielen
PIC Executive Director

PARTNERS IN CARE

Oahu Continuum of Care

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SENT VIA EMAIL

October 28, 2021

Mary Scott Lau
Executive Director
Women In Need
winhi@hawaiiantel.net

Dear Ms. Scott Lau,

On behalf of Partners In Care (PIC) and the Oahu Continuum of Care (CoC), I am pleased to notify you that the following project proposal has been reviewed and ranked for the 2021 CoC Program Competition.

Should you have any questions or concerns please contact Sharon Baillie, Operations and Planning Manager at 808-380-9466 or sharonb@partnersincareoahu.org.

Funding Type	Project Title	Rank	Tier	Amount Awarded
Renewal New	WIN Housing Domestic Violence Survivors with Comfort Pets	15	1	\$172,998

All proposals were reviewed by at least five (5) non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Page 7 of the HI-501 FY '21 CoC Competition RFP and Timeline, project applicants may appeal any funding decisions, including, but not limited to placement in Tier 1, Tier 2, reallocation, and/or complete defunding. Appeals must be submitted in writing to PIC by Monday, November 1, 2021, mailed or delivered to 200 North Vineyard Boulevard, Suite 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the O'ahu CoC Advisory Board who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

Please note that all funding decisions are tentative and subject to revision pending any appeals received and will not be final until Tuesday, November 2, 2021 at 4:30 p.m. At this time, PIC will announce final funding awards to the continuum listserv.

PIC has provided a spreadsheet, attached to this notification email of how proposals scored and ranked against each other.

Again, we are pleased to include this project in the 2021 CoC Application to HUD.

Sincerely,



Laura E. Thielen
PIC Executive Director

From: [Sharon Baillie](#)
To: ["oahu-pic@googlegroups.com"](mailto:)
Subject: HI-501 FY '21 CoC Program Competition Project Listing Publicly Available
Date: Monday, November 1, 2021 1:27:17 PM
Attachments: [image001.png](#)
[HI-501 FY '21 CoC Project Application Rankings.pdf](#)

Good Afternoon Oahu Continuum of Care,
Partners In Care is pleased to make publicly available, the Priority Project Listing for the Oahu Continuum of Care 2021 CoC Consolidated Application to HUD. You may find the listings in the attached pdf or by visiting our website here: <https://www.partnersincareoahu.org/fy21-coc-application>. Please do not hesitate to get in contact with myself or Laura Thielen laurat@partnersincareoahu.org if you have any questions or concerns.

Thank you,

Sharon Baillie

Operations and Planning Manager | Pronouns: She/Her/Hers ([what's this?](#))

Partners In Care

200 N. Vineyard Boulevard Ste. A-210

sharonb@partnersincareoahu.org

808-380-9466

www.partnersincareoahu.org

[Partners In Care Facebook](#)





October 28, 2021

HI-501 FY '21 CoC Project Priority Listing Publicly Available

NOFO

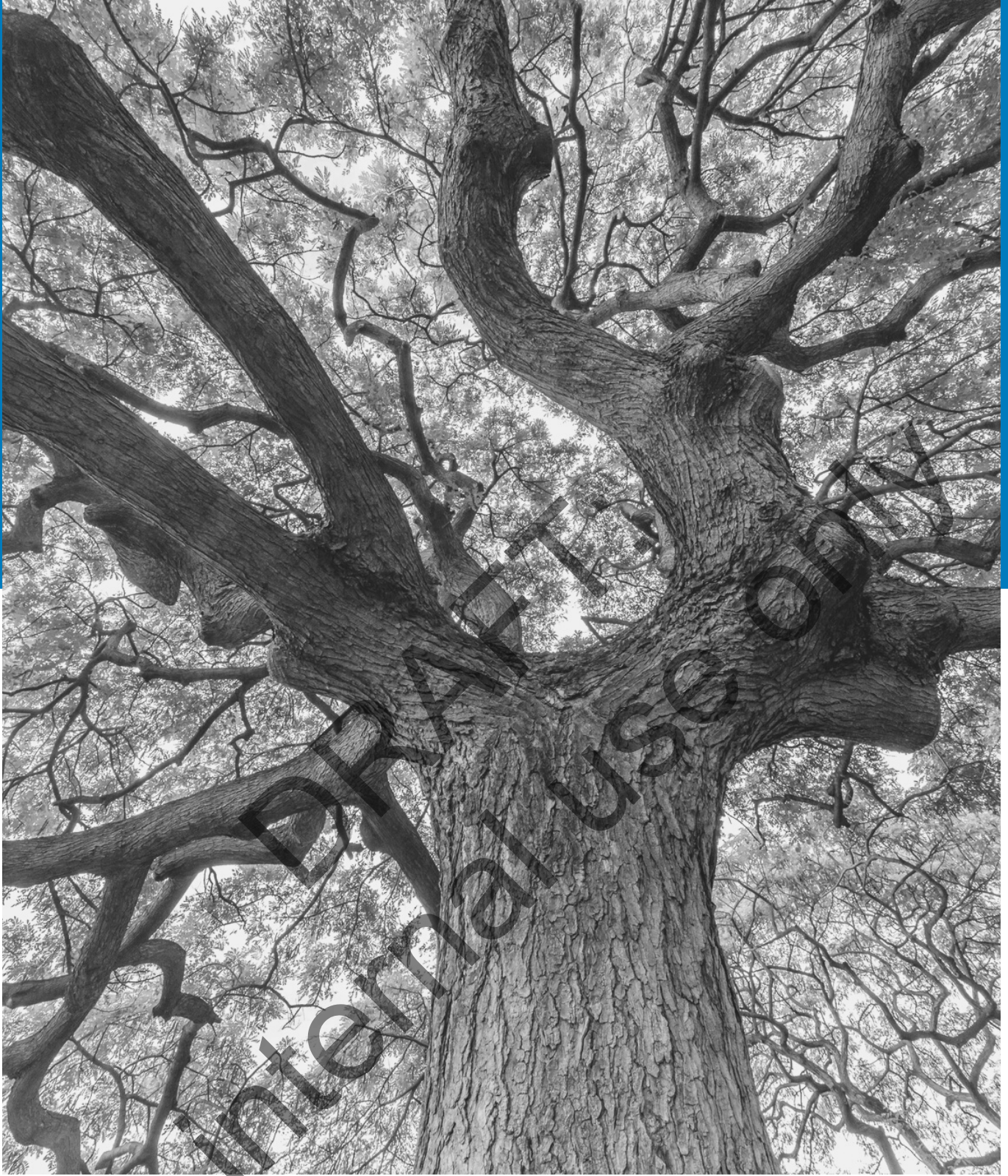
Partners In Care on behalf of the Oahu Continuum of Care is pleased to make publicly available the Priority Project Listing for the 2021 CoC Consolidated Application to HUD. ~~Pending any appeals, this listing is final, Tuesday, November 2, 2021.~~ Please submit comments or questions regarding the priority listing to [Sharon Baillie, Operations and Planning Manager](#).

11/01/2021 UPDATE

As of 12:00 p.m. HST, Monday, November 1st, the Priority Project Listing is final. No appeals were received.

[HI-501 CoC Consolidated Application Project Priority Listing PDF](#)

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OAHU'S CONTINUUM OF CARE 2021

RACIAL EQUITY REPORT

PREPARED BY: ANNA PRUITT, PHD & MONET MEYER, MA
UNIVERSITY OF HAWAII AT MANOA
NOVEMBER, 2021

EXECUTIVE SUMMARY



Existing racial equity analysis tools that categorize by broad racial groups are inadequate for understanding the diverse population in Hawaii. This report disaggregates racial data, particularly individuals categorized "multiracial," to gain a clearer picture of racial equity in homeless service provision on Oahu.



While racial disparities exist in the overall homeless population on Oahu, HMIS data shows that the racial composition of homeless service utilizers between July 1, 2020 and June 30, 2021 reflects the racial composition of the overall homeless population on Oahu, suggesting equity in access to CoC services.



However, disparities emerged in the *types* of services utilized across groups. NHPI service users were in the most under-represented group for permanent supportive housing enrollments. Asian, White, AIAN, and multiracial groups were over-represented in PSH.



Racial disparities existed in housing outcomes as well. Service users who identify as NHPI were less likely to exit to homelessness or an institutional setting, and were more likely to exit to permanent housing, while service users who identify as White showed the reverse pattern.



Service users who identify as White were more likely to report disabling conditions (e.g., mental illness, disability) while NHPI service users were the least likely to report these conditions. Given that the CES assessment tool uses these disabling conditions to determine vulnerability and prioritizes the most vulnerable for PSH, it is possible the CES tool is contributing to racial disparities in program enrollment types.



For next steps, we recommend the CoC consider a new CES assessment tool that shows measurement invariance for different racial groups.



WHY EQUITY?

In the United States, Black, Indigenous, and people of color (BIPOC) are disproportionately likely to experience homelessness. Emerging research demonstrates that these disparities may be exacerbated by the homelessness service system.

In response to this research and local racial disparities in homelessness, the Honolulu CoC decided to apply an equity lens to homeless service provision and housing outcomes. Unfortunately, the available HUD CoC Racial Analysis Tool collapses meaningful racial groups into

large categories, such as combining Asian and Pacific Islanders and lumping all multiracial individuals into one category.

Hawaii is the most racially diverse state, with no ethnic group having a majority and almost a quarter of the population identifying as multiracial. Given this diversity and the important differences between Asian and Native Hawaiians, the CoC wanted a more complete and disaggregated analysis. This report represents the third in a series of analyses at racial equity in the Honolulu CoC.

DETERMINING EQUITY

Methodology

A research team at the University of Hawaii at Manoa has worked with the CoC since 2019 to examine racial equity in service provision and housing outcomes. To determine if racial disparities exist in service provision, utilization, and outcomes, researchers examined entries in PIC's HMIS. Between July 1, 2020 and June 30, 2021, a total of 14,428 people received some form of housing services or assessment in Honolulu County, resulting in 28,403 total service usage entries in HMIS.

Notably, this report examines each racial group alone or in combination with another race, which provides a more complete picture of racial equity. Previous reports were unable to disaggregate data for multiracial categorizations due to HMIS limitations. The CoC HMIS team has worked hard since 2019 to disaggregate racial data.

To examine racial equity, researchers compared the percentage of each racial group comprising the indicator of interest, to the percentage of each racial group in the larger population. For example, to examine equity in homelessness, researchers divided the percentage of each racial group in the homeless population by that group's percentage of the overall population minus 100%. Equity would equal 0%.

HOMELESSNESS IN HNL

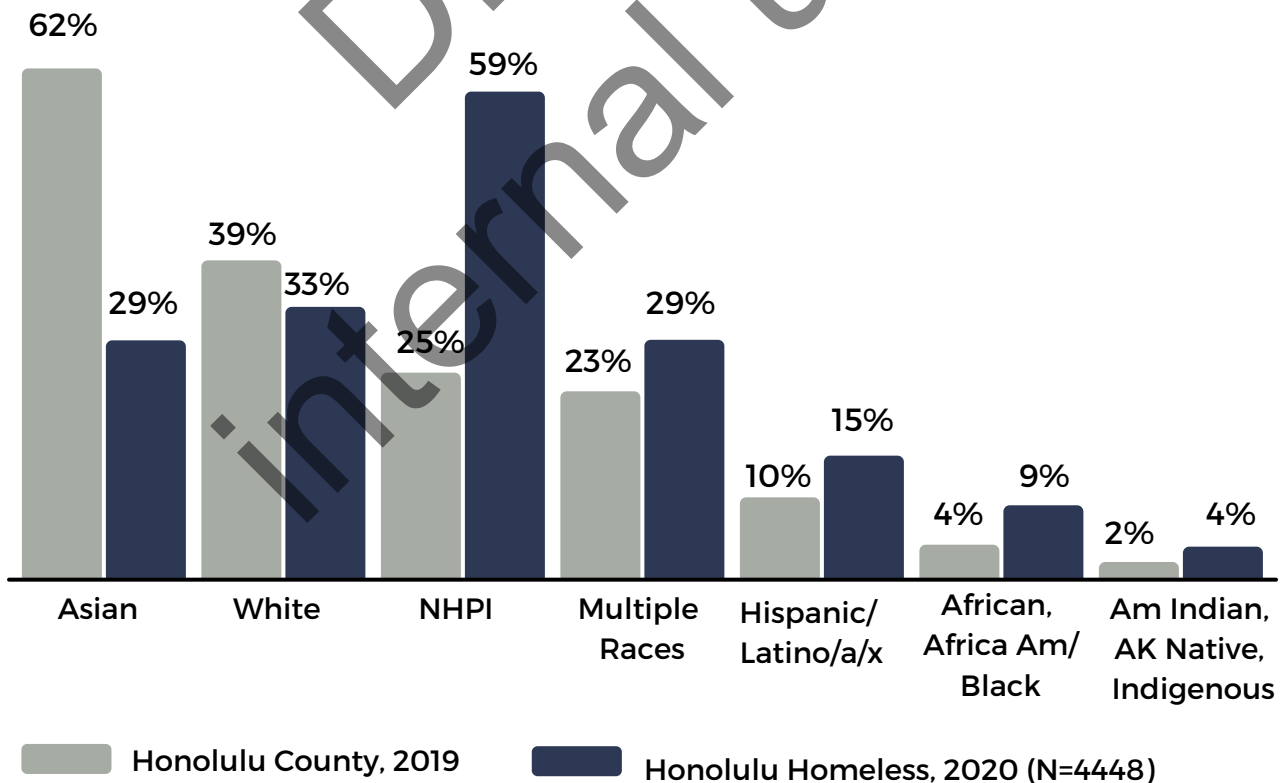


Do disparities exist in homelessness?

To examine racial disparities in homelessness, we compared the racial demographics of the Honolulu County homeless population as captured in the 2020 point-in-time count with the demographics of the overall Honolulu County population (ACS, 2019).

The biggest disparities were seen in individuals identifying as Asian and individuals identifying as Native Hawaiian or Pacific Islander (NHPI). Individuals identifying as Asian make up the majority of the general population in Honolulu County but only 29% of the homeless population on Oahu. On the other hand, individuals identifying as NHPI make up only 25% of the general population but 59% of the homeless population.

Racial Composition of Honolulu County, 2019 and Honolulu Homeless Population, 2020



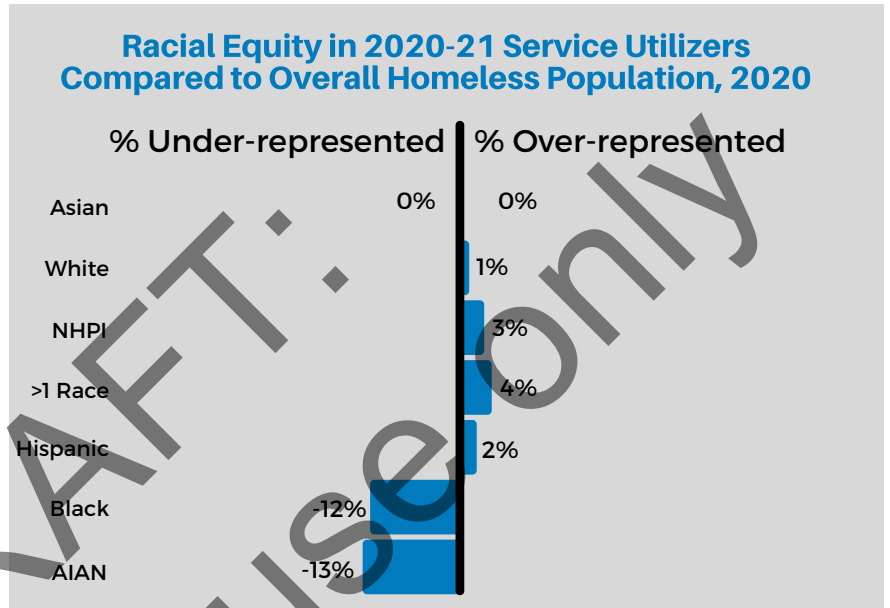
EQUITY IN SERVICE PROVISION

Do racial disparities exist in homeless service utilization?

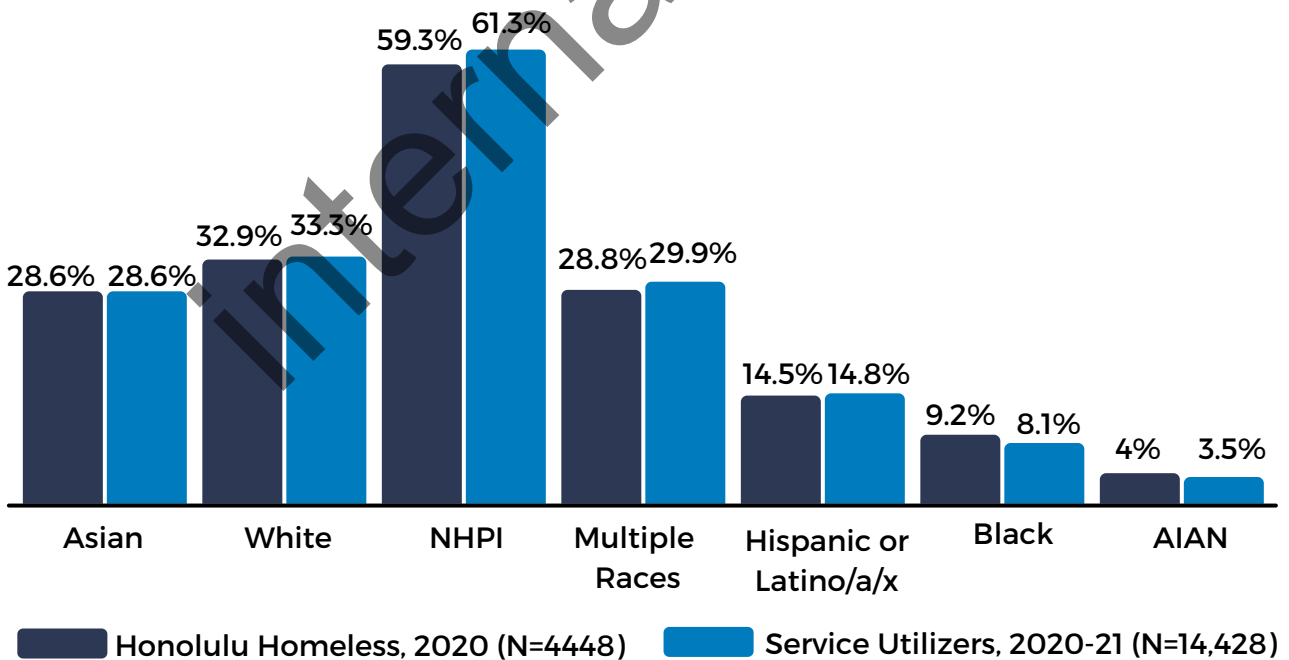
Of the 14,428 service utilizers, 61% were NHPI clients ($n = 8,846$), followed by 30% multiracial ($n = 4,311$), 33% White ($n = 4,805$), 29% Asian ($n = 4,133$), 8% Black ($n = 1,168$), 2.7%, and 3.5% AIAN ($n = 507$).

Note: 2.7% of clients identified as "other race" ($n = 384$) and 3.6% of clients were missing race data ($n = 515$).

Data shows no substantial differences between the homeless population as counted by the 2020 Point-in-Time and 2020-21 service utilizers.



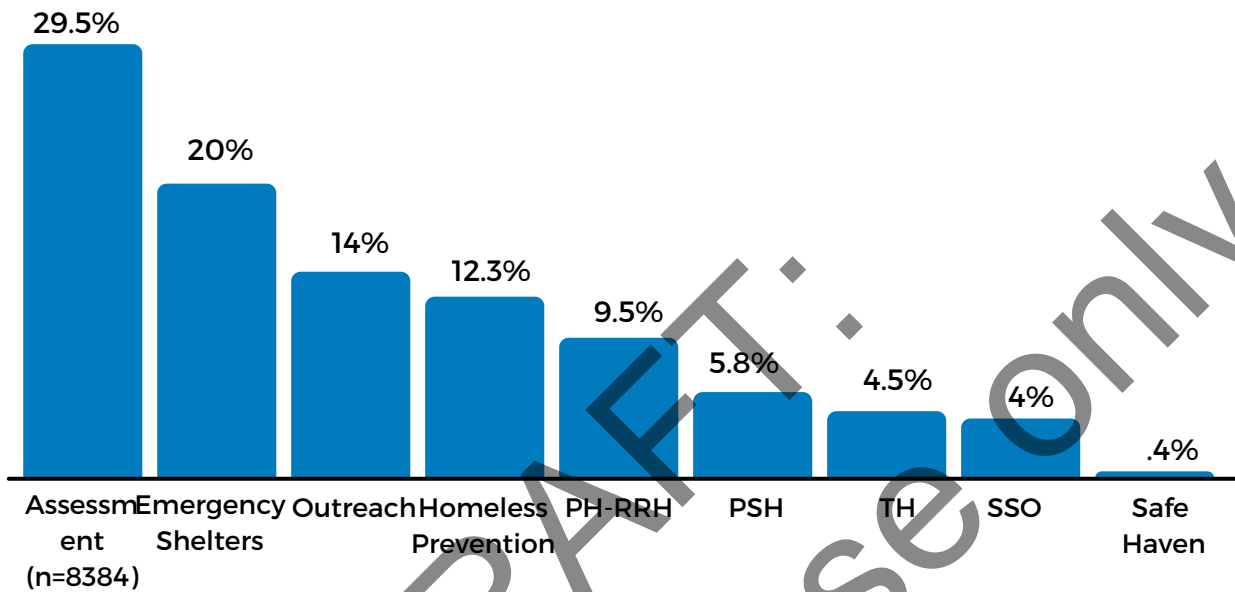
Racial Composition of Honolulu Homeless Population, 2020 and Honolulu Homeless Service Utilizers, 2020-21



EQUITY IN SERVICE TYPE

Despite no substantial differences in general service utilization by race, there were differences in the types of services utilized across groups.

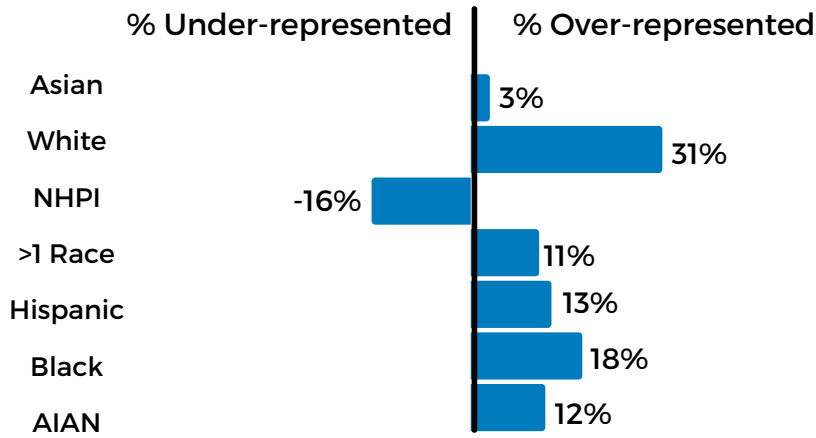
Percent of Enrollments by Service Type (N = 28,403)



Number of Clients of Identifying as Each Racial Group by Service Type (N = 28,403)

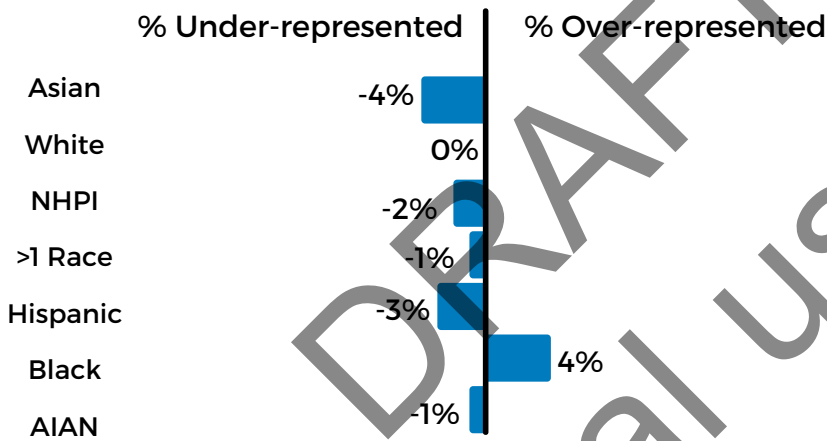
		Coordinated Assessment	Emergency Shelter	Homeless Prevention	Outreach	PH-RRH	PSH	Services Only	Safe Haven	Transitional Housing	Total
AA/Black	<i>Alone</i>	396	286	134	127	147	53	66	28	59	1276
	<i>in Combo</i>	315	191	125	117	120	74	43	4	50	1039
AIAN	<i>Alone</i>	46	41	13	24	13	14	9	1	6	167
	<i>in Combo</i>	242	184	87	107	70	64	35	2	25	816
Asian	<i>Alone</i>	623	506	268	377	138	207	85	9	56	2269
	<i>in Combo</i>	1662	1039	819	860	476	424	244	4	257	5785
NHPI	<i>Alone</i>	3012	1941	1646	1276	1282	359	282	8	602	10408
	<i>in Combo</i>	2151	1329	998	1111	658	496	314	9	335	7401
Other	<i>Alone</i>	85	85	48	29	24	10	18	0	10	309
	<i>in Combo</i>	143	118	50	49	36	17	24	0	24	461
White	<i>Alone</i>	1343	1100	251	665	302	381	271	56	144	4513
	<i>in Combo</i>	1584	1022	700	741	464	394	243	7	225	5380
Multiracial		2583	1670	1120	1297	762	618	391	11	388	8840
Unknown		296	67	8	189	19	12	9	0	21	621
Total		8384	5676	3488	3984	2687	1654	1131	113	1286	28403

EQUITY IN SERVICE TYPE



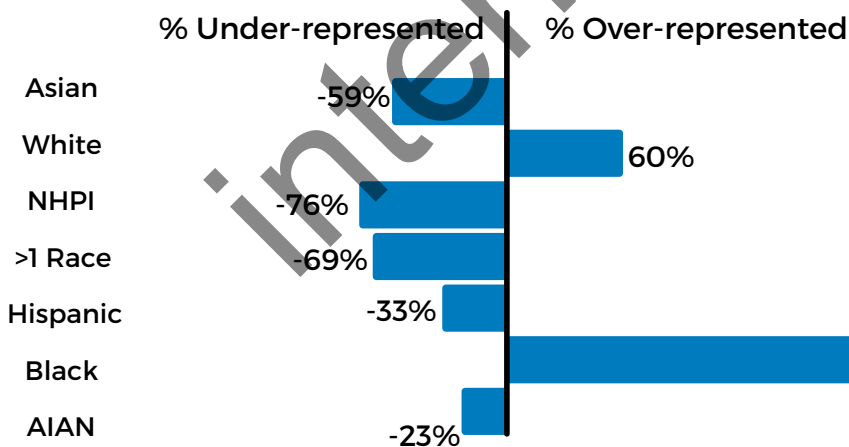
Services Only

Individuals who identify as NHPI were the only under-represented group for "Services Only", while individuals who identify as White were in the most over-represented group.



Coordinated Assessments

There were no substantial differences for completion of coordinated assessments across groups.

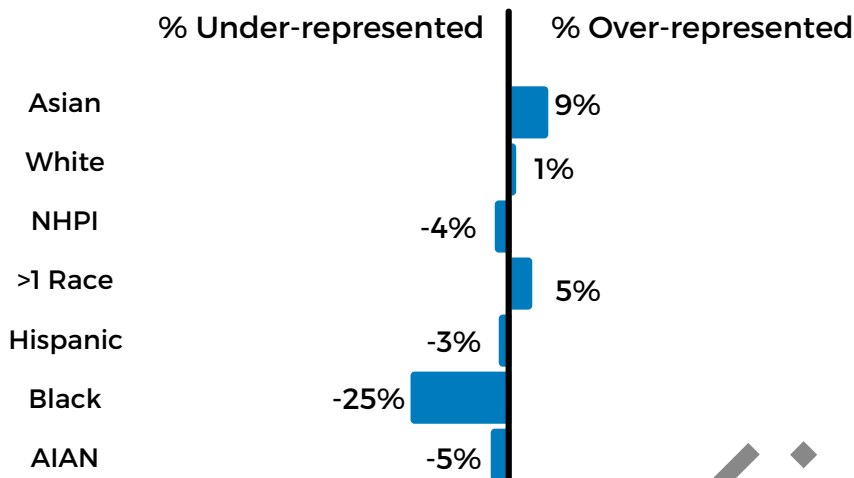


Safe Haven

Service users identifying as Black or White were over-represented, and those identifying as Asian, NHPI, Hispanic, or AIAN, and multiracial were under-represented.

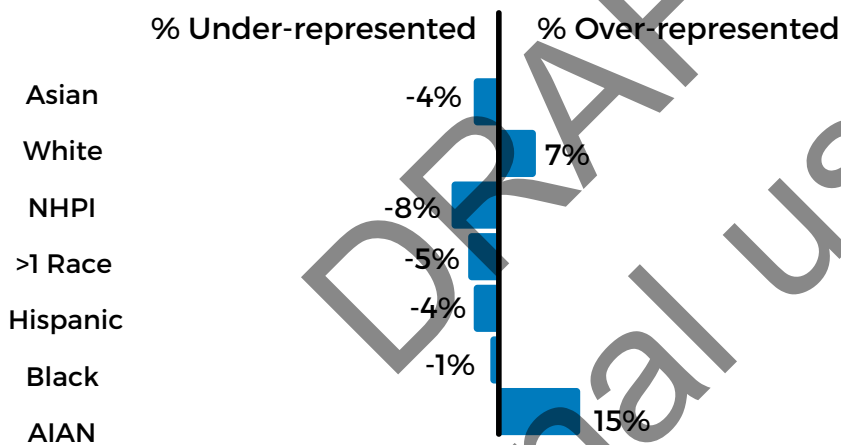
Note: Low numbers of individuals in Safe Haven programs and the smaller percentage of service utilizers identifying as Black inflate the equity index as small changes result in large differences in % over or under-represented.

EQUITY IN SERVICE TYPE



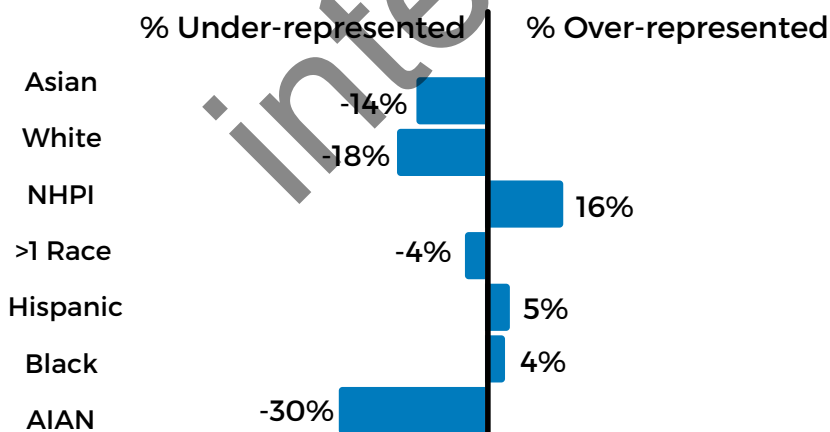
Outreach Services

No groups appeared to be substantially over-represented in outreach services, however, service users identifying as Black were in the most under-represented group.



Emergency Shelter

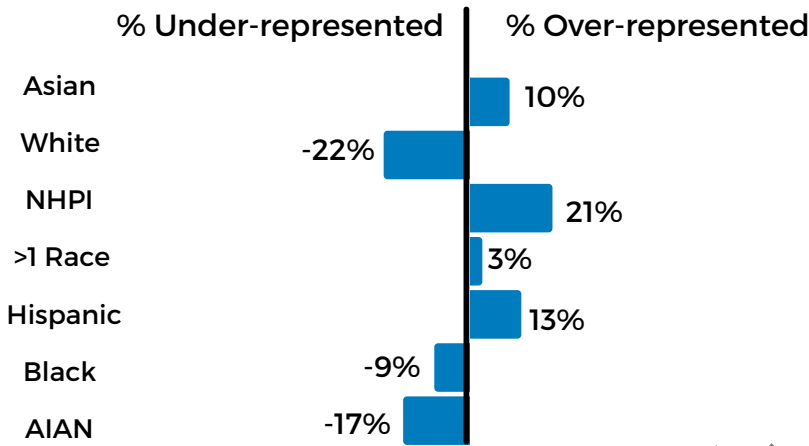
No substantial racial inequities were present for emergency shelter utilization.



Transitional Housing

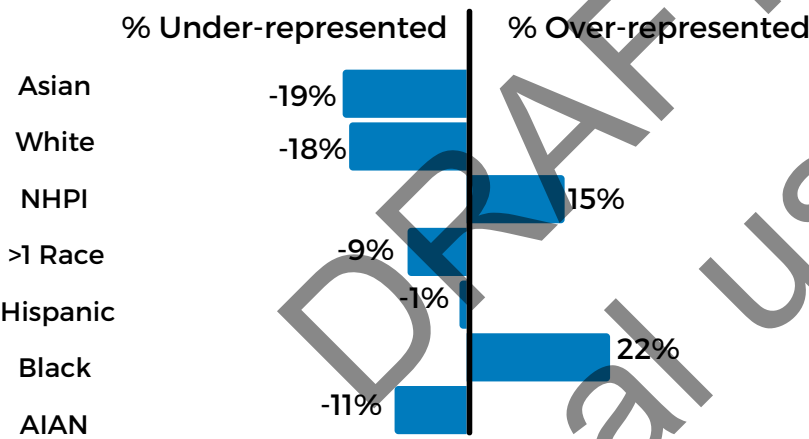
No groups appeared to be substantially over-represented in Transitional Housing services, however, AIAN individuals were in the most under-represented group.

EQUITY IN SERVICE TYPE



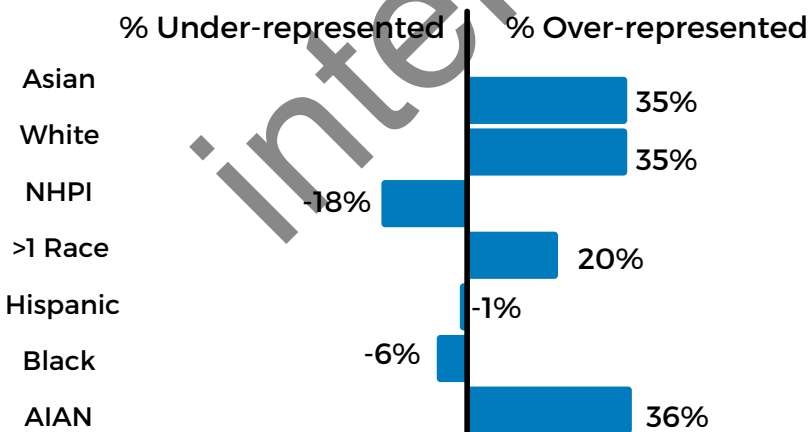
Homeless Prevention

NHPI service users were in the most over-represented group in Homeless Prevention Services, while White and AIAN service users were in the most under-represented groups.



PH-Rapid Rehousing

Individuals who identify as NHPI or Black were in the most over-represented groups for Rapid Rehousing Services, while individuals who identify as Asian or White were in the most under-represented groups.

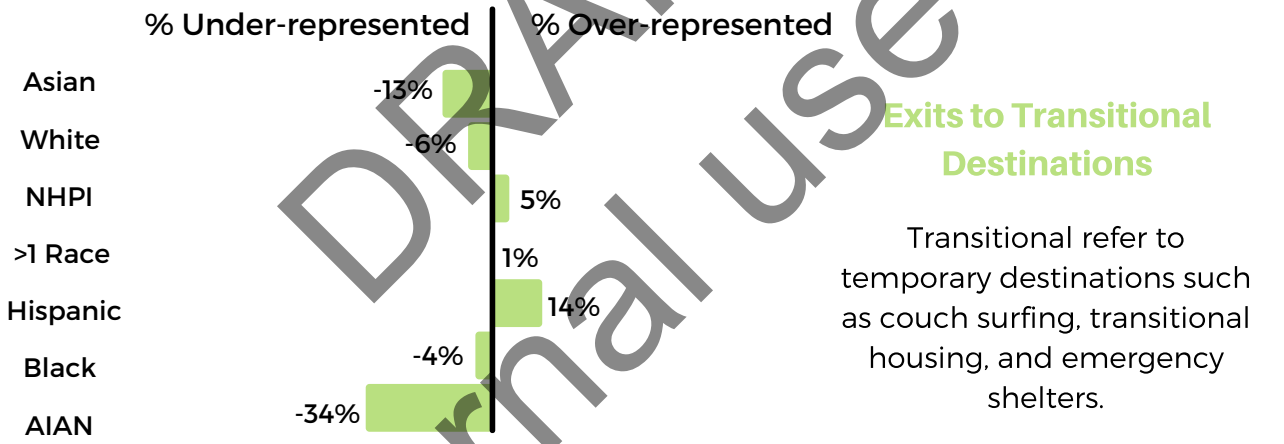
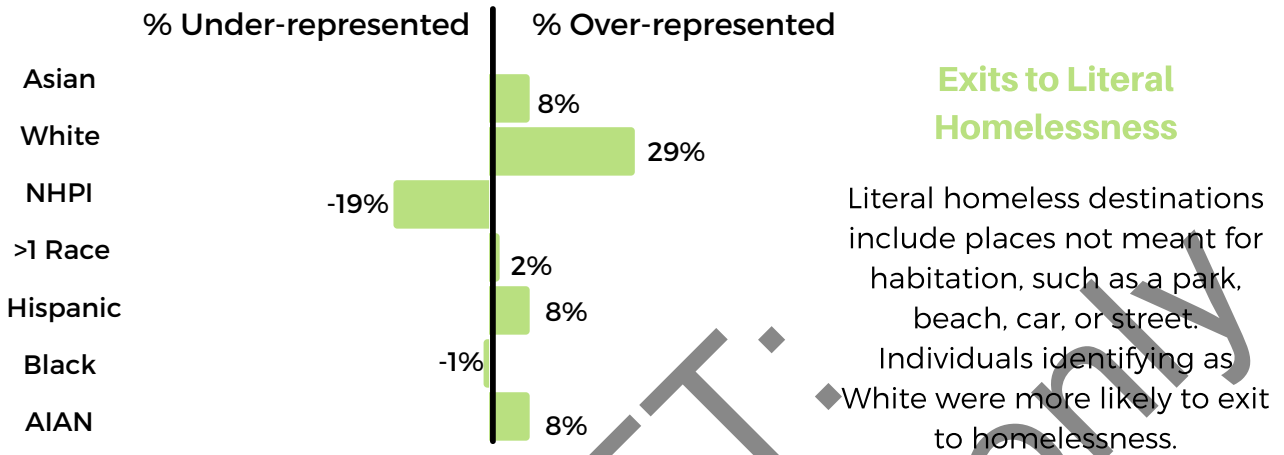


Permanent Supportive Housing

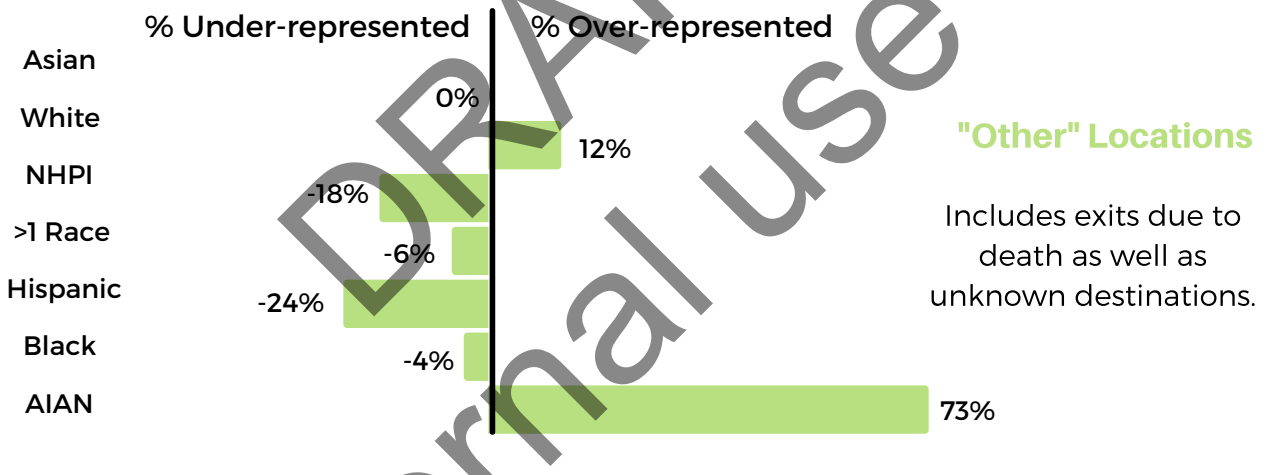
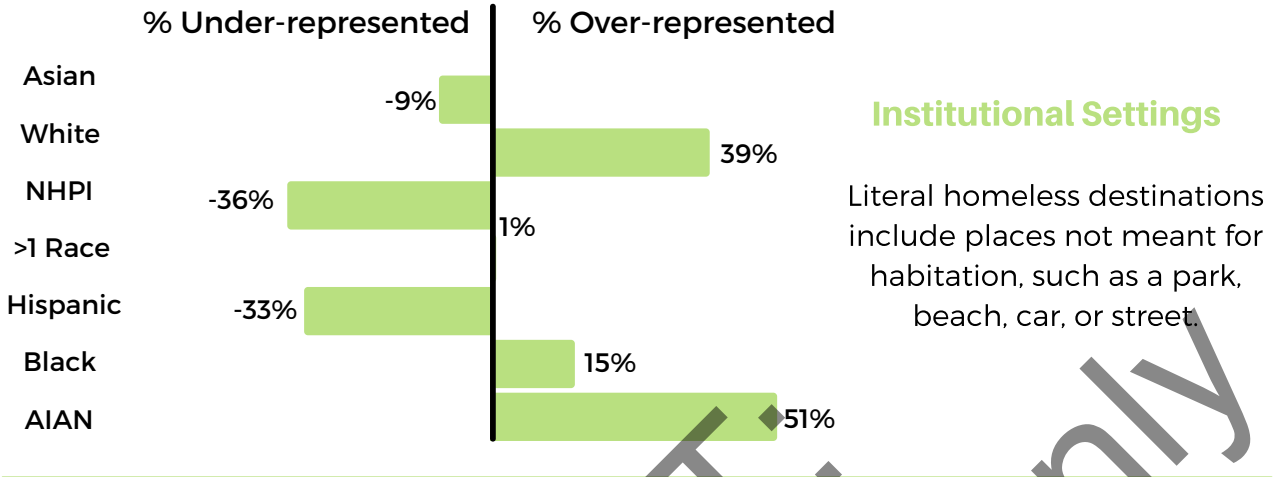
For permanent supportive housing, NHPI service users were in the most under-represented group and Asian, White, AIAN, and individuals who identify with more than one race were in over-represented groups.

EQUITY IN OUTCOMES: EXIT DESTINATIONS

We also examined racial disparities in housing outcomes, particularly related exit destinations.



EQUITY IN EXIT DESTINATIONS



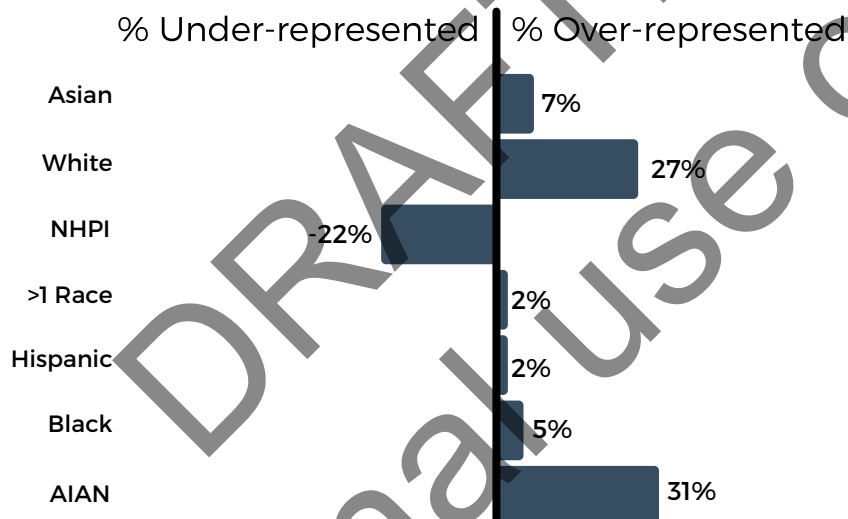
Overall, there were differences in housing outcomes by race. Service users who identify as NHPI were less likely to exit to homelessness or an institutional setting, and were more likely to exit to permanent housing, while service users who identify as White showed the reverse pattern. Service users who identify as Asian or with more than one race did not show substantial differences, although Asian service users were less likely to enter transitional destinations.

EXPLAINING INEQUITIES

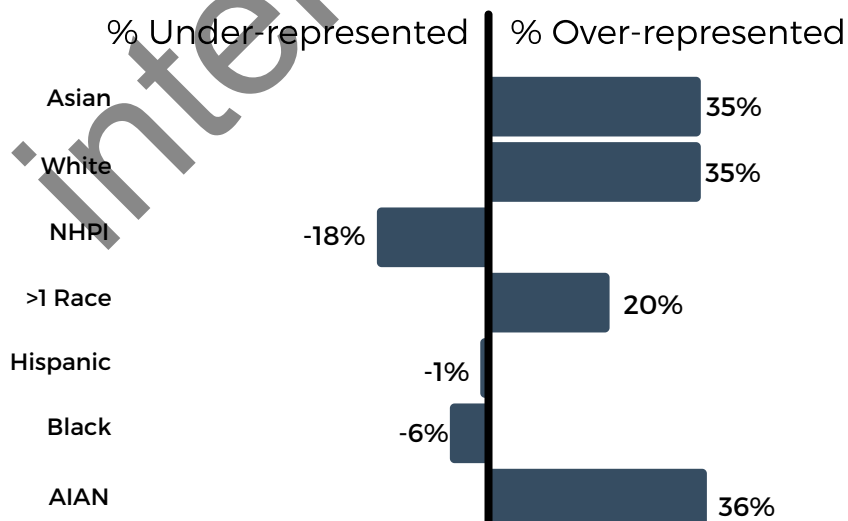
Researchers attempted to understand contributors to racial disparities in service types and outcomes. Recent studies have shown that the current tool -- the VISPDAT-- used by the Honolulu CoC is racially biased and may not capture vulnerabilities experienced by BIPOC. Given that this tool is used to prioritize the most vulnerable clients for permanent supportive housing, it is possible that racial disparities in program enrollment type is related to racial biases in the tool

To examine this possibility, we analyzed racial differences in disabling conditions, which are part of the criteria used by the VI-SPDAT to determine vulnerability. White and AIAN service users were more likely to report disabling conditions or mental illness, while NHPI service users were the least likely to report these conditions, suggesting that the vulnerabilities experienced by these groups may not be captured in assessment.

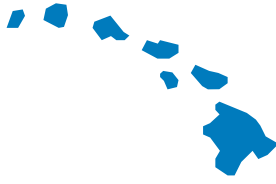
At least 1 Disabling Condition



Permanent Supportive Housing



CONCLUSIONS



Existing racial equity analysis tools that categorize by broad racial groups are inadequate for understanding the diverse population in Hawaii. This report disaggregates racial data, particularly individuals categorized "multiracial," to gain a clearer picture of racial equity in homeless service provision on Oahu.



While racial disparities exist in the overall homeless population on Oahu, HMIS data shows that the racial composition of homeless service utilizers between July 1, 2020 and June 30, 2021 reflects the racial composition of the overall homeless population on Oahu, suggesting equity in access to CoC services.



However, disparities emerged in the types of services utilized across groups. NHPI service users were in the most under-represented group for permanent supportive housing enrollments. Asian, White, AIAN, and multiracial groups were over-represented in PSH.



Racial disparities existed in housing outcomes as well. Service users who identify as NHPI were less likely to exit to homelessness or an institutional setting, and were more likely to exit to permanent housing, while service users who identify as White showed the reverse pattern.



Service users who identify as White were more likely to report disabling conditions (e.g., mental illness, disability) while NHPI service users were the least likely to report these conditions. Given that the CES assessment tool uses these disabling conditions to determine vulnerability and prioritizes the most vulnerable for PSH, it is possible the CES tool is contributing to racial disparities in program enrollment types.



For next steps, we recommend the CoC consider a new CES assessment tool that shows measurement invariance for different racial groups.

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