

WRITTEN STANDARDS FOR THE ADMINISTRATION OF COC AND ESG ASSISTANCE

Northwest Minnesota Continuum of Care – MN -506

The Northwest Minnesota Continuum of Care (CoC) is responsible for coordinating and implementing a regional homeless response system to meet the needs of persons experiencing or at imminent risk of homelessness within our geographic region.

Both the Emergency Solution Grant (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Rules state that the Continuum's of Care must establish written rules for the administration of ESG and CoC assistance. All programs that receive ESG or CoC funding are required to abide by these written standards. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

The majority of these standards are based on the ESG and/or HEARTH Rules, however additional standards have been established to assist the CoC in meeting MN funding program guidelines and CoC prioritization and performance outcomes to help the CoC reach the goal of ending homelessness. This is a living document that will evolve with regional needs and funder requirements.

These written standards have been developed in consultation with CoC and ESG recipients (and with service providers to allow for input on standards, performance measures and the process for full implementation of the standards throughout the CoC from the perspective of those organizations that are directly providing homeless housing and services, Emergency Shelter(ES), Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH) and Supportive Service Only (SSO). Service providers were invited to attend a series of meetings to establish the standards for each component.

Guiding Strategies

The CoC has established the following strategies for the use of ESG and CoC funds. Funds will be used to:

- Support Continuum of Care, Heading Home, Opening Doors, and MN Consolidated Plans.
- Foster greater and rapid access to permanent housing, including implementing Housing First, client choice and barrier free principals.
- Support stabilizing households in permanent housing once housed, utilizing harm reduction principals, linkage to mainstream resources, creative client engagement, and individualized case plans based on evidence based assessments (identifying needs, strengths, and barriers).
- Support Coordinated Entry, helping to develop a fair, rapid, coordinated, evidence based, and transparent homeless response system.
- Leverage existing resources to achieve the match and case management requirements and to avoid duplication of services.
- Support federal, regional and local goals for priority populations, including but not limited to veterans, persons with disabilities, families and others.
- Allow for updates that respond to the changing needs, population and resources in the CoC.
- Comply with eligibility and verification requirements and locally established standards (HMIS, HUD, housing status, habitability standards, homeless definitions, etc.).
- Ensure that persons experiencing homelessness who enter programs throughout the CoC will be provided with a consistent process when accessing and receiving housing with services designed for persons experiencing homelessness.
- Gather data vital to homeless planning to assure effective use of scarce resources and quality of care.
- Assure compliance with Federal and state funding requirements and goals.

ESG and CoC Program Overview

The CoC and ESG Programs are targeted to persons who “without” these programs would become or remain homeless. The programs should provide the least amount of assistance to effectively house and stabilize households, neither over nor under serving persons. Both CoC and ESG may serve singles, youth, and families.

1. **Emergency Solutions Grant (ESG)** is focused on housing and services for homeless and at-risk of homelessness. The program will provide temporary financial assistance, housing relocation, and stabilization services to individuals and families who are homeless, or would be homeless but for this assistance.
2. **Continuum of Care (CoC)** is focused on housing and services for literally homeless or persons fleeing abusive situations. The program will provide short-term (RRH) to permanent (PSH) housing and stabilization services to singles, families, and unaccompanied youth, who would remain homeless but for this assistance.

Program Component Types

1. Outreach
2. Prevention
3. Transitional Housing
4. Permanent Housing:
 - a. Rapid-Rehousing
 - i. CoC
 - ii. State
 - b. Long-term Homeless Vouchers
 - c. Permanent Supportive Housing

REGION-WIDE POLICIES

1. **Homeless Management of Information System (HMIS) Participation and Reporting**
 - a) ESG and CoC recipients must assure compliance with all HUD record-keeping provisions, including use of the HMIS. HUD requires that ESG and CoC recipients and providers enter client-level data into an HMIS.
 - b) Programs are required to keep a record of all clients that are screened and classified as ineligible. Recordkeeping and reporting requirements state that for each individual and family determined ineligible to receive assistance, the record must include documentation of the reason for that determination.
 - c) Programs required to participate in HMIS shall enter into a HMIS agreement and other data collection, sharing or reporting agreements as required by HUD, the HMIS administrator, or the CoC.
2. **Funding Obligations**
 - a. Non-Duplication of funding: Funding from multiple ESG or CoC sources may not be used to duplicate services to a project or person.

- b. Match and leverage: Recipients a responsible for assuring the provision of required leverage and match resources. Funded organizations are required to report the sources of match and leverage annually. These resources are verified through annual review.
- c. Gage expenditures: Agencies shall run quarterly expenditure reports to assure project spending is on target -not over spent, leaving a gap in service OR underspent-leaving money on the table.

3. Program Description for each Component

| Program Component | Description | Essential Program Elements | Who is it appropriate for? | Eligibility Criteria |
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| Prevention: ESG | Activities or programs designed to prevent the incidence of homelessness. | <ul style="list-style-type: none"> • Up to 24 months of rental assistance (desired 3+ months) • Deposit • Utilities Assistance. • Back rent. • Case Management – minimum 1x monthly. • Housing stability plan. • Connection to mainstream resources. | One of the following: <ul style="list-style-type: none"> • Doubled Up due to economic reasons. • Fleeing DV. • Within 21 days of eviction (written notice) • Moved 2x in 6 month period | <ul style="list-style-type: none"> • Pay 30% of income. • Anticipation of increased earned or other income. • Participation in CM. • Apply for eligible mainstream resources. |
| Prevention: FHPAP | Activities or programs designed to prevent the incidence of homelessness. | <ul style="list-style-type: none"> • Short-term rent or utility subsidies to avoid eviction or utility termination; • Security deposits or first month's rent to help households move into a different apartment; • Mediation programs for landlord-tenant disputes; • Payments to prevent foreclosure on a home; and • Education and training services (financial literacy, life skills, tenant education) • Linkage to other services. • Short-term light case management. | One of the following: <ul style="list-style-type: none"> • Doubled Up due to economic reasons. • Fleeing DV. • Within 21 days of eviction (written notice) • Moved 2x in 6 month period | <ul style="list-style-type: none"> • Pay 30% of income. • Anticipation of increased earned or other income. • Participation in CM. • Apply for eligible mainstream resources. |
| Emergency Shelter | Facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless. Includes linkage to service. Short-term intervention with ongoing assessment based on progress. Ideally less than 45 days. | <ul style="list-style-type: none"> • Case Management 1x/week (barriers assessment, money management, goal setting, ongoing assessment) • Referral for mainstream services (MH, Medical, Housing, Transportation, Employment, training, Social Service, Child Care, CDO) • Transportation Assistance • Showers • Laundry • On-site Meals • Telephone & internet access • Safe sleeping • Diversion | Anyone seeking shelter known to be without safe and secure overnight sleeping accommodations. Meet HUD definition of literally homeless Below Poverty Level Victim of Domestic Violence | <ul style="list-style-type: none"> • No Drug/Alcohol on premises • HUD or MN Homeless • No other supports (DV) or insufficient resources to secure housing. • 30 days w/ up to 60 days. • Required to look for housing. • Required to look for employment or increase income dependent on |

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| | | | | length of stay or barriers. |
| Motel Voucher | Temporary housing or shelter and support for persons escaping violent or abusive situations. Includes linkage to services. | <ul style="list-style-type: none"> • Voucher for motel or hotel. • Referrals to mainstream resources. • Diversion • Access to showers. • Provision or referral for meal. | Any seeking shelter known to be without safe and secure overnight sleeping accommodations and cannot access or are not eligible for emergency shelter. | <ul style="list-style-type: none"> • HUD or MN Homeless • No other supports (DV) or insufficient resources to secure housing. |
| Domestic Violence Shelter | Temporary housing or shelter and support for persons escaping violent or abusive situations. Includes linkage to services. | <ul style="list-style-type: none"> • Short term Crisis shelter • 1-3 nights Hotel voucher when a shelter bed is not available or appropriate and when funding is available. • DV related Advocacy and supportive services. • Referral and arrangement for transportation to other shelters. • Meals. • Personal hygiene and clothing (emergency care items). • Individual and group support • Linkage to housing and mainstream services. | Persons seeking immediate shelter from violent or abusive situations. | <ul style="list-style-type: none"> • Victim of DV. • 18 years or older. |
| Transitional Housing | Facilitates the movement of homeless individuals and families to permanent housing. Homeless persons may live in transitional housing for up to 24 months and receive supportive services such as childcare, job training, and home furnishings that help them live more independently. | <ul style="list-style-type: none"> • Rental assistance up to 24 months. • Case management- changes in frequency and intensity determined by individual needs. Recommend starting more frequently as least every two weeks initially. • Utility assistance. • Maximum of 30% of income to housing. • Link to mainstream resources , youth services, child care, education, parenting, senior services, and skill building • Continuum of services: scattered site, congregate, room/board. • Financial Literacy or budgeting • Apply for public housing or other housing opportunities | <p>Individuals with low to moderate exiting homelessness and entering permanent or transitional housing services.</p> <ul style="list-style-type: none"> • Homeless exiting shelter. • Persons who will be successful w/ short-term help. • Capacity to increase income (earned or other cash income), skills • Persons who can't afford housing w/income until access public housing assistance. • Youth w/ or working towards GED or HS diploma, • Youth exiting foster care. | <ul style="list-style-type: none"> • Ages 16+ • Homeless or eviction notice • Exiting jail or tx with no housing options • Participate in CM • Housing stability plan (self-directed) that addresses barriers. |

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| | | | <ul style="list-style-type: none"> • Persons exiting TX. • Persons fleeing DV | |
| Rapid Re-housing – federally funded | Housing and related supportive services for people moving from homelessness to independent living. Housing and services are limited to 24 months. Linkage to other mainstream services. | <ul style="list-style-type: none"> • Short-term to medium-term rent or utility subsidies to obtain and maintain housing; • Security deposits or first month's rent to help homeless households move to an apartment; • Mediation/Advocacy programs for landlord-tenant disputes; • Education and training services (financial literacy, life skills, tenant education) • Financial assistance for basic needs or employment/education/transportation. • Linkage to other services. • Case management. | Individuals with low to moderate barriers exiting homelessness and who have a strong chance of increasing their income and stabilizing their housing with short (2 month-6 months) to medium (7-12 months) length support. | |
| Rapid Rehousing – State funded | Housing and related supportive services for people moving from homelessness to independent living or to prevent literal homelessness. Housing and services are limited to 24 months. Linkage to other mainstream services. | <ul style="list-style-type: none"> Short-term to medium-term rent or utility subsidies to obtain and maintain housing; • Security deposits or first month's rent to help homeless households move to an apartment; • Mediation/Advocacy programs for landlord-tenant disputes; • Education and training services (financial literacy, life skills, tenant education) • Financial assistance for basic needs or employment/education/transportation. • Linkage to other services. • Case management | Individuals with low to moderate barriers exiting homelessness and who have a strong chance of increasing their income and stabilizing their housing with short (2 month-6 months) to medium (7-12 months) length support. Doubled up | <ul style="list-style-type: none"> • 200% poverty or less (FHPAP) • 30% of medium (OEO) • |
| Permanent Supportive Housing | Long-term housing with supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. | <ul style="list-style-type: none"> • Support services • Case management – define frequency • Confirmation of residency – quarterly. • Linkage to mainstream and community resources • Other direct assistance (child care, transportation, utility assistance.) • Voluntary participation • Rental assistance • Deposit | Individuals with high barriers and/or a verifiable disability (HUD only) who are exiting homelessness or transitional housing services. | <ul style="list-style-type: none"> • HUD Homeless (CoC programs) or MN LTH eligible (LTH vouchers) • Income eligibility as defined by funding source. |
| Permanent Supportive | Long-term housing with supportive | <ul style="list-style-type: none"> • Support services • Case management – define frequency | Homeless families, youth, individuals with very high | <ul style="list-style-type: none"> • HUD Homeless • Verifiable disability |

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| Housing: Chronic | services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. | <ul style="list-style-type: none"> • Confirmation of residency – quarterly.. • Linkage to mainstream and community resources • Other direct assistance (child care, transportation, utility assistance. • Voluntary participation • Rental assistance • Deposit | barriers who have a disability and have been homeless one year or experienced at least 4 episodes of homelessness in the past 3 years, given the combined episodes total 12 months. | <ul style="list-style-type: none"> • Homelessness for 1 year or have had 4 episodes in the past 3 years – with episodes totaling 12 months. |
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4. Program Referral Criteria The VI-SPDAT is utilized to help target households to the appropriate housing component, however, provider expertise, program availability, program eligibility, and client choice also need to be considered when making referrals. If referrals are made or accepted outside of recommended range, agency must be able to document exception.

| Program Referral Criteria for each Component | VI-SPDAT Score Range | | |
|--|----------------------|---------------|-------|
| | Families | Single Adults | Youth |
| Referral to Mainstream Resources and Self-Resolve Strategies | | | |
| Client able to address housing barriers with individual resources and/or available community-based resources. | 0-3 | 0-3 | 0-3 |
| Referral to Prevention Services | | | |
| <ul style="list-style-type: none"> • Doubled Up due to economic reasons. • Fleeing violence or abuse • Within 21 days of eviction (written notice) • Moved 2x in 6 month period due to financial reasons | 0-3 | 0-3 | 0-3 |
| Emergency Shelter (ES) including motel vouchers | | | |
| <ul style="list-style-type: none"> • Literally homeless • Fleeing/attempting to flee DV and/or family violence | N/A | N/A | N/A |
| Rapid-Rehousing (RRH) | | | |
| <ul style="list-style-type: none"> • Regular income or recent work history or ability to quickly increase income • Can be used as a bridge to permanent subsidy | 4-8 | 4-7 | 4-7 |
| Transitional Housing (TH) | | | |
| <ul style="list-style-type: none"> • No income or inadequate income • Independent Living Skills issues • Life Transition Issue (at least one of the attributes below): <ul style="list-style-type: none"> ○ Youth (ages 15-24) ○ Youth parents ○ Domestic Violence Survivor ○ Persons released from correctional facilities ○ Pregnant women ○ Persons in early stages of AOD addiction recovery ○ Veterans (choosing Grant and Per Diem – GPD) | 4-8 | 4-7 | 4-7 |
| Long-term Homeless (LTH) | | | |
| <ul style="list-style-type: none"> • No income or inadequate income | 9+ | 8+ | 8+ |

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| <ul style="list-style-type: none"> Independent Living Skills issues or limited functional ability | | | |
| Permanent Supportive Housing (PSH) | | | |
| <ul style="list-style-type: none"> No income or inadequate income Documented disability Independent Living Skills issues or limited functional ability | 9+ | 8+ | 8+ |
| Chronic Permanent Supportive Housing (PSH – Chronic) | | | |
| <ul style="list-style-type: none"> No income or inadequate income Documented disability Independent Living Skills issues or limited functional ability | 12+ | 10+ | 10+ |

Notes:

1. Refer household to TH if the household meets both the income thresholds and at least one of life transition issues listed above.
2. Refer households to RRH if they meet the income criteria but not the TH life transition criteria.
3. Households eligible for both RRH and TH may choose which service strategy they prefer.
4. If the household scores for a TH or RRH service strategy but does not meet the specific programmatic criteria (either income or life transition issues) for either TH or RRH, the household is recommended for an alternative service strategy to facilitate the client's/household's housing exit.

5. Determining & Prioritizing Resources

All ESG and CoC funded Transitional, Rapid-Rehousing and Permanent Supportive programs must adhere to the following criteria for determining eligibility and prioritizing resources. Programs are required to determine and document eligibility and priority status. Often third party supporting documentation is required. Verification and documentation requirements can be found on the CoC website. While some non-ESG and CoC programs do not have specific income or homeless verification criteria, the CoC requires that ALL participants lack appropriate housing options, sufficient resources and support networks to obtain or retain housing.

- a. Chronic homeless prioritization policy: While the North West MN Continuum of Care feels all persons who become homeless need and deserve a home, the continuum feels priority should be given to those individuals who are both homeless and disabled, as they are at greatest risk for remaining homeless. When possible, all homeless providers, particularly those providing Permanent Supportive Housing, should give preference to persons who are at greatest risk.

This should be accomplished by:

- 1) Establish and maintain preference criteria in the regional Coordinated Assessment System that gives waitlist priority to persons/households who are both homeless and disabled and who meet the Chronic Homeless and/or Long-term Homeless Definition.
- 2) Include weighted priority in the system barriers assessment to give preference to persons/households who are both homeless and disabled and who meet the Chronic Homeless and/or Long-term Homeless Definition.
- 3) Prioritize the development and renewal of permanent supportive housing projects when issuing certificates of consistency and when ranking grant applications.
- 4) Evaluate programs for how well they serve persons who are both homeless and disabled, addressing any barriers that are preventing this population from being served.
- 5) All PSH programs receiving CoC funding shall be required to edit eligibility guidelines to give preference to persons/households who are both homeless and disabled and

who meet the Chronic Homeless and/or Long-term Homeless Definition. Note, preference does not mean limiting beds to Chronic Homeless or Long-term Homeless, only priority as beds become available.

- 6) As part of Coordinated Assessment, develop an outreach plan that includes increasing access for persons who are Chronic and Long-term Homeless. Outreach includes making a concerted effort to reach persons who meet the CH and LTH definition, particularly those who are literally homeless.
- b. **Veterans Preference**: Veteran households will be given preference for homeless supportive housing units, with all other eligibility and preference criteria being equal.
- c. **Income Eligibility**- All assistance provided through ESG and CoC Programs must benefit households who have an annual income of below 30 percent of median household income for the area based on household size, and as updated annually by HUD (with the exception of those who are currently homeless by HUD definition, but must be within 30 percent at 1 year certification). The most recent table of income limits is available at: <http://www.huduser.org/datasets/il.html>.

Certain rules and requirements apply in determining income, as well as eligibility;

1. ESG regulations require that income of all qualifying household members may be included in the determination of income, as may be applicable. The applicant's income must not exceed 30% of the Housing Area Median Family Income (HAMFI).
2. The ESG or CoC program staff must verify that the applicant's income meets low income criteria within thirty (30) days prior to entering ESG or CoC funded programs (excluding Emergency Shelter).
3. Staff must consider anticipated income to determine affordability prior to placing in scattered site housing where participants must transition in place.
4. ESG and CoC recipients (excluding Emergency Shelter) must determine eligibility by examining, verifying, and/or updated, as necessary, source documents and documenting in the client file, preferably through HMIS. Examples of documentation include; Last 30 days of payment stubs, self-employment profit/loss statement, agency statements (Social Security Benefits, Disability Benefits, Unemployment Compensation, Retirement Funds, Pension, Workman's Compensation, Child Support) or other applicable proof of income.
5. If the individual has no income or is paid in cash and has no way of obtaining income verification from the source, then a Declaration of Income form may be used, but only as a last measure.

- i. Recertification
 - 1. RRH- 365 Day Re-certifications includes determination that the household is: 1). below 30% AMI. 2). Remains at-risk of homelessness 3). Lacks the financial resources and support networks needed to remain in their housing. Conduct a **30 day** check-in for continued eligibility for housing subsidy.
 - 2. TH- 365 Day Re-certifications includes determination that the household is: 1). below 30% AMI. 2). Remains at-risk of homelessness 3). Lacks the financial resources and support networks needed to remain in their housing. Conduct a 90 day check-in for continued eligibility for housing subsidy.
 - 3. PSH Annual Re-certifications includes determination that the household: 1) Remains at-risk of homelessness and 2) Lacks the financial resources and support networks needed to remain in their *housing*
 - 4. CH PSH Annual Re-certifications includes determination that the household: 1) Remains at-risk of homelessness; 2) Lacks the financial resources and support networks needed to remain in their housing; and 3) continues to qualify for disability status.
- d. HUD Chronic Homeless A person who is “chronically homeless” is an unaccompanied homeless individual with a disabling condition
 - who has either been continuously homeless for a year or more,
 - OR has had a least four (4) episodes of homelessness in the past three (3) years.
 In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets, substandard housing) and/or in an emergency homeless shelter.
- e. Disabling condition is defined as: a Diagnosable substance use disorder - Serious mental illness, - Developmental disability, Or chronic physical illness - Or disability including the co-occurrence of two or more of these conditions. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living.

6. Coordinated Entry

- a. No side doors: All CoC and ESG beds must be filled through the Northwest CoC Coordinated Entry System (CES) approved process.
- b. Uniform process: Programs must utilize the approved CES tools, prioritization and referral processes to assure process is fair, consistent and transparent for all persons.
- c. Assessments:
 - i. Diversion: Households seeking assistance will first be assessed for diversion to mainstream services prior to entry into the homeless response system utilizing the CoC Triage Assessment.
 - ii. Prevention: If the Triage Assessment determines light assistance is needed to resolve the households housing crisis, the CoC Prevention Screen is completed to prioritize for prevention assistance.

- iii. Homeless Housing: If the previous assessments determine mainstream or prevention services will not prevent or end the households homelessness, a Housing Crisis Assessment is completed (utilizing the VI-SPDAT tools) to determine the most appropriate linkage to homeless dedicated program beds. Households are then prioritized according to score, eligibility and CoC preference.
- d. Denials: Denials of services must be limited to ineligibility and conflict of interest and be documented to assure barrier free access and transparent eligibility requirements.

7. School Enrollment and Connection to Appropriate Services for All Children Policy

Educational and supportive service needs of families with minor children will be fully assessed with expediency upon entry to the program. School-aged youth will be enrolled in school immediately, working collaboratively with the designated school homeless liaison in the Local Educational Agency (LEA) to ensure that all educational assessments are completed. To the extent feasible, students in homeless situations should be kept in their school of origin (defined as the school the student attended when permanently housed or the school in which the student was last enrolled), unless it is against the parent’s or guardian’s wishes. Students in homeless situations must have access to the educational and other services they need to ensure that they have an opportunity to meet the same challenging state student academic achievement standards to which all students are held. Appropriate referrals will be made in the community to address supportive service needs of all family members.

8. Family Separation and Emergency Shelter and Transitional Housing- HUD issued

regulations that all ESG funded shelters and transitional housing programs are prohibited from denying access to families based on the age of child. Non-compliance may result in the removal of ESG funds. The CoC has expanded this policy to include any shelter or TH program participating in CES. Specific details include:

- a. IN GENERAL.—... any project sponsor receiving funds under this title to provide emergency shelter, transitional housing, or permanent housing to families with children under age 18 shall not deny admission to any family based on the age of any child under age 18. “
- b. EXCEPTION.—Notwithstanding the requirement under subsection (a), project sponsors of transitional housing receiving funds under this title may target transitional housing resources to families with children of a specific age only if the project sponsor— “(1) operates a transitional housing program that has a primary purpose of implementing an evidence-based practice that requires that housing units be targeted to families with children in a specific age group; and “(2) provides such assurances, as the Secretary shall require, that an equivalent appropriate alternative living arrangement for the whole family or household unit has been secured

Additional guidance is listed on the CoC website.

9. **Low barrier policy** CoC providers will make enrollment determinations on the basis of limiting barriers to enrollment in services and housing. No client may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment,

disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Funders restricting access to projects based on specific client attributes or characteristics will need to provide documentation to the CoC providing a justification for their enrollment policy. CoC projects offering Prevention and/or Short-Term Rapid Rehousing assistance (i.e. 0 – 6 months of financial assistance) may choose to apply some income standards for their enrollment determinations.

10. COORDINATION OF SERVICES

Good coordination of services is essential to a client centric model, most effective use of resources, effective Coordinated Entry System (CES), and improved outcomes. Agencies receiving ESG and CoC funds must work collaboratively with household members and other providers to plan and link to resources that will help house and stabilize their consumers. ESG and CoC funds may be used in the coordination of services. Component services include:

- a) Utilizing CES to access, screen, assess and link household applying for services to homeless prevention, emergency shelter, transitional housing, rapid-rehousing, and permanent supportive housing.;
- b) Advocating on behalf of individuals/families in accessing all services they are eligible to receive.
- c) Units must be filled through Coordinated entry;
- d) Working with households to create a housing stability or independent living plan;
- e) Helping participant's access services by providing assistance and/or coordinating transportation to attend service appointments;
- f) Prioritizing enrollment in mainstream resources;
- g) Updating assessments and eligibility information into HMIS and/or CES (in interim) to assure appropriate, timely and accurate linkage to housing and services;
- h) Children must be connected with school liaison for prompt enrollment per CoC policy;
- i) Monitoring and evaluating program participant progress;
- j) Following-up on CES Referrals and requests for information in a timely manner;
- k) Updating household intake, exit and status changes in HMIS; and
- l) Following up with households 6 month after exit to inquire on housing stability and need for further linkage to service (Excluding Emergency Shelter and Outreach Services).