Exhibit to Mankato Administrative Plan
HUD Continuum of Care Program
Policies and Procedures

It is the policy of the Cherry Ridge Rental Assistance CoC Program (here after called "Cherry Ridge") to adopt and annually review all related CoC written standards, policies, and procedures to ensure alignment with referral, prioritization, and enrollment processes. All Partners of Cherry Ridge are also required to implement this policy.

Relationships and responsibilities of all parties involved in Cherry Ridge are outlined in the Memorandum of Understanding used in coordination with this policy.

The Cherry Ridge partners agree to match all grant funds with no less than 25 percent in-kind contributions. Match requirements for Cherry Ridge are outlined in the Memorandum of Understanding used in coordination with this policy. The EDA will collect match documentation and verify its eligibility. For the MOU, parties are estimating costs to be used as match however actual costs will be documented and submitted to the EDA. Documentation of in-kind match will be provided on a quarterly basis (October, January, April, and July) and annually to close out the program grant. This can include timesheets or financial reports by agency verifying staff met with CoC Program participants showing actual staff cost and service hours provided to the CoC Program.

Mankato EDA Administrative Plan

The Mankato EDA will use the Administrative Plan to provide administrative guidance on policies and procedures for administration of the Continuum of Care Cherry Ridge Program with specific guidance from regulations in 24CFR 578. Where no specific guidance is provided, procedures and practice will be followed as identified in the Administrative Plan.

Special Admissions – (MEAP - 4-III.B. Selection and Funding Sources Page 4-13)

HUD may award funding for specifically names families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 project). In these cases, the PHA may admit such families whether they are on the waiting list or not, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The PHA must maintain records showing that such families were admitted with special program funding.

PHA Policy includes the Cherry Ridge Program.

Selection Method (MEAP 4-111.c. Page 4-14)

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the PHA's hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the PHA. Documentation will be maintained by the PHA as to whether families on the list qualify for and are interested in targeted

funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the PHA does not have to ask higher placed families each time targeted selections are made.

Includes the following Homeless Status Documentation policy for the Cherry Ridge program.

Homeless Status Documentation Policy

Purpose:
HUD funded programs working with homeless households (single, youth and families) must create and follow written intake procedures to ensure compliance with the homeless definition as outlined in the Code of Federal Regulations (CFR) Title 24, part 578. The procedure must establish the order of priority for obtaining evidence.

Procedures:
Cherry Ridge accepts all referrals through the River Valleys CoC Coordinated Entry system (CES). CES identifies participants who meet the local Continuum of Care (CoC) targeted population for program participation. Upon receipt of the referral from CES, the Service Provider will work to make direct contact with the participant during the CES allotted time-period. The EDA and the Service Provider will develop a procedure and process to ensure compliance with this policy.

Intake and Enrollment Process

- When an opening occurs in Cherry Ridge, within 5 business days of receiving notification of anticipated vacancy, the Service Provider will submit a request for a referral from CES.
- The Service Provider will attempt outreach to referral to schedule an intake appointment within 3 business days of receiving a CES referral, unless otherwise directed by the CoC Coordinated Entry.
- The Intake date is the date the Service Provider makes initial contact, and the referral agrees to participate in Cherry Ridge after eligibility is determined.
- During referral, intake, and screening process, the Service Provider gathers and review initial eligibility documentation.
- Service Provider will establish homelessness the night before intake date.
- Service Provider determines Dedicated Plus eligibility or HUD Chronic Homeless eligibility and enroll participant. Enrollment for Cherry Ridge is the date at which the Service Provider determines Dedicated Plus eligibility and may include HUD Chronic status eligibility and will be the date of lease up with the EDA's HUD CoC Cherry Ridge rental assistance subsidy.
- Should the Service Provider determine lack of capacity or that the referral is not HUD Chronic Homeless but meets Dedicated Plus eligible, client can be referred to other Service Provider for case management services.

In HMIS:

- Update the referral result as successful.
- Create a Project Entry.

Declining/Cancelling a Referral

Outreach attempts should be made for a minimum of 3 attempts in 5 business days but should not exceed 30 days, unless otherwise directed by the CoC Coordinated Entry.

Decline or cancel the referral when the referred Head of Household:

- Declines the program.
- Is not eligible for the program.
- Cannot be located for initial intake / or lost contact during screening.

In HMIS:

- Update the referral as unsuccessful.
- Update Assessors Notes.

Homeless Documentation Verification Standards

Policy:

Cherry Ridge will follow this preferred method of priority order for obtaining supporting documentation to verify homeless eligibility at time of intake with the Service Provider. The verification of homeless eligibility must be obtained in the order of priority as third-party documentation written first, third-party documentation oral second, intake worker observations third, and certification from the person seeking assistance fourth. Service Provider observations and participant self-verification must be accompanied by Service Provider supporting statements as to why third-party documentation was not available.

- Acceptable evidence of the homelessness status is set forth in 24 CFR 576.500(b).
- All Service Provider staff performing referral and screening processes will comply with the Homeless Documentation Verification Standards adopted by Cherry Ridge.
- All Service Provider Staff will be trained in this policy and related procedures and standards before performing unsupervised referral and screening duties related to the program.

Procedure:

Cherry Ridge requires documentation and verification of homeless episodes as part of the referral, intake, and screening processes prior to lease up or enrollment into the program. Each Service Provider performing these processes is responsible for obtaining required eligibility documentation specific to the Continuum of Care program prior to enrollment. Service Provider for the Cherry Ridge must follow these standards for obtaining verification of homeless documentation in the order of priority listed.

All forms and types of homeless documentation must include at minimum the general documentation standards:

1. Identify the individual and agency referring or verifying the participant. (Name, title/relationship, agency name and address)
2. Identify the individual or family requesting or applying for assistance. (Participant name and maybe HMIS #)
3. Provide sufficient detail regarding the specific homeless/housing conditions or criterion being documented:
    a. Housed/homeless setting/type.
    b. Location of setting (city/county, etc.)
    c. Start and end dates / length of stay.

    d. NOTE: if there are multiple types of homelessness or multiple episodes, they should be distinctly separated on the document.
4. Signed and dated by the referring/verifying source, with statement attesting to verifying the information is true to the best of their knowledge.

The order of priority for obtaining verification documentation of homeless episodes is as follows:

1. 3rd Party documentation:
    a. Written (including Source Documents)
    b. Oral
2. Service Provider Staff observation, with due diligence statement
3. Self-verification, with due diligence statement.

Homeless Documentation – 3rd Party Verification - Written

The first order of priority for verification documentation of homeless is to obtain 3rd party written documentation. The 3rd party must be a professional agency or source. Friends, family, community members, etc. are not allowable sources for verifications.

- The observation by outreach worker, housing provider, service provider written on official letterhead from organization.
- The letter clearly states the name of the potential participant.
- The letter clearly outlines the:
    - period of homelessness (the date homelessness observed started to the date homelessness observed ended}
        - *Note: documentation with end dates of "current" will need accompanying documentation in the file to show an exit or end date of that episode.*
    - the type of homelessness {ex. place not meant for habitation, shelter, institution (less than 90 days), couch hopping (if allowed), other (specify)
    - location of homelessness (city, county, state, etc.; may be approximate location of place not meant for habitation)
- The letter is signed and dated by an authorized staff at the organization.
- 3rd Party Source documents are similar in that they are documents on agency specific letterhead/forms, from data bases with creditable accuracy. The dates of the location (housed/homeless status) of the participant may be able to be verified on 3rd party source documents, such as Discharge paperwork from an institution, that clearly states literally homeless status upon intake {date} and discharge {date} to literal homelessness.

Homeless Documentation – 3rd Party Verification - Oral

The second order of priority for verification documentation of homeless is 3rd party oral documentation. This may be used when a 3rd party agency is unable to provide a written statement on their letter head or follow up to oral conversations are had to clarify a previously provided written statement. Again, the 3rd party must be a professional agency or source. Friends, family, community members, etc. are not allowable sources for verifications. A written and signed certification will be created by the Service Provider of statement heard from 3rd party providing verification of homeless status.

Example:

An example, a note in the client file stating, *"on x date I spoke with x person at x shelter. X person stated that x household stayed at x shelter from Y date to Z date. X person said s/he cannot provide written verification because s/he doesn't have time, system is down, doesn't have access to official records and can't locate person who does, etc."* This should be signed and dated by the intake worker who talked to the shelter staff.

- The written, signed certification must be on an official agency letterhead, or agency Memo template.
- The certification contains a statement clearly identifying (first and last name, title, and agency) the person providing the oral verification. This certification clearly states the date the oral communication was received.
- The certification clearly states the name of the potential participant or person seeking assistance.
- The certification clearly outlines the:
  - period of homelessness (date homelessness observed started to the date homelessness observed ended}
    - *Note: documentation with end dates of "current" will need accompanying documentation in the file to show an exit or end date of that episode.*
  - the type of homelessness {ex. place not meant for habitation, shelter, institution (less than 90 days), couch hopping (if allowed), other (specify)
  - location of homelessness (city, county, state, etc.; may be approximate location of place not meant for habitation)
- The certification is signed and dated by the Service Provider staff receiving the oral verification that the information is true and complete.

Homeless Documentation – Intake Staff Observation

The third order of priority for verification documentation of homeless is Service Provider Observation. During the referral and screening processes, Service Provider may collect self-reported homeless history from applicants and/or make outreach or other observations of homelessness episodes. Service Provider must make reasonable attempts to contact and obtain 3rd party verifications (due diligence.) A Service Provider may write a Staff Observation letter based on their observations and conclusions as to verifying episodes of homelessness.

- The letter is on official agency letterhead, or agency Memo template.
- The letter contains specific details of the observations leading to conclusion of verified homeless episodes.
- The letter clearly states the name of the potential participant or person seeking assistance.
- The letter clearly outlines the:
  - period of homelessness (date homelessness observed started TO date homelessness observed ended}
    - *Note: documentation with end dates of "current" will need accompanying documentation in the file to show an exit or end date of that episode.*
  - the type of homelessness {ex. place not meant for habitation, shelter, institution (less than 90 days), couch hopping (if allowed), other (specify)
  - location of homelessness (city, county, state, etc.; may be approximate location of place not meant for habitation)
- The letter is signed and dated by the Service Provider making the observation, certifying that the information is true and complete.
- Staff Observation letters must either include a section for Due Diligence or be accompanied by a Due Diligence form/letter.
- Due Diligence Letter must include:
  - Details of all attempts to contact 3rd party agencies to obtain verifications including name/agency, method of communication, dates, and supporting documentation.
  - Descriptions of the outcomes including obstacles encountered.

- Signed and dated certification by the staff that all the documents are true and complete.
- Supporting documentation could be a phone call log, copies of emails or copies of letters sent. It should also include a description of obstacles encountered, the outcome of staff efforts, and a signed and dated certification that the statement is true and the involved intake staff completed it.

Example*:*

On x date x household presented at the doorsteps of xx with four sleeping bags and two suitcases. They said they were homeless and that the previous night they had slept in the bus shelter located at x intersection. Previous to that night, they were staying with various friends. The head of household said s/he has not had a lease in her name since moving to Minneapolis six years ago. There is an open child protection case. The head of household signed a release and on x, y, and z dates I left messages for the case worker, Joe Johnson, asking him to let me know his understanding of the family's living situation. As of today he has not returned my calls. I sent him a written letter with a copy of the release on z date. I am still waiting to hear from him. The family denies having any other social services or caseworker interactions. I contacted the kids' school and spoke with Janice Jones the social worker. She said the kids have attended x number of schools in the past two years and although she has not direct knowledge of their housing situation, based on their records they would qualify as highly mobile. (This statement should be signed, dated, and accompanied by a signed and dated self-certification from the household (see below).

Also, any further contact that could confirm the household's homelessness should be added to the file as it is received, and this intake worker observation should be updated if the intake worker hears back from the child protection worker. Any update can be handwritten onto the original form and must be dated.

Homeless Documentation – Self-Certification

The fourth order of priority for verification documentation of homeless is Self-Certification. Cherry Ridge views Self-Certification as a last resort but does not want it to be a barrier to obtaining housing. A project must limit self-certification to less than 25% of participants, and less than 25% of months verified homeless episodes, if possible.

During the referral and screening processes, Service Provider staff may determine that the applicant(s) simply does not have 3rd party sources to verify their homelessness. Staff will prepare Self-Certification documentation. Staff may assist the applicant with drafting a statement and timeline of their homelessness. The applicant will have the opportunity to review the draft statement and sign it if they agree.

When obtaining documentation or completing a written statement, the statement must be clear enough that a 3rd party (HUD staff or auditor) or another outside agency would understand how the client became homeless.

For households who qualify as homeless under category 4; fleeing/attempting to flee domestic violence, acceptable evidence includes an oral statement by the individual or head of household seeking assistance that they are fleeing that situation, that no subsequent residence has been identified, and that they lack the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other housing. The oral statement must be documented by either a certification signed by the individual or head of household; or a certification signed by the Staff.

When the safety of the household is not jeopardized, an oral statement must be verified and certified by the household that no subsequent residence had been identified and that the household lacks the financial resources and support network to obtain other permanent housing.

- The statement clearly states the name of the potential participant.
- The statement clearly outlines the:
  - period of homelessness (date homelessness started TO date homelessness ended}
    - *Note: documentation with end dates of "current" will need accompanying documentation in the file to show an exit or end date of that episode.*
  - the type of homelessness {ex. place not meant for habitation, shelter, institution (less than 90 days), couch hopping (if allowed), other (specify)
  - location of homelessness (city, county, state, etc.; may be approximate location of place not meant for habitation)
- The certification is signed and dated by the potential participant certifying the document is true and complete.
- Self-Certification must be accompanied by a Due Diligence form/letter.
- Due Diligence Letter must include:
  - Details of all attempts to contact 3rd party agencies to obtain verifications including name/agency, method of communication, dates, and supporting documentation.
  - Descriptions of the outcomes including obstacles encountered.
  - Signed and dated certification by the Service Provider staff that all the documents and statements are true and complete.
  - Supporting documentation could be a phone call log, copies of emails or copies of letters sent. It should also include a description of obstacles encountered, the outcome of staff efforts, and a signed and dated certification that the statement is true and the involved Service Provider staff completed it.

NOTES about Homeless Documentation – Fleeing or Attempting to Flee DV category (HUD Category 4):
Service Provider will require verification documentation from both a DV – Victims Service Provider AND a Self-Verification statement if using the DV category of eligibility.

The verifications must include the general documentation standards above AND details that the applicant(s) are fleeing, have no other residential options, and don't have the resources to find another place. If these details are missing, the applicant may not qualify under the DV category.

Initial and Annual Assessment of Need:
The Service Provider will conduct an initial needs assessment using a self-sufficiency matrix, or an approved alternative assessment tool, and develop an individual support plan for each household. This assessment and plan will be evaluated and updated annually and periodically as the needs of the household change.

Case Management for Persons Experiencing Homelessness or Those at Risk of Homelessness
Case management services are defined by the Minnesota Interagency Council on Homelessness and will follow these required components of case management to standardize the use of this term within homelessness programs in Minnesota.

This framework for case management will be used with the following programs: the Department of Human Services Office of Economic Opportunities Programs homelessness programs; the Department of Human Services' Projects in Assistance for Transition from Homelessness (PATH); the adolescent Transitional Housing Program, and the Minnesota Housing Finance Agency's Family Homeless

Prevention and Assistance Program (FHPAP), the MHFA's Ending Long-term Homelessness Fund, and the Supportive Housing funded through the MHFA Consolidated RFP.

Within the context of an Agency's mission and objectives, case management must include, for each household, the following activities, conducted with the person receiving case management:

- Assessment – identify, with a person, their strengths, resources, barriers, and needs in the context of their local environment.
- Plan development – develop an individualized service plan, with specific outcomes, based on the assessment.
- Connection – obtain for the person the necessary services, treatments, and support.
- Coordination – bring together all the service providers to integrate services and ensure consistency of service plans.
- Monitoring – evaluate with the person their progress and needs, and adjust the plan as needed.
- Personal advocacy – intercede on behalf of the person or group to ensure access to timely and appropriate services.

The activities listed above are the activities that, taken together, make up case management. These case management activities will vary in several ways. The following variables are related to how case management is provided as opposed to what case management is.

- intensity (frequency of contact, client-staff ratios),
- duration (from brief to time-limited to open-ended),
- focus (from narrow and targeted to comprehensive),
- availability of staff (from scheduled office hours to 24-hour availability),
- location of services, and
- staffing patterns (from individual caseloads to interdisciplinary teams with shared caseloads) depending upon the needs of the client.

In addition to the above components of case management, there are additional activities that are often offered that enhance the core case management activities. These six activities can be divided into two broad categories- client specific activities and system activities.

<u>Client Specific Activities</u>:

- Outreach – to attempt to enroll persons not currently accessing services.
- Direct service – to provide services directly to the client (examples may include: budget counseling, housing search assistance, etc.)
- Crisis intervention – to assist persons in crisis to stabilize through direct interventions and mobilizing needed supports and/or services.
- Follow-up or post-completion services – to maintain contact with the participant after completion of the program to track stability and provide needed services.

<u>System Activities</u>:

- System advocacy – to intervene with organizations or larger systems to promote more effective, equitable, and accountable services to a client group (to be distinguished from advocacy above).

- Resource development – to attempt to create additional services or resources to address the needs of people.

Termination, Informal Reviews and Hearings*:*

Terminations (MEAP 12-II.F.)

Whenever a family's assistance is terminated, the PHA will send a written notice of termination to the family and to the owner. The PHA will also send a form HUD-5382 and form HUD-5380 to the family with the termination notice. The notice will state the date on which the termination will become effective. This date generally will be at least 30 calendar days following the date of the termination notice, but exceptions will be made whenever HUD rules, other PHA policies, or the circumstances surrounding the termination require.

When the PHA notifies an owner that a family's assistance will be terminated, the PHA will, if appropriate, advise the owner of their right to offer the family a separate, unassisted lease.

Whenever the PHA decides to terminate a family's assistance because of the family's action or failure to act, the PHA will include in its termination notice the VAWA information described in section 16-IX.C of this plan and a form HUD-5382 and form HUD-5380. The PHA will request in writing that a family member wishing to claim protection under VAWA notify the PHA within 14 business days.

Still other notice requirements apply in two situations:

- If a criminal record is the basis of a family's termination, the PHA must provide a copy of the record to the subject of the record and the tenant so that they have an opportunity to dispute the accuracy and relevance of the record [24 CFR 982.553(d)(2)].

- If immigration status is the basis of a family's termination, as discussed in section 12-I.D, the special notice requirements in section 16-III.D must be followed.

Informal Reviews and Hearings(MEAP 16-III A/B/C)

Both applicants and participants have the right to disagree with, and appeal, certain decisions of the PHA that may adversely affect them. PHA decisions that may be appealed by applicants and participants are discussed in this section.

The process for applicant appeals of PHA decisions is called the "informal review." For participants (or applicants denied admission because of citizenship issues), the appeal process is called an "informal hearing." PHAs are required to include informal review procedures for applicants and informal hearing procedures for participants in their administrative plans [24 CFR 982.54(d)(12) and (13)].

Informal reviews are provided for program applicants. An applicant is someone who has applied for admission to the program but is not yet a participant in the program. Informal reviews are

intended to provide a "minimum hearing requirement" [24 CFR 982.554], and need not be as elaborate as the informal hearing requirements [Federal Register 60, no. 127 (3 July 1995): 34690].

The PHA must give an applicant the opportunity for an informal review of a decision denying assistance [24 CFR 982.554(a)]. Denial of assistance may include any or all of the following [24 CFR 982.552(a)(2)]:

- Denying listing on the PHA waiting list
- Denying or withdrawing a voucher
- Refusing to enter a HAP contract or approve a lease
- Refusing to process or provide assistance under portability procedures

Informal reviews are not required for the following reasons [24 CFR 982.554(c)]:

- Discretionary administrative determinations by the PHA
- General policy issues or class grievances
- A determination of the family unit size under the PHA subsidy standards
- A PHA determination not to approve an extension of a voucher term
- A PHA determination not to grant approval of the tenancy
- A PHA determination that the unit is not in compliance with the HQS
- A PHA determination that the unit is not in accordance with the HQS due to family size or composition

The PHA will only offer an informal review to applicants for whom assistance is being denied. Denial of assistance includes denying listing on the PHA waiting list; denying or withdrawing a Voucher; refusing to enter into a HAP contract or approve a lease; refusing to process or provide assistance under portability procedures.

A request for an informal review must be made in writing and delivered to the PHA either in person or by first class mail, by the close of the business day, no later than 10 business days from the date of the PHA's denial of assistance.

The PHA must schedule and send written notice of the informal review within 10 business days of the family's request.

PHAs must offer an informal hearing for certain PHA determinations relating to the individual circumstances of a participant family. A participant is defined as a family that has been admitted to the PHA's HCV program and is currently assisted in the program. The purpose of the informal hearing is to consider whether the PHA's decisions related to the family's circumstances are in accordance with the law, HUD regulations and PHA policies.

The PHA is not permitted to terminate a family's assistance until the time allowed for the family to request an informal hearing has elapsed, and any requested hearing has been completed.

PHAs must offer an informal hearing for certain PHA determinations relating to the individual circumstances of a participant family. A participant is defined as a family that has been admitted to the PHA's HCV program and is currently assisted in the program. The purpose of the informal hearing is to consider whether the PHA's decisions related to the family's circumstances are in accordance with the law, HUD regulations and PHA policies.

The PHA is not permitted to terminate a family's assistance until the time allowed for the family to request an informal hearing has elapsed, and any requested hearing has been completed. Termination of assistance for a participant may include any or all the following:

Housing standards*:*

Housing leased with Continuum of Care program funds, or for which rental assistance payments are made with Continuum of Care program funds, must meet the applicable standards under 24 CFR 5.703, except that the carbon monoxide detection requirement at 24 CFR 5.703(b)(2) and (d)(6) shall not apply. For housing that is occupied by program participants receiving tenant-based rental assistance, 24 CFR part 35, subparts A, B, M, and R apply. For housing that receives project-based or sponsor-based rental assistance, 24 CFR part 35, subparts A, B, H, and R apply. Additionally, for tenant-based rental assistance, for leasing of individual units, and for sponsor based rental assistance where not all units in a structure are or will be assisted, the standards apply only to the unit itself, and to the means of ingress and egress from the unit to the public way and to the building's common areas.

(1) Before any assistance will be provided on behalf of a program participant, the recipient, or subrecipient, must physically inspect each unit to assure that the unit meets 24 CFR 5.703. Assistance will not be provided for units that fail to meet 24 CFR 5.703, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the recipient or subrecipient verifies that all deficiencies have been corrected.

(2) Recipients or subrecipients must inspect all units at least annually during the grant period to ensure that the units continue to meet 24 CFR 5.703.

(3) The requirements in 24 CFR 5.705 through 5.713 do not apply

Chapter 8 of the Mankato Administrative Plan outlines the Housing Quality Standard inspection policies and procedures.

Lead Based Paint Requirements:

The Lead Safe Rule applies to all target housing that is federally owned federally assisted to protect children from lead poisoning. HUD has provided a Lead-Safe Housing Rule Toolkit found here:

LSHR Toolkit: Subpart M: Tenant-Based Rental Assistance - HUD Exchange

Staff Training:

1) Staff who will do visual paint inspections must complete the required online training for visual paint inspection https://apps.hud.gov/offices/lead/training/visualassessment/h00101.htm
2) Print copy of training certificate and maintain in files
3) Maintain a record of all staff who have completed the training

Lead Disclosure Rule – Required for all pre-1978 housing units:

1) Notification - Prior to lease signing, provider will assure that household receives "Protect Your Family From Lead In Your Home" pamphlet from property owner/management company (attached)
2) Disclosure in Lease - Prior to lease signing, provider will assure that owner/property management completes lead hazard disclosure form and provides to prospective tenant (see sample in toolkit)

Lead-Safe Housing Rule:

The rule applies to HUD funded tenant based rental assistance (regardless of what eligible costs are supported by the HUD funds) for low-income families with one or more children under the age of 6 where the dwelling unit is privately owned, pre-1978, and not otherwise exempt (see below). Keep in mind families that have a child that could be expected to be in the family's unit such as non-custodial parent who has visitation or childcare responsibilities or someone who may be pregnant.

For each unit where CoC funds will be used:

1) Document whether the property is excluded from the Lead-Safe Housing Rule by completing the Lead Rule Compliance Advisor checklist at: https://portalapps.hud.gov/CORVID/HUDLBPAdvisor/welcome2.html

    a. Exemptions to the Lead-Safe Housing Rule
        i. Built during or after 1978 - If exclusion is based on post 1978 construction, be sure to include third party documentation of year constructed.
        ii. Zero bedroom units, including Single Room Occupancy Units (SRO).
        iii. Housing exclusively for the elderly or people with disabilities unless a child under age 6 is expected to reside there.
        iv. Property that has been found to be free of lead-based paint or where all lead-based paint has been removed. Document using reports by a certified lead-based paint risk assessor.
        v. Unoccupied dwelling scheduled to be demolished or part of a property not meant for habitation
        vi. A rehab that does not disturb paint or corrects an emergency condition.
    b. If review determines that property is excluded, print page showing exclusion, insert address and other property specific details, and place in file. No further action needed.
    c. If review determines that property is NOT excluded, proceed to step 2

2) Prior to initial lease signing and annually if assistance continues in the same unit provider will complete visual paint inspection

    a. If unit passes, document to file that unit passed a visual based paint inspection; note who the completed inspection so that it can be verified against training records if necessary

    b. If unit does not pass, proceed to step 5.

3) If unit does not pass a visual paint inspection, owner/landlord has three options:

a. Owner may choose to test paint, and document it is not lead-based paint. Note to file prior to lease signing and provide verification.

b. Owner has 30 days to make repairs. Document all the following in the file. If it's an initial inspection, complete prior to lease signing.

i. Repairs below the Federally defined de minimums levels (2 square feet or 10% on interior surfaces and 6 square feet on exterior surfaces) can be addressed by the owner with lead-safe work practices.

1. Needed repairs must be documented as being below required thresholds.

ii. Repairs exceeding the de minimums levels must be completed by someone who is trained in lead safe work practices according to the EPA's Renovation, Repair, and Painting training.

1. Document repair staff's lead-safe work practices training in the file.

2. Occupants must be protected (if its an annual inspection)

3. Unit must pass a clearance test – document to file

4. Owner must provide occupants a notice of lead hazard reduction (within 15 calendar days)

5. Owner agrees to incorporate monitoring into building operations

6. Items 1-5 must be documented in the file, including third party proof of training and third-party clearance inspection

c. If the owner will not or cannot complete 3a or 3b prior to lease signing or renewal, the provider has the discretion to help the family locate alternate housing. If household signs lease or it's an annual inspection, Provider is responsible for assuring that owner addresses issues noted in visual paint inspection by complying with 5a or 5b or negotiating an end to the lease.

4) Child with an elevated blood lead level (EBLL): If provider becomes aware of a child with an elevated blood lead level in an assisted unit from any source, the provider must notify Blue Earth County Public Health immediately, take steps to verify the information and provide notifications (see documentation of EBLL verification and notice checklist in the toolkit). Be advised that both the City of Mankato and the MN Department of Health will respond to confirmed venous test over 5 µg/dL and will work with the property owner to correct deficiencies.

a. Risk assessment of the dwelling unit is required within 15 days.

b. Owner has 30 days to complete hazard reduction work. Work is not complete until a clearance test has passed.

c. Owner shall notify building residents of evaluation and hazard reduction

d. Document all steps in the file including risk assessment and clearance reports

5) For the most current lead pamphlet, disclosure form, or support for verification of EBLL, providers may contact the Mankato EDA at ncunningham@mankatomn.gov or 507-387-8675. Be advised to follow privacy protocol and not to share names of children or blood lead level in open communications.

Program and participant records*:*

In addition to evidence of "homeless" status or "at-risk-of-homelessness" status, as applicable, the support services provider must keep records for each program participant that document:

(i) The services and assistance provided to that participant, including evidence that the support services provider has conducted an annual assessment of services for the participant that remain in the program for more than a year and adjusted the service package accordingly, and including case management services; and

(ii) Cooperate in monitoring, auditing, or other reporting requirements with respect to project funders, by producing reports and allowing access to aggregated data to produce reports.

Period of record retention*:*

All records pertaining to Continuum of Care funds must be retained for greater than **5 years**. Copies made by scanning, photocopying, or similar methods may be substituted for the original records.

Definitions

At risk of homelessness means:

(1) An individual or family who:

(i) Has an annual income below 30 percent of median family income for the area, as determined by HUD;

(ii) Does not have sufficient resources or support networks, ***e.g.,*** family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "homeless" definition in this section; and

(iii) Meets one of the following conditions:

(A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

(B) Is living in the home of another because of economic hardship;

(C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;

(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;

(E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;

(F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan;

(2) A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e–2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or

(3) A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

Chronic Homeless - HUD:

To be considered chronically homeless, an individual or head of household must meet the definition of "homeless individual with a disability" from the **McKinney-Vento Act, as amended by the HEARTH Act** and have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for the last 12 months continuously or on at least four occasions in the last three years ***where those occasions cumulatively total at least 12 months****;*

The term "disabling condition" was replaced with "homeless individual with a disability" from the Act. While the types of conditions that can be considered are the same, the definition of "homeless individual with a disability" also requires that the condition be of long and continuing duration; substantially impedes the individual's ability to live independently; and, is expected to improve with the provision of housing. To be eligible for permanent supportive housing generally, an individual or family member must be considered a "homeless individual with a disability", therefore, HUD adopted this term into the definition of chronically homeless to ensure consistency;

Occasions are defined by a break of at least ***seven nights*** not residing in an emergency shelter, safe haven, or residing in a place meant for human habitation (e.g., with a friend or family). Stays of fewer than seven nights residing in a place meant for human habitation, or not in an emergency shelter or safe haven do not constitute a break and count toward total time homeless; and

Stays in institutions of fewer than 90 days where they were residing in a place not meant for human habitation, in an emergency shelter, or in a safe haven immediately prior to entering the institution, do not constitute as a break and the time in the institution counts towards the total time homeless. Where a stay in an institution is 90 days or longer, the entire time is counted as a break and none of the time in the institution can count towards a person's total time homeless.

Consolidated plan means a plan prepared in accordance with 24 CFR part 91. An *approved consolidated* plan means a consolidated plan that has been approved by HUD in accordance with 24 CFR part 91.

Continuum of Care means the group composed of representatives of relevant organizations, which generally includes nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social service providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement; organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons that are organized to plan for and provide, as necessary, a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area.

DedicatedPLUS is a permanent supportive housing (PH-PSH) project where the entire project will serve individuals and families that meet one of the following criteria at project entry:

1. Experiencing chronic homelessness as defined in 24 CFR 578.3;

2. Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;

3. Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;

4. Residing in transitional housing funded by a Joint transitional housing (TH) and rapid re-housing (PH-RRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;

5. Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or

6. Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Project applicants applying for new PSH projects must select either **"DedicatedPLUS"** or "**100% Dedicated**" on Screen 3B to indicate whether they will serve persons meeting the criteria outline above or where 100 percent of the beds are dedicated to chronic homelessness as defined in 24 CFR 578.3. Project applicants applying for renewal PSH projects must make a similar selection on Screen 3C, and will have an additional option, "N/A," for projects where less than 100 percent of the beds were dedicated or prioritized to chronic homelessness in the previous grant term, and the applicant does not wish to commit to dedicating 100 percent of their beds or meeting the criteria for DedicatedPLUS for the FY 2017 grant term. For more information see Section III.A.3.d. of the **FY 2017 CoC Program Competition NOFA**.

Emergency shelter means any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require

occupants to sign leases or occupancy agreements. Any project funded as an emergency shelter under a Fiscal Year 2010 Emergency Solutions grant may continue to be funded under ESG.

High Priority Homeless (HPH) Eligibility – MN Housing: HPH is defined as "**High Priority Homeless,**" which means households prioritized for permanent supportive housing by the Coordinated Entry system.

Homeless means:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

(2) An individual or family who will imminently lose their primary nighttime residence, provided that:

(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

(ii) No subsequent residence has been identified; and

(iii) The individual or family lacks the resources or support networks, ***e.g.,*** family, friends, faith-based or other social networks, needed to obtain other permanent housing;

(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

(i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e–2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)) or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

(iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree

or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

(4) Any individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, ***e.g.,*** family, friends, faith-based or other social networks, to obtain other permanent housing.

Homeless Management Information System (HMIS) means the information system designated by the Continuum of Care to comply with the HUD's data collection, management, and reporting standards and used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at-risk of homelessness.

Private nonprofit organization means a private nonprofit organization that is a secular or religious organization described in section 501(c) of the Internal Revenue Code of 1986 and which is exempt from taxation under subtitle A of the Code, has an accounting system and a voluntary board, and practices nondiscrimination in the provision of assistance. A private nonprofit organization does not include a governmental organization, such as a public housing agency or housing finance agency.

Program income shall have the meaning provided in 2 CFR 200.80. Program income includes any amount of a security or utility deposit returned to the recipient or subrecipient.

Program participant means an individual or family who is assisted under ESG program.

Program year means the consolidated program year established by the recipient under 24 CFR part 91.

Recipient means any State, territory, metropolitan city, or urban county, or in the case of reallocation, any unit of general purpose local government that is approved by HUD to assume financial responsibility and enters into a grant agreement with HUD to administer assistance under this part.

Subrecipient means a unit of general purpose local government or private nonprofit organization to which a recipient makes available ESG funds.

Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.