

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:	Turning Point Rural Housing Project (RRH)(281)		
Type of Project (Permanent Supportive Housing, Rapid Rehousing, Transitional Housing)	Rapid Rehousing		
Project Name on the HIC:	FOFIA- Turning Point Rural Housing Project		
Anticipated Renewal Amount:	\$291,850		
Address:	P.O. Box 784 Waverly, Iowa 50677		
Contact Person (w/Email & Phone):	Ben Brustkern ben@fofia.org 319-352-1108 ext 207		
Secondary Contact (w/Email & Phone):	KarLee Kearns karlee@fofia.org 319-352-1108 ext 102		
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: Assurances met?	CoC-Score: 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: (https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/)	Not a barrier	Yes		

**2018 Iowa Balance of State Continuum of Care
Renewal Project Application DRAFT**

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 Region- Postville	3/28/2018	10		
Karlee Kearns	Northeast Iowa Services Region- Oelwein	3/28/2018			
Karlee Kearns	Northeast Iowa Services Region- Waverly	10/19/2017			
Ben Brustkern	Northeast Iowa Region- Decorah	8/24/2017			
Ben Brustkern	Northeast Iowa Region- Waverly	8/24/2017			

- 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				

**2018 Iowa Balance of State Continuum of Care
Renewal Project Application DRAFT**

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	Executive	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 HousingIowa 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 Day on the Hill, March 20, 2018, and met with 3-4 legislators that day. This includes Amanda Reagan, Mike Bergan and Jeff Danielson.	Self-Score (0 or 2)	CoC Score (0 or 2)	Scoring Notes
	2		

**2018 Iowa Balance of State Continuum of Care
Renewal Project Application DRAFT**

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, Butler, Buchanan, Chickasaw, Clayton, Fayette, Howard, Winneshiek	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)

		Self-Score (up to 5)	CoC Score (up to 5)	Scoring Notes
Representatives (Names of Individual) Karlee Kearns, Ben Brustkern		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:	2/28/2018	0		
b. Grant amount:	\$ 261,658			
c. Total funds expended:	\$ 208,005			
d. Funds remaining (unexpended funds):	\$ 53,653			
e. Unexpended funds percentage (unexpended funds/grant amount):	20%			

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:	2/28/2018	1		
b. Date APR submitted to HUD in SAGE:	5/24/2018			
d. Did your project meet the 90-day requirement? Circle or enter:	Yes			
e. If an extension was granted by HUD or SAGE was unavailable, describe. Must have written documentation available upon request.				

**2018 Iowa Balance of State Continuum of Care
Renewal Project Application DRAFT**

10 HUD Grant Monitoring: (2 points)		Self-Score (up to 2)	CoC Score (up to 2)	Scoring Notes
a. Has HUD monitored the project within the past two years? (If no, STOP and award full 2 points.)	Circle or enter: 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	2		

11 Administration Costs: (1 point if yes)		Self-Score (0 or 1)	CoC Score (0 or 1)	Scoring Notes
Will the amount requested for Administration Costs in the Esnap's project application be no more than 7% or the amount listed on the GIW?	Circle or enter: Yes	1		

12 Timely Compliance: (1 point for each yes; up to 2 points)		Self-Score (1 each)	CoC Score (1 each)	Scoring Notes
a) In the most recently completed project year, did the agency draw down funds from HUD at least quarterly?	Yes	1		
Indicate date on which project contract was executed:	10/30/2017 Day Month Year			
b) Does the agency maintain an average of 14 days or less between clients' project start and entry into HMIS?	No	0		

**2018 Iowa Balance of State Continuum of Care
Renewal Project Application DRAFT**

13 Data Completeness: (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% missing	2		

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

**2018 Iowa Balance of State Continuum of Care
Renewal Project Application DRAFT**

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)	70/36
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:	36
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%)	100%

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

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)	Circle or enter: Yes
Loss of income or failure to improve income: (1 point if yes AND matches attached Termination Policy)	Circle or enter: Yes
Active substance abuse: (1 point if yes AND matches attached termination policy)	Circle or enter: 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)	Circle or enter: Yes
and ensure that: 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)	Circle or enter: Yes

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

**2018 Iowa Balance of State Continuum of Care
Renewal Project Application DRAFT**

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.	Circle or enter: 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).	Circle or enter: Yes
c. Project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency.	Circle or enter: 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)	RRH
b. Total CoC Project funds spent not including match:	\$ 208,008
c. Cost per permanent housing exit: (Explain your methodology below.)	\$ 3,547

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.: We used number of household served (21) divided by the total cost of grant expended (\$208,008) divided by 12 for the yearly households cost of \$9,905. We divided the \$9,905 by 12 to get an average monthly cost per client of \$825.00. According to the APR submitted to HUD the average client spends 130 days in the program. This is approx. 4.3 months multiplied by the average monthly cost of \$825.00. $\$825 \times 4.3 \text{ months} = \$3,547$ per permant housing exit.

**2018 Iowa Balance of State Continuum of Care
Renewal Project Application DRAFT**

20 Project Evaluation:

Evaluation Criteria	Benchmark/Standard	Number of Clients			Scoring Notes
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	70	Self-Score (0 or 5)	CoC Score (0 or 5)	
a2. Number of participants served in 2017 project year as of April 30, 2018.	16% of grant year completed as of April 30, 2018 based on start date of 3/1/2018	39	5		
If the number served is not on pace to achieve the benchmark set in the application, use this space to explain:					

**2018 Iowa Balance of State Continuum of Care
Renewal Project Application DRAFT**

		(0 or 10)	(0 or 10)	Scoring Notes
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			
		10		
b2. PSH ONLY: Percentage of adults remaining (stayers) who increase <u>total income</u>	≥25% = 10 Points < 25% = 0 Points			

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

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

**2018 Iowa Balance of State Continuum of Care
Renewal Project Application DRAFT**

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)
94	

CERTIFICATION

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

SUBMISSION CHECKLIST

Be sure you have:

- * completed a response and self-score for each item appropriate to your project
 - * *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*
 - * attached a copy of your project's 2018 CoC Project Renewal/Performance Report
 - * *attached documentation in support of points claimed for #5*
 - * 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 *italics* are optional.

2018 CoC Project Renewal/Performance Report generated on: 5/25/18

Provider	Project Type
FOFIA - Turning Point Rural Housing Project (RRH)(281)	PH - Rapid Re-Housing (HUD)
Number of NEW project entries	35
Intake: Ave Data Entry Delay (DAYS)	90.54
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	Hms 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	

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).	70 / 36
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.	36
16c) Percentage of adult or head of household participants that entered from the sources above (b)/(a).	100%

Increased income: Adult Leavers (RRH & TH ONLY)

	Prior Year Counts	Current Year Counts	Difference
Number of adults who exited (system leavers)	0	19	19
Number of adults who exited with increased total income	0	11	11
20b1) Percentage of adults who increased total income	0%	58%	

Increased income: Adult Stayers (PSH ONLY)

	Prior Year Counts	Current Year Counts	Difference
Number of adults (system stayers)	8	7	-1
Number of adults who increased total income	1	0	-1
20b2) Percentage of adults who increased total income	13%	0%	

Permanent Housing Placement/Retention: Metric 7

Metric 7b.1 - Change in exits to permanent housing destinations (RRH)

	Prior Year Counts	Current Year Counts	Difference
Persons in RRH who exited	0	37	37
Exited to permanent housing destinations	0	37	37
20c1) Percentage successful exits/retention	0%	100%	

Number of adult participants who met the definition of chronically homeless (note: 2 points for youth-focused projects)	22
20d1 & 20d2) Percentage of adult participants who met the definition of chronically homeless:	61%

User Prompt Field	Value(s) Selected
Provider	FOFIA - Turning Point Rural Housing Project (RRH)(281)
Enter Prior Year Start Date	3/1/16
Report_StartDate	3/1/17
Report_EndDate + 1 DAY	3/1/18
EDA Provider	-Default Provider-
Enter effective date (should be the day the report was generated)	3/1/18
Report Version:	v04162018

Friends of the Family is responding to budget questions related to 8 . a, d, e; 9c-e, 13 a: 21 b-c, 21 a1-a2. The Turning Point Rural Housing Project was put into very unique circumstances by HUD. The program renewed March 1, 2017 and continually reached out to HUD for a contract that would allow us to complete draws and receive designated grant funds. HUD did not execute the grant with Friends of the Family until 10/31/2017 which was over 8 months into the grant year. We completed the renewal issues and conditions in July of 2017.

We were forced into floating the cost of the program for over 8 months because of HUD's inability to issue a contract. This slowed the spending in the project as we were not able to continue operating at full capacity during this time and meet all of our financial obligations. Turning Point Rural Housing Program has fully expended all grant resources received on a regular basis over the course of 19 years of providing programming. This was the first year in over 5 years we were unable to expend dollars due to the delay from HUD.

We ask the Continuum of Care Committee to recognize this unique challenge that did not allow us to draw funds for the first 8 months of the grant year. We are currently working with our field rep to have a contract in place for FY 2017. We ask that points are awarded for spending as we still spent over \$260,000 with cash match in the grant year. We believe that our history of fiscal responsibility and ability to expend all grants previous to this year shows that we faced unique circumstances.

Sincerely,

A handwritten signature in black ink, appearing to read "Ben Brustkern". The signature is fluid and cursive, with the first name "Ben" being particularly prominent.

Ben Brustkern

10. Participant Benefits and Expectations

- A. Program participants may not enter Turning Point 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 the rapid rehousing to assist their adjustment to self-sufficient living. Such services may be provided for up to six months after they leave the rapid rehousing 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. This does not include major medical equipment;
 - 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, employment counseling, 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 caseworker must submit a written request for all support services to the Housing Director. 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 develop weekly participation goals. A case plan will be developed within first 30 days of obtaining housing and will be reviewed as needed, but at minimum of every 3 months.
- H. Each participant and assigned caseworker 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. Turning Point participation is contingent upon meeting the terms of the current lease signed and the participant's written agreement to program guidelines (which must be signed prior to the first month's rent payment) which include but are not limited to the following:
 - 1. The participant agrees that employment is a key factor in becoming self-sufficient and maintaining housing. The participant will work with the caseworker to reduce employment barriers and become employed within a mutually agreed upon timeframe. If employment is not secured within the mutually agreed upon timeframe, the participant will be able to

- submit a 30-day extension request. Employment will vary depending on the participant's need and availability of employment options.
2. It is the responsibility of the participant to provide documentation of ALL income to the caseworker for the month.
 3. Pay a portion of the household's rent and 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. The participant can choose to accept the utility allowance reimbursement or have the utility allowance amount sent directly to the utility company upon signed utility payment consent form. If the tenant pays separately for the utilities, the monthly allowance for utilities established by the public housing authority (PHA) for the area in which the housing is located.
 4. Verification of participant rent and utility payments must be given to the Housing support specialist by the 5th of the month. Where the utility reimbursement is paid directly to the utility company, written permission of the program participant to pay the utility company directly as well as documentation provided to the program participant that the utility was paid.
 5. 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 caseworker by the 5th of the following month.
 6. Utilize support services and access mainstream benefits as defined in the individual case plan.
 7. Agree to weekly in-home visits by caseworker. Must meet with the caseworker at a minimum of once a month.
 8. 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 caseworker by the 5th of the month.

12. Termination of Participation

- A. HUD regulations give Turning Point authority to terminate assistance to a participant who violates program requirements. Participants will receive and sign a written participation agreement. Reasons for termination will be clearly defined. Termination of assistance will occur after in-depth review of the individual situation by the individual caseworker 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, they will be able to reapply for assistance.
- D. In terminating assistance to a participant, Friends of the Family 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, Housing Services Manager will make a determination to ensure the Friends of the Family grievance procedure was followed.
- E. Caseworkers or any other personnel working in Turning Point are required to refer participant complaints to the Housing Services Manager.
- F. Any questions regarding the grievance procedure, as it relates to Turning Point, will be considered by Friends of the Family Executive Director.
- G. Friends of the Family will work with any participant that is no longer eligible for services to find housing options.