

**2018 Iowa Balance of State Continuum of Care (CoC)**

**5.04.2018 Amended Final Renewal Project Application: Deadline: Friday, May 25, 2018, 11:59 PM**

Please be sure to submit the application and ALL attachments, including the Performance Report, as a **SINGLE PDF DOCUMENT**.

Instructions: Answer the questions below. Include a "Self-Score" as indicated.

**APPLICANT NAME AND LOCATION**

Organization Name:	Friends of the Family		
Project Name:	Northeast Iowa Permanent Housing Program (PSH)(205)		
Type of Project (Permanent Supportive Housing, Rapid Rehousing, Transitional Housing)	Permanent Supportive Housing		
Project Name on the HIC:	FOFIA- Northeast Iowa Permanent Housing Program		
Anticipated Renewal Amount:	\$206,692		
Address:	P.O. Box 784 Waverly, Iowa 50677		
Contact Person (w/Email & Phone):	Ben Brustkern ben@fofia.org		
Secondary Contact (w/Email & Phone):	KarLee Kearns karlee@fofia.org		
Verify current registration in federal System for Award Management:	Circle or Enter: Yes	DUNS #:	845062777

**THRESHOLD ASSURANCES**

**Projects MUST meet ALL of these requirements to be eligible for renewal consideration.**

Has the project removed the following barriers to accessing housing and services? Verify that each barrier described does NOT exist:

	Circle or Enter:	Self-Score:	CoC-Score:	
	Not a barrier	Assurances met?	Assurances met?	Threshold Notes
a. Having too little or no income:	Not a barrier			
b. Having a criminal record with exceptions for state-mandated restrictions:	Not a barrier			
c. Fleeing domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement):	Not a barrier			
d. Having (or not having) a previous address within Iowa:	Not a barrier			
e. Failure to comply with HUD's 2016 Gender Identity Rule: ( <a href="https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/">https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/</a> )	Not a barrier			
		Yes		

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Note: This applies only to projects which were new in 2017 or projects that were new in 2016 AND have been operating for less than twelve months *due to HUD delays in issuing a contract* . If this is the case and you believe that your scores for the following questions may be negatively affected, please attach a concise explanation of the details, including the date your project started, why and how your scores are negatively impacted, and any steps taken to minimize any gaps in project services. Depending on this response and HUD's 2018 CoC Funding NOFA, rulings, and other communications, application reviewers MAY consider scoring adjustments. Questions to which this pertains: 8.a.,d. and e.; 9.c-e; 13.a.; 21.b-c; 21.a1-a2

**CONTINUUM OF CARE PARTICIPATION** (30 points, questions 1 -7)

- 1 Local Participation:** Since January 2017, have representatives of your project attended meetings as part of planning a Coordinated Entry/Coordinated Services Region that includes your service area OR attended meetings of your organized local planning group? Meeting minutes must be available to verify attendance. List meetings below. (2 points for each meeting attended, up to 10 points)

Representative (Name of Individual)	Region or Planning Group	Date Attended	Self-Score (up to 10)	CoC Score (up to 10)	Scoring Notes
Karlee Kearns	Northeast Iowa Services- <b>Postville</b>	3/28/2018	10		
Karlee Kearns	Northeast Iowa Services - <b>Oelwein</b>	10/19/2017			
Ben Brustkern	Northeast Iowa Services - <b>Oelwein</b>	8/24/2017			
Ben Brustkern	Northeast Iowa Services - <b>Waverly</b>	8/24/2017			
Ben Brustkern	Northeast Iowa Services <b>Oelwein</b>	3/28/2018			

- 2 ICH Participation:** Since January 2017, have representatives of your project attended at least three bimonthly meetings of the Iowa Council on Homelessness? Note that anyone can participate in Council meetings even if not a voting member. Posted meeting minutes must be available to verify attendance. (1 point for each meeting attended, up to 3 points)

Representative (Name of Individual)	Date Attended	Three meetings attended? Circle or enter: yes	Self-Score (up to 3)	CoC Score (up to 3)	Scoring Notes
Ben Brustkern	5/19/2017	yes	3		
Ben Brustkern	8/4/2017				
Ben Brustkern	11/17/2017				

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**3 ICH Committee Participation: Since January 2017, have representatives of your project attended at least three meetings of one or more Iowa Council on Homelessness committees, including work groups? Note that anyone can participate in committee meetings even if not a Council member. Posted meeting minutes must verify attendance. (1 point for each meeting attended, up to 3 points)**

Representative (Name of Individual)	Committee	Date Attended	Self-Score (up to 3)	CoC Score (up to 3)	Scoring Notes
Ben Brustkern	Executive	4/21/2017	3		
Ben Brustkern	Exectuive	6/16/2017			
Ben Brustkern	Executive	10/20/2017			

**Other CoC Participation: Have representatives of your project participated in any of the activities described in questions 4-7? Participation records must verify attendance.**

**4 Professional Development and Networking: Did any project staff attend either the 2017 HUD Peer-to-Peer Symposium OR September 2017 HousingIowa Conference? (2 points for attending either)**

2017 HUD Peer-to-Peer Symposium OR September 2017 HousingIowa Conference	Name of attendee	Self-Score (up to 2)	CoC Score (up to 2)	Scoring Notes
2017 Housing Iowa Conference	Ben Brustkern	2		

**5 Education: Since July 2017 have you engaged in educating one or more local officials about your project services and your area's homeless/housing needs? Please attach an email chain or similar documentation to verify. Note: sign-in sheet for March 20, 2018 Day on the Hill will be used as verification for that event. (2 points for participation in such a meeting)**

Ben Brustkern attended the March 20, 2018 Day on the Hill. He was able to meet with Jeff Danielson, Mike Bergan, and Amanda Regan.	Self-Score (0 or 2)	CoC Score (0 or 2)	Scoring Notes
	2		

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- 6 Point in Time Count: Did your agency participate in the street (unsheltered) count in counties served by your project? Count must be recorded with HUD. (3 points for 1 county; 5 points for multiple counties)**

		Self-Score (0,3 or 5)	CoC Score (0,3 or 5)	Scoring Notes
Yes	County/Countries: Allamakee, Bremer, Buchanan, Butler, Chickasaw, Clayton, Fayette, Howard, Winneshek	5		

- 7 CoC Annual Meeting Participation: Did at least one representative of your project participate in the April 2018 Annual Meeting of Iowa Balance of State CoC Grantees? ( 5 points)**

Representatives (Names of Individual)		Self-Score (up to 5)	CoC Score (up to 5)	Scoring Notes
Ben Brustkern, Karlee Kearns		5		

**PROJECT MANAGEMENT** (14 points, *questions 8-14*)

- 8 Spending History: Refer to the most recently-completed operating year for which an APR has been submitted. (5 points if funds were fully expended [0% unexpended]; 4 points if up to 1% of funds are unexpended; 3 points if up to 2% of funds are unexpended; 2 points if up to 3% of funds are unexpended, 1 point if 4% of funds are unexpended and zero points if 5% or more of funds are unexpended)**

		Self-Score (up to 5)	CoC Score (up to 5)	Scoring Notes
a. Project operating year end-date:	11/30/2017	4		
b. Grant amount:	\$ 202,312			
c. Total funds expended:	200,687.10			
d. Funds remaining (unexpended funds):	\$ 1,625			
e. Unexpended funds percentage (unexpended funds/grant amount):	0%			

- 9 Annual Performance Report (APR): Refer to most recently-completed year for which an APR was submitted. (1 point if 90-day requirement met)**

		Self-Score (0 or 1)	CoC Score (0 or 1)	Scoring Notes
a. Project operating year end-date:	11/30/2017	1		
b. Date APR submitted to HUD in SAGE:	2/27/2018			
d. Did your project meet the 90-day requirement? <b>Circle or enter:</b>	Yes			
e. If an extension was granted by HUD or SAGE was unavailable, describe. Must have written documentation available upon request.				

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**10 HUD Grant Monitoring: (2 points)**

a. Has HUD monitored the project within the past two years? (If no, STOP and award full 2 points.)	<b>Circle or enter:</b> Yes
b. Date of monitoring visit:	7/11/2017
c. How many findings of noncompliance were documented by HUD? (If greater than 3, stop and award NO points.)	2
d. How many findings of noncompliance have NOT been resolved within the required time frame? (If greater than zero, award NO points. If 3 findings or fewer and all were resolved within the required time frame, award full 2 points.)	0

Self-Score (up to 2)	CoC Score (up to 2)	Scoring Notes
2		

**11 Administration Costs: (1 point if yes)**

Will the amount requested for Administration Costs in the Esnaps project application be no more than 7% or the amount listed on the GIW?	<b>Circle or enter:</b> Yes
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Self-Score (0 or 1)	CoC Score (0 or 1)	Scoring Notes
1		

**12 Timely Compliance: (1 point for each yes; up to 2 points)**

a) In the most recently completed project year, did the agency draw down funds from HUD at least quarterly?	<b>Circle or enter:</b> Yes
Indicate date on which project contract was executed:	10/1/2016 Day Month Year
b) Does the agency maintain an average of 14 days or less between clients' project start and entry into HMIS?	No

Self-Score (1 each)	CoC Score (1 each)	Scoring Notes
1		



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13 <b>Data Completeness:</b> (points described below; up to 2 points)	Circle or enter:	Self-Score (up to 2)	CoC Score (up to 2)	Scoring Notes
Less than 2% missing (null) values in ServicePoint (HMIS or DVIMS) (2 Points) Between 2% and 5% missing (null) values in ServicePoint (HMIS or DVIMS) (1 Point) Higher than 5% missing (null) values in ServicePoint (HMIS or DVIMS) (0 Points)	Less than 2%	2		

14 <b>Exit Destination Errors:</b> (1 point if yes)	Circle or enter:	Self-Score (0 or 1)	CoC Score (0 or 1)	Scoring Notes
Is the total exit destination error less than 20%?	Yes	1		

**PROJECT DESIGN** (21 points, questions 15-19)

15 <b>Project Type:</b> (10 points)	Self-Score (0 or 10)	CoC Score (0 or 10)	Scoring Notes
<b>Mark one:</b> X -Permanent Supportive Housing (10 points) <input checked="" type="checkbox"/> -Rapid Rehousing (10 points) <input checked="" type="checkbox"/> -Transitional Housing exclusively for DV, youth, or substance abuse (10 points) <input checked="" type="checkbox"/> -Transitional Housing NOT exclusively for DV, youth, or substance abuse (no points)	10		

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**16 Prioritization of literally homeless or fleeing domestic violence: Refer to the most recently-completed operating year for which an APR has been submitted. (5 points)**

a. Total number of participants served by project: (ALL/Adults)	44/30
b. Number of adult participants or head of households (HoH) served that came from the street, other locations not meant for human habitation, emergency shelters, safe havens, or fleeing domestic violence, including less than 90 days in institutions with literally homeless immediately prior:	21
c. Percentage of adult participants served or HoH who entered from the sources above (b)/(a). (5 points for 100%; 4 points for at least 95%; 3 points for at least 90%; 2 points for at least 85%; 1 point for at least 80%; no points for lower than 80%)	70%

Self-Score (up to 5)	CoC Score (up to 5)	Scoring Notes
0		

**17 Housing First: Does the project ensure participants are NOT terminated from the project for the following reasons, as evidenced by a written termination policy attached to the application? (select all that apply) Effective date must be evident. (5 points; MUST attach written termination policy for points)**

Failure to participate in supportive services and/or failure to make progress on a service plan: (1 point if yes AND matches attached termination policy)	<b>Circle or enter:</b> Yes
Loss of income or failure to improve income: (1 point if yes AND matches attached Termination Policy)	<b>Circle or enter:</b> Yes
Active substance abuse: (1 point if yes AND matches attached termination policy)	<b>Circle or enter:</b> Yes
Any other activity not covered in a lease agreement typically found in the project's geographic area: (1 point if yes AND matches attached termination policy)	<b>Circle or enter:</b> Yes
<b>and ensure that:</b> every effort is made to help participants transition to other housing options when continuation in this project is jeopardized or about to expire? (1 point if yes)	<b>Circle or enter:</b> Yes

Self-Score (up to 5)	CoC Score (up to 5)	Scoring Notes
2		
3		

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**18 Supportive Services: Check below for each statement that is true for this project.** (1 point if yes to ALL and completing a. - d.; no points for incomplete response)

a. Transportation assistance is provided to clients to attend mainstream benefit appointments, employment training, or jobs.	<b>Circle or enter:</b> Yes
b. At least semi-annual follow-ups are conducted with participants after project exit to ensure verify that mainstream benefits are received and renewed (and for RRH projects, to ensure verify that housing stability is maintained).	<b>Circle or enter:</b> Yes
c. Project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency.	<b>Circle or enter:</b> Yes

Self-Score (0 or 1)	CoC Score (0 or 1)	Scoring Notes
1		

**PERFORMANCE** (34 points, questions 19-20)

**19 Successful Client Outcomes & Cost Per Exit: Refer to the most recently-completed operating year for which an APR has been submitted.** (4 points for accurately completing all items below)

a. Project Type (PSH, RRH, TH)	PSH
b. Total CoC Project funds spent not including match:	200,687.10
c. Cost per permanent housing exit: (Explain your methodology below.)	\$ 15,215

Self-Score (up to 4)	CoC Score (up to 4)	Scoring Notes
4		

Briefly explain the formula used to arrive at the calculation reflected in 19.c.: Briefly explain the formula used to arrive at the calculation reflected in 19.c.: We used number of household served (20) divided by the total cost of grant expended (\$200,687) divided by 12 for the yearly households cost of \$10,034. We divided the \$10,034 by 12 to get an average monthly cost per client of \$836.00. According to the APR submitted to HUD the average client spends 546 days in the program. This is approx. 18.2 months multiplied by the average monthly cost of \$836.00.  $\$836 \times 18.2 \text{ months} = \$15,215$  per permant housing exit.



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**20 Project Evaluation:**

Evaluation Criteria	Benchmark/Standard	Number of Clients			Scoring Notes
			Self-Score (0 or 5)	CoC Score (0 or 5)	
a1. Number of participants proposed to be served in project 2017 application. (18.a in 2017 renewal application; 15.a in 2017 new project application);	N/A	25			
a2. Number of participants served in 2017 project year as of April 30, 2018.	42% of grant year completed as of April 30, 2018 based on start date of 12/1/2017	39	5		
If the number served is not on pace to achieve the benchmark set in the application, use this space to explain:					

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b1. RRH or TH Only: Percentage of all adult participants who increased <u>total income</u> from entry to exit:	≥25% = 10 Points < 25% = 0 Points	
b2. PSH ONLY: Percentage of adults remaining (stayers) who increase <u>total income</u>	≥25% = 10 Points < 25% = 0 Points	27%

(0 or 10)	(0 or 10)	Scoring Notes
10		

c1. RRH or TH Only: Percentage of exits to Permanent Housing:	≥80% = 10 Points 70 - 79% = 5 Points <70% 0 Points
c2. PSH Only: Percentage of successful exits/retention:	≥85% = 10 Points 75 - 84% = 5 Points <75% = 0 Points

(0, 5 or 10)	(0, 5 or 10)	Scoring Notes
10		

d1. RRH or TH Only: Percentage of adult participants who met HUD definition of chronically homeless (note: 5 points for youth-focused)	≥10% = 5 Points 5 - 9% = 3 Points <5% = 0 Points
d2. PSH Only: Percentage of adult participants who met HUD definition of chronically homeless (note: 5 points for youth-focused projects):	100% = 5 points 96-99% = 4 points 92-95% = 3 points 88-91% = 2 points 85-87% = 1 point <85% = 0 Points

Self-score (up to 5)	CoC Score (up to 5)	Scoring Notes
0		


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**BONUS** (1 point)

Award 1 point if all questions have complete responses and all required attachments are included.

Self-Score (0 or 1)	CoC Score (0 or 1)	Scoring Notes
1		

Total (100 max)	Total (100 max)
88	

<b>CERTIFICATION</b>	
I certify that to the best of my knowledge and belief, the responses provided above in this application are true, accurate and complete. I further understand that false or incomplete information may result in this application being ineligible for funding.	
 _____ Primary Contact	5-25-18 _____ Date

<b>SUBMISSION CHECKLIST</b>
Be sure you have:
* completed a response and self-score for each item appropriate to your project
* <i>attached a response to Note (page 2) if it applies and negatively impacts scoring of 9.c-e; 13.a.; 20.b1.-eb2. or 20.c1-c2</i>
* attached a copy of your project's 2018 CoC Project Renewal/Performance Report
* <i>attached documentation in support of points claimed for #5</i>
* provided the appropriate signature on the CERTIFICATION box above (You may insert a signature electronically or print the page, sign and send as a scanned attachment.)
* submit the application and ALL attachments, including the Performance Report, as a SINGLE PDF DOCUMENT.
Items in <i>italics</i> are optional.

2018 CoC Project Renewal/Performance Report generated on: 5/17/18

Provider	Project Type
FOFIA - Northeast Iowa Permanent Housing Program (PSH)(205)	PH - Permanent Supportive Housing (disability required for entry) (HUD)
Number of NEW project entries	14
Intake: Ave Data Entry Delay (DAYS)	105
12b) Does the agency maintain an average of 14 days or less between clients' program start and entry into HMIS?	No

Completeness																			
13) What was your project's data completeness in ServicePoint?											Less than 2% missing (null) values								
Vet	Rela- tion- ship	DOB	Race	Gen- der	Ethn- icity	DI	Insur- ance	Loca- tion	Zip	Resid- ence Prior	LOS	Hmls start date	DV Surv- ivor	Edu	Emp	Any Income	Total Cash Income	Any Non- Cash	
OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Exit Destination Errors	% Exits
No exit interview completed (HUD)	0%
Data not collected (HUD)	0%
Other (HUD)	0%
Client doesn't know (HUD)	0%
Client refused (HUD)	0%
14) Total exit destination errors	0%
16a) Total number of participants served (All / Adults).	44 / 30
16b) Number of adult participants or head of households (HoH) served that came from the street, other locations not meant for human habitation, emergency shelters, safe havens, or fleeing domestic violence, including less than 90 days in institution with literally homeless immediately prior.	21
16c) Percentage of adult or head of household participants that entered from the sources above (b)/(a).	70%

Increased income: Adult Leavers (RRH & TH ONLY)

	Prior Year Counts	Current Year Counts	Difference
Number of adults who exited (system leavers)	8	11	3
Number of adults who exited with increased total income	5	3	-2
20b1) Percentage of adults who increased total income	63%	27%	

Increased income: Adult Stayers (PSH ONLY)

	Prior Year Counts	Current Year Counts	Difference
Number of adults (system stayers)	13	9	-4
Number of adults who increased total income	5	4	-1
20b2) Percentage of adults who increased total income	38%	44%	

Permanent Housing Placement/Retention: Metric 7

Metric 7b.2 - Change in exits to or retention of permanent housing (PH)

	Prior Year Counts	Current Year Counts	Difference
Persons in PH-H, PSH, and PH-S who exited	42	42	0
Remained in applicable PH projects and or exited to permanent housing destinations	38	39	1
20c2) Percentage successful exits / retention	90%	93%	
Number of adult participants who met the definition of chronically homeless (note: 2 points for youth-focused projects)		15	
20d1 & 20d2) Percentage of adult participants who met the definition of chronically homeless:		50%	



User Prompt Field	Value(s) Selected
Provider	FOFIA - Northeast Iowa Permanent Housing Program (PSH)(205)
Enter Prior Year Start Date	12/1/15
Report_StartDate	12/1/16
Report_EndDate + 1 DAY	12/1/17
EDA Provider	-Default Provider-
Enter effective date (should be the day the report was generated)	12/1/17
Report Version:	v04162018



## 10. Participant Benefits and Expectations

- A. Program participants may not enter PSH and receive only support services. Entry into the project is based upon homelessness and the first need being rental housing assistance.
- B. Costs associated with providing supportive services include salaries paid to providers of supportive services and any other costs directly associated with providing such services.
- C. Supportive services costs also include the costs of services provided to former residents of Permanent Housing to assist their adjustment to independent living. Such services may be provided for up to six months after they leave the permanent housing program.
- D. HUD defines support services to mean services which are designed to address the special needs of the homeless persons to be served by the project. The generally accepted HUD supportive services include, but are not limited to:
  - 1) Providing employment counseling and assistance to obtain and maintain employment. Assistance may consist of mileage reimbursement, financial assistance for work attire, resume building, completing applications, etc.;
  - 2) Provide education assistance to complete high school education or further education. Assistance may consist of mileage reimbursement, financial assistance for school needs, etc.;
  - 3) Providing childcare assistance. Assistance may consist of financial assistance, referrals to appropriate childcare services, accessing childcare assistance through the Department of Human Services, etc.;
  - 4) Providing financial assistance, referrals, and access to outpatient health services including medical, mental health and substance abuse treatment;
  - 5) Providing Case Management;
  - 6) Providing assistance in obtaining permanent housing;
  - 7) Providing life skills training;
  - 8) Providing security arrangements necessary for the protection of residents of supportive housing;
  - 9) Providing assistance to obtain permanent housing, housing subsidies and other entitlements such as income support, mental health benefits, Veteran's benefits, food and medical assistance.
- E. Specific support services to be made available to each participant will be identified by the caseworker assigned to work with the homeless household. Determination of need for support services will be based on individual household needs.
- F. In order for a participant to receive support services, the housing support specialist must submit a written request for all support services to the Housing Services Manager. Written pre-approval from the Housing Services Manager and Executive Director must precede any commitment for support services or any obligation of grant funds.
- G. Each participant and assigned caseworker will determine weekly participation goals. A case plan will be developed within 30 days of obtaining housing and will be reviewed as needed, but at minimum of every 3 months.
- H. Each participant and assigned Housing support specialist will complete an assessment at regular intervals to objectively identify progress towards self-sufficiency and re-evaluate barriers to maintaining housing. The Service Prioritization Decision Assistance Tool (SPDAT) assessment will be completed at the social history, 3 months, 6 months, 9 months, 1 year, every 6 months after the first year, and at discharge. Depending on the length of time to secure housing, an additional SPDAT may be completed at the time of move-in. This information will be used to assist in developing the case plan.
- I. Northeast Iowa Permanent Housing Program participation is contingent upon complying with the current lease signed and the participant's written agreement to participation guidelines (which must be signed prior to the first month's rent payment) which include but are not limited to the following:
  - 1. Maintain permanent housing by working on life skill development, budgeting, developing a better understanding of landlord and renter's rights/responsibilities, and accessing community resources.
  - 2. The participant agrees that increasing income is a key factor in maintaining permanent housing. The participant will work with the housing support specialist on identifying ways to increase income based on individual needs and will work towards increasing income while in the program. This could be done through employment, accessing Social Security Disability Income, or applying for other income assistance programs.

3. It is the responsibility of the participant to provide all documentation of ALL income to the caseworker for the month.
4. Work on decreasing employment barriers and increasing employment skills. Part-time work is strongly encouraged and may be minimal. Obtaining some level of income may be a necessity to access available resources (i.e. Medicaid for Employed People with Disabilities program.)
5. Pay a portion of the household's rent and all utilities according to the current lease requirements. Utilities that are not included in the program participant's rent may be paid using rental assistance funds. Verification of participant rent payments must be given to the Housing support specialist by the 5<sup>th</sup> of the month.
6. The participant agrees that developing connections in the local community helps increase informal supports which may assist in maintaining housing. Positive community engagement and involvement in the local community is strongly encouraged. This could be done through volunteer work, participating in local support groups, attending a local church, etc. Barriers to becoming involved in the local community will be addressed during in-home visits. Written verification of volunteer time and/or positive community engagement will be given to the housing support specialist by the 5<sup>th</sup> of the following month.
7. Utilize support services as defined in an individual case plan.
8. Agree to weekly in-home visits by housing support specialist. Must meet with the housing support specialist at a minimum of once a month for at least one hour.
9. The participant agrees that mental wellness and well-being is a key factor in maintaining housing. The participant is encouraged to address mental health and/or substance abuse concerns at a level the participant feels will help them be the most successful. Verification of attendance needs to be given to the housing support specialist by the 5<sup>th</sup> of the month.
10. Once the participant feels stabilized in housing, it is strongly encouraged to look into and apply for other housing subsidy programs, i.e. Section 8. The participant and housing support specialist will develop a mutually agreed upon long-term housing plan and take steps towards achieving that plan.

## 12. Termination of Participation

- A. HUD regulations give the Permanent Housing Program authority to terminate assistance to a participant who violates program requirements. Participants will receive and sign written individual program participation agreements. Reasons for termination will be clearly defined. Termination of assistance will occur after in-depth review of the individual situation by the assigned housing support specialist and approval of Friends of the Family Housing Services Manager.
- B. If a participant is struggling to follow the expectations listed in the written agreement and it is leading to the participant being at-risk of losing their housing, the participant will be given a "Breach of Contract" 10-day notice. This notice will inform the participant of the reasons housing is at risk and a time frame to address the concerns listed. If the participant does not address the concerns as stated in the letter, they will be given a termination letter or may be given the opportunity to voluntarily withdraw from the program.
- C. Assistance may be reinstated for a participant whose assistance was previously terminated. Six months following termination, if the former participant still meets program eligibility requirements, is able to reapply for assistance.
- D. In terminating assistance to a participant, Cedar Valley Friends of the Family and Permanent Housing Program must guarantee that a formal process is followed which recognizes the rights of individuals receiving assistance to due process of law. This process, at a minimum, must consist of:
  1. Written notice to the participant containing a clear statement of the reasons for termination;
  2. A review of the decision, in which the participant is given the opportunity to present written or oral objections before the Executive Director; and
  3. Prompt written notice of the final decision to the participant.
- D. If a formal appeal or grievance is filed, the Appeal Review Team will make a determination to ensure the Cedar Valley Friends of the Family grievance procedure was followed.
- E. Caseworkers or any other personnel working in the Permanent Housing Program are required to refer participant complaints to the Housing Services Manager.

- F. Any questions regarding the grievance procedure, as it relates to the Permanent Housing Program, will be considered by Cedar Valley Friends of the Family Executive Director.
- G. Cedar Valley Friends of the Family will work with participant that is no longer eligible for services to find housing options.