Before Starting the CoC Application

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

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

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

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

 Your CoC Must Approve the Consolidated Application before You Submit It
 - 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
 - 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
 Answering Multi-Part Narrative Questions
 Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

 Attachments
 Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
 - Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
 - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: GA-502 - Fulton County CoC

1A-2. Collaborative Applicant Name: Fulton County Board of Commissioners

1A-3. CoC Designation: CA

1A-4. HMIS Lead: GA Department of Community Affairs dba GHFA

1B. Coordination and Engagement–Inclusive Structure and Participation

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

1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.

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

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

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

By selecting "other" you must identify what "other" is.

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

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

(limit 2,000 characters)

1. Due to the pandemic, board and membership meetings have recently been held in person or utilizing web platforms. Invitations share the purpose of the CoC, a meeting schedule and opportunities for participation in meetings, committees and other activities. Persons are encouraged to call the CoC's lead, and a direct phone number is listed.
2. The CoC has taken specific steps to ensure that persons with disabilities can fully participate in meetings and processes. This includes relay access to all CoC meetings. With each meeting announcement, the following notification is included: "Residents in need of reasonable accommodations due to a disability or limited English proficiency should contact the Disability Services Liaison in the Community Development Department at (404) 613-7944. To obtain Georgia Relay Access, dial 711. La información será proporcionada en español a petición.
2. Outreach is conducted via sharing of material with CoC and Fulton County ESG grantees, other departments within the county, municipalities, nonprofits

and constituents. In addition, the Coordinated Assessment Center staff distribute flyers that provide information on the work of the CoC, service locations and how to access resources for homeless and at risk homeless individuals/families.

3. Monthly invitations are extended announcements by newsletter and on the CoC web page. County departments, municipalities, and other interested parties are notified. Announcements are also made through the county's Communications Department. CoC staff engage with agencies by phone to share information on the CoC and how to network with community partners. Agencies are encouraged to post pertinent information at their facilities and share with other community partners. The CoC extends information concerning the need to conduct training on racial disparities. This encourages participation from organizations serving culturally specific communities experiencing homelessness.

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

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

(limit 2,000 characters)

1. The CoC's strategy for soliciting and considering opinions from a broad array of organizations and/or individuals that have an interest in preventing or ending homelessness begins with publicly announcing CoC meetings. CoC board meetings and monthly CoC meetings are publicly announced through the widely accessed Fulton County meeting calendars and the Fulton CoC website. Meetings are open to the public and always include opportunities for interested parties to provide input. The CoC makes continuous efforts to be transparent, fair, and inclusive of all organizations and persons who have an interest in preventing or ending homelessness.

2. The CoC prepares an information packet available to all meeting attendees. It includes information to be discussed at the Board and Membership meetings. During the meetings participants are asked to share information and provide updates concerning community events, updates, and suggestions to help aid in the fight against homelessness.

3. Participation on CoC Board subcommittees' is open to the public encouraging participation on how the CoC might best address needs among homeless persons and unstable households. This input is considered in CoC planning as the CoC seeks to implement improvements or new approaches to prevent and end homelessness.

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

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

(limit 2,000 characters)

1. The CoC began soliciting project applications for the FY2021 competition by distributing a news release through the Communications Department on September 21, 2021, announcing NOFO funding opportunities and promoting the Technical Assistance Workshop about the CoC Program to be held on October 5. The notice included anticipated funding priorities. The release was distributed via email to the CoC membership and County departments via mass email, and was publicly posted on the Fulton County and CoC websites.
2. At the Technical Assistance Workshop, information was shared on CoC funding priorities, funding highlights, the application process, the rank and review committee process, the NOFO timeline, and resources for related support material. Workshop materials were provided at the workshop, and also distributed via email to the CoC membership, and posted on the Fulton County and CoC websites.
3. Information was shared via the Fulton County and CoC's website and shared via the technical assistance workshop on how applicants must submit their project applications.
4. The CoC Board appointed a ranking and review committee to include persons who are not associated with CoC funded applicants. The Committee made recommendations on acceptance, reductions and threshold rejections. Accepted and reduced applications were scored and ranked into Tier 1 or 2. Reduced application requests were based on underspending or underperformance. Committee recommendations were made to the Development Committee, and in turn, presented to the CoC Board for approval. Following approval, each applicant was notified in writing of final Board action.
5. All notices advised residents in need of reasonable accommodations due to a disability or limited English proficiency to contact the Fulton County Disability Services Liaison. Workshop materials were available in electronic format on the CoC website.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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 - 24 CFR part 578

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

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	**Coordinates with Planning or Operations of Projects**
1.	**Funding Collaboratives**	Yes
2.	**Head Start Program**	No
3.	**Housing and services programs funded through Local Government**	Yes
4.	**Housing and services programs funded through other Federal Resources (non-CoC)**	Yes
5.	**Housing and services programs funded through private entities, including Foundations**	Yes
6.	**Housing and services programs funded through State Government**	Yes
7.	**Housing and services programs funded through U.S. Department of Health and Human Services (HHS)**	Yes
8.	**Housing and services programs funded through U.S. Department of Justice (DOJ)**	Yes
9.	**Housing Opportunities for Persons with AIDS (HOPWA)**	Yes
10.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	No
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes
12.	**Organizations led by and serving LGBT persons**	Yes
13.	**Organizations led by and serving people with disabilities**	Yes
14.	**Private Foundations**	Yes
15.	**Public Housing Authorities**	Yes
16.	**Runaway and Homeless Youth (RHY)**	Yes
17.	**Temporary Assistance for Needy Families (TANF)**	Yes
	Other:(limit 50 characters)	

18.		

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

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

(limit 2,000 characters)

1. The CoC's Collaborative Applicant is Fulton County. Fulton County is a direct ESG recipient and is responsible for the Consolidated Planning process. Through the Annual Action Plan process, CoC, ESG and Consolidated Planning staff work very closely together to provide an opportunity for the public to provide comments as to the priorities for addressing homeless instability and homelessness. This is done by obtaining public, community group and stakeholder input through public hearings, surveys, focus groups and other public meetings.
2. The CoC makes recommendations to Fulton County on performance standards, evaluation of outcomes, application development, funding processes, and compliance standards for monitoring ESG projects. Once ESG applications are received by Fulton County, the CoC's ESG application evaluation committee reviews and scores all applications and, through CoC review and approval processes, makes funding recommendations to Fulton County ESG staff. ESG staff, in turn, make ESG funding recommendations to the Fulton County Board of Commissioners for approval. When ESG funds are awarded, CoC requirements are incorporated into subrecipient contracts. Coordination meetings are held with ESG subrecipients to discuss requirements including performance, outcome measures, HMIS requirements, and other matters specific to CoC priorities.
3. CoC staff prepare and share PIT and HIC data with Fulton County staff (within the same department/workgroup) for use in the preparation of the Annual Action and Consolidated Plans.
4. Other CoC data is also shared about Fulton County CoC priorities, goals and desired outcomes for use in the Consolidated Planning Process.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes

2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

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

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

(limit 2,000 characters)

1. The Fulton County School District's Homeless Liaisons (funded by the State Department of Education) are actively engaged with the CoC. Through CoC activities throughout the year, information is shared on the resources available through CoC, ESG and other funding programs offered by CoC partner agencies, including coordinated entry, that could be utilized by families to serve youth identified by schools as homeless or at risk of homelessness. In addition, the CoC is collaborating with the Department of Youth to address the needs of homeless youth by utilizing educational, CoC, ESG and other resources offered by CoC partners.
2. and 3. The CoC has established formal partnerships with many of the Fulton County's School District's state funded Homeless Liaisons. One of the School District Liaisons served most recently as a CoC Board Member.
4. and 5. To ensure the continued success of our CoC in linking CoC and ESG services to you and their families who are homeless or at risk of homelessness in the Fulton school district, the CoC is in the process of seeking a more formal relationship with the Fulton School District. This will assure that participation with the CoC is identified within work plans in order to provide continuity of service to link newly employed liaisons with information on CoC resources to better serve children and families experiencing homelessness or who are at risk of homelessness.
6. CoC partners conduct outreach by providing information to liaisons and staff, and by designating office days at the schools to ensure those at risk or experiencing homeless are provided with resources and services critical to changing their situation.

1C-4a.	**CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.**	

NOFO Section VII.B.1.d.

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

(limit 2,000 characters)

The CoC has adopted policies and procedures within its written standards to ensure that all programs consistently and accurately inform individuals and families experiencing homelessness about available education services offered by the Fulton County School District and related eligibility. CoC and Fulton County ESG policy require that providers serving households with children designate a specialized staff person as educational liaison to provide direct support to individuals and families, and to ensure there is no disruption in current education services for those entering shelter or transitioning from shelter into permanent housing. Specifically, educational liaisons are responsible for ensuring that children continue to be enrolled in school and connected to age appropriate services in the community.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

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

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

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

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

(limit 2,000 characters)

CoC policy requires Victim Service Providers to submit on an annual basis, deidentified, aggregate data to the HMIS Administrator on behalf of the CoC, and the HMIS Lead, in a form approved by the CoC. This data is used to assess the special needs of people who experience homelessness due to Domestic Violence, Dating Violence, Sexual Assault and Stalking (DVDVSAS). As a result, the CoC is able to:
determine the need for specific new or increased safe housing and services for people who have experienced DVDVSAS
advocate for additional resources to assist this population
periodically update domestic violence related information and best practices that are part of annual Coordinated Entry training.

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

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

(limit 2,000 characters)

Fulton CoC policy requires Victim Service Providers to submit deidentified, aggregate data on an annual basis to the HMIS Administrator of the CoC and the HMIS Lead in a format approved by the CoC. This data is used to assess the special needs of people who experience homelessness due to Domestic Violence, Dating Violence, Sexual Assault and Stalking (DVDVSAS). As a result, the CoC is able to:
determine the need for specific new or increased safe housing and services for people who have experienced DVDVSAS
advocate for additional resources to assist this population
periodically update domestic violence related information and best practices that are part of annual Coordinated Entry training.

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

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1. Partners Against Domestic Violence (PADV), Fulton CoCs state funded and certified DV provider, trains Coordinated Entry staff on how to prioritize safety

by providing information on how to serve known victims of domestic violence, how to identify those who do not self-identify but may be victims, and how to serve survivors. Staff are trained on how to make appropriate referrals, mandated reporting and other pertinent matters. If Coordinated Entry staff identify a client as needing DV services, the agency refers directly to PADV for safe shelter and services.

2. All CoC providers are trained how to handle cases where there is known abuse, and how to handle cases where abuse is suspected. In either case, direct referrals are immediately made to PADV. Also, in accordance with the Violence Against Women Act (VAWA), Fulton's PHA allows voucher program participants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit.

3. PADV participates in the CoC but does not enter client data into the HMIS. The CoC's protocols require that, when a client seeking housing assistance at Coordinated Intake reveals DV, a referral is made directly to the DV agency. At Coordinated Intake, survivors must sign a waiver to have information entered into the HMIS. Then that information is marked private so that only Coordinated Intake staff has access. Clients do not have to agree to participate in HMIS in order to receive Coordinated Intake services. If an HMIS-participating project identifies a client as needing DV services, the agency refers directly to PADV for safe shelter & services. PADV provides training individually to CoC agencies regarding assessing needs & providing support and conducts annual training to the entire CoC on best practices in serving survivors of DV.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were	Does the PHA have a General or Limited Homeless	Does the PHA have a Preference for current PSH program

	experiencing homelessness at entry	Preference?	participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of Fulton County	66%	Yes-Both	No
Housing Authority of College Park	73%	No	No

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

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

(limit 2,000 characters)

The Housing Authorities of Fulton County (HAFC) and College Park have done an excellent job of working to assist local homeless persons or families into housing, both by utilizing their assisted units, and through the provision of HCVP vouchers. This is reflected in their reported rate of admissions and vouchers issued to homeless individuals and families. The Housing Authority of Fulton County has a strong policy preference for persons with disabilities, including those who are homeless or chronically homeless (attachment uploaded).

The Fulton CoC has been in discussion with the College Park PHA, but to date, there is no formal homeless preference in College Park. Nonetheless, the College Park PHA has a strong record of working with homeless providers with a large percentage of reported public housing admissions and HCVP vouchers issued to homeless persons.

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

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

1.	**Multifamily assisted housing owners**	Yes
2.	**PHA**	Yes
3.	**Low Income Tax Credit (LIHTC) developments**	Yes
4.	**Local low-income housing programs**	Yes
	Other (limit 150 characters)	
5.		

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

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	No

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

	If you selected yes in question 1C-7c., describe in the field below:	
1.	how your CoC includes the units in its Coordinated Entry process; and	
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.	

(limit 2,000 characters)

N/A

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

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

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

	If you selected yes to question 1C-7d, describe in the field below:	
1.	the type of joint project applied for;	
2.	whether the application was approved; and	
3.	how your CoC and families experiencing homelessness benefited from the coordination.	

(limit 2,000 characters)

N/A

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with	

MOUs.		
Not Scored–For Information Only		

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

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

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

Name of PHA: Housing Authority of Fulton County

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

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

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

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

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

1.	**Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.**	11
2.	**Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.**	11
3.	**This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.**	100%

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

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

(limit 2,000 characters)

The Fulton County CoC through the Assessment lead agency utilizes the housing first assessment tool to evaluate agencies ensuring there are no barriers to one accessing housing. Through the use of the tool, the CoC reiterates the concept of housing first. When referrals are made through the CE

and individuals/families are denied access to housing, this sends a red flag. Through bi monthly scheduled meetings and Coordinated Entry meetings, agencies are strongly encouraged that housing first is strongly evaluated.

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

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

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

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

(limit 2,000 characters)

Outreach Efforts - Each Coordinated Entry Assessment Center hosts an outreach team that canvasses the center's coverage area, contacting and providing supplies and services to people who are experiencing homelessness. Outreach teams interact with law enforcement and other emergency services to identify people who need to be contacted and served. Outreach workers focus on building relationships over time, engaging people as they begin to accept services, with the aim of moving them to permanent housing as quickly as possible.

Coverage - street outreach teams cover 100% of the CoC's geographic area.

Frequency - street outreach is conducted on a daily basis.

Reaching Persons Least Likely to Request Assistance - One outreach team, operated by a nonprofit organization called "Hope Through Soap", visits a different area of the CoC every few days, providing people who live outdoors access to portable shower and laundry services, while slowly and steadily building relationships. This organization targets those who are least likely to request assistance, with a goal of moving them into permanent housing. As stated above, other outreach teams network with law enforcement and other emergency services to learn of and locate and contact people who are not likely to ask for help.

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

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

1.	**Engaged/educated local policymakers**	Yes
2.	**Engaged/educated law enforcement**	Yes
3.	**Engaged/educated local business leaders**	No
4.	**Implemented communitywide plans**	Yes
5.	**Other:(limit 500 characters)**	

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	71	94

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

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

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

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

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

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

4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

Providing Up to Date Information - CoC staff regularly monitors official email lists and publications for the latest information on mainstream resources (food stamps, SSI, SSDI, TANF, substance abuse programs) that are available to program participants and shares this information with providers and their staff

Communicating Information - Communication of this information takes place during each monthly CoC membership meeting, as CoC leaders and providers share resource and programmatic updates. As part of this agenda item, mainstream providers are invited to provide program spotlights, giving CoC providers the information they need in order to make appropriate and effective referrals. Recent examples include presentations from mental health and substance abuse programs, veteran services, and Medicaid case management programs.

Enrolling in Health Insurance - The CoC's Coordinated Entry Assessment Centers provide information about health insurance enrollment to program participants who lack it, and assist with health insurance applications, including the State Children's Health Insurance Program (SCHIP/PeachCare), and Medicaid, and private health insurance when appropriate.

Assisting with Effective Use of Medicaid - The CoC has employed two strategies to help people access and fully utilize Medicaid benefits. First, CoC staff works with the Department of Family and Children Services (DFACS) to brainstorm to make applying for and receiving Medicaid and other mainstream benefits easier. The CoC also encourages its providers to pursue SOAR certification so that they can fast track disabled participants to benefits, including health care, and housing.

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

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

(limit 2,000 characters)

Coverage - The Coordinated Entry System covers a geographical area that runs 71.3 miles from north to south. There are two Assessment Center, one covering the northern region of the CoC and a second covering the south. Together they cover 100 percent of the CoC's geographic area.

Reaching People Least Likely to Apply for Assistance - The CES policies & procedures require that, "Regardless of initial access…people experiencing

homelessness or at risk of homelessness receive the same assessment approach, including standardized decision-making and assessment tool specific to each population."

Prioritizing People Most in Need -

Providing Timely Assistance -

NOTES BELOW
2) Street outreach projects cover the entire CoC geographic area, working closely with law enforcement & other community services to connect unsheltered people to services & housing opportunities.

(3)Scores on the primary standardized assessment tool, the VI-SPDAT, are used to prioritize people most in need of assistance & to connect them to assistance as rapidly as possible. A By Name List of people currently experiencing homelessness from the HMIS is regularly used to prioritize people with high VI-SPDAT scores for referrals for housing placement & case conferencing as needed. CES policies require that people who are matched for permanent housing or transitional housing are prioritized for street outreach work & emergency shelter opportunities. The VI-SPDAT, with versions for singles, families, & youth, is used with unsheltered people & after people are in emergency shelter. The "Risk/Barrier Factor Checklist" is used for initial assessment of families presenting for housing assistance at DSS. These tools are attached.

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

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

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

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

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

6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

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

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

Results of the racial disparity assessment were surprising to many CoC stakeholders and awakened a desire to better understand how equity issues affect access to and efficacy of services that are provided to people experiencing housing instability or homelessness. The CoC is now building on the initial assessment by implementing the following strategy

Step One: (currently underway) Analyze population data from HMIS and other sources to determine risk factors, such as disabilities, income levels, prior

homeless episodes, etc., that may have contributed to disparities that have been identified (disabilities, income levels, prior homeless episodes, etc.)

Step Two: Analyze data to identify any geographic or service related factors that may have affected outcomes

Step Three: Convene CoC stakeholders and representatives of affected groups to explore - informed by the data - why detected and undetected disparities and inequities exist and what can be done to support greater equity for people who are experiencing homelessness.

Step Four: Based on Step Three input, CoC leadership drafts strategies and policies designed to address disparities and promote greater equity.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	7	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	7	0
3.	Participate on CoC committees, subcommittees, or workgroups.	7	0
4.	Included in the decisionmaking processes related to addressing homelessness.	7	0
5.	Included in the development or revision of your CoC's local competition rating factors.	7	0

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes

6.	Other:(limit 500 characters)	

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

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

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	unsheltered situations;
2.	congregate emergency shelters; and
3.	transitional housing.

(limit 2,000 characters)

1. Unsheltered - CoC officials recognized that the risks associated with sleeping outdoors are different than with staying indoors in a congregate setting. Outdoor settings may allow people to increase distance between themselves and others. However, sleeping outdoors often does not provide protection from the environment, quick access to hygiene and sanitation facilities, or connection to health care.

At the outset, coordinated entry teams, outreach workers and service locations were issued infrared thermometers and masks, and trained to recognize COVID symptoms. PPE was distributed to unsheltered persons. Referrals to the large public hospital for testing and health services were made. Transportation was provided.

2. and 3. Emergency shelters and transitional - Public Health advised congregate programs to practice social distancing and helped the Fulton CoC to develop a triage-screening tool to assist shelters and housing programs. The triage-screening tool focused on reorganizing the intake workflow to effectively identify symptomatic and asymptomatic people entering congregate sites. The questions on the triage-screening tool were self-reported answers except for the question regarding whether a person has a fever. If the temperature is 100.4 or above, the person was screened into COVID protocols. Based on additional criteria related to existing health vulnerabilities, providers called the local public hospital, explained the indications for further assessment and arranged transport for testing. COVID + and symptomatic clients in congregate settings who did not need primary care were referred to isolation sites.

In its work, the CoC closely sought to adopt strategies that met local needs and were clearly supported by local public health. From initial design to implementation procedure, messaging to clients, and the community – each element was carefully documented and disseminated to staff and clients in order to minimize anxiety and confusion.

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

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

(limit 2,000 characters)

The CoC in collaboration with Public Health, implemented the triage-screening tool for COVID that will be used across the board for all future infectious disease emergencies. Public Health recommendations also centered upon management practices that will be implemented when necessary in the future related to social distancing, improved air quality, training of staff, and other measures to be taken within housing and service facilities. All of these measures have been written into the Consolidated Plan and will be discussed on a quarterly basis to ensure that the CoC continues to operate within best practices if and when future infectious disease public health emergencies arise.

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

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

Fulton ESG and CoC staff collaborated quickly with Fulton providers to quickly reconcile the needs of Fulton's homeless with activities eligible under the ESG-CV program. Following an accelerated application process, the following activities were broadly funded to meet immediate needs:
1. Safety measures - Fulton County quickly made ESG-CV funds available to support outreach to unsheltered. Additional outreach staff were hired. Unsheltered persons were intensively engaged on COVID protocols, and health services were provided. PPE kits were distributed, and referrals were made to primary care when needed. Isolation beds were established. Additional funds were distributed to housing providers to implement expanded cleaning, sanitizing and disinfection protocols.
2. Housing assistance - Rapid re-housing programs were quickly expanded to meet the needs of homeless families impacted by the pandemic. Additional

motel beds were identified and utilized, including isolation beds to assist unsheltered persons, as well as shelter and transitional congregate sites. The need for additional beds to serve the CoC's domestic violence provider were secured, as a rise in need was noted in populations fleeing domestic violence situations.

3. Eviction prevention - Legal services were quickly expanded to serve those under threat of eviction. Homelessness prevention utility and rental assistance activities were made more broadly available to meet increased need.

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

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

Decreasing the Spread of COVID 19 - the CoC worked with the Fulton County Department of Public Health to provide Personal Protective Equipment (PPE) to homeless services providers and program participants and with the state Department of Health to stand up isolation hotels to prevent people experiencing homelessness who had tested positive for COVID-19 from infecting others.

Safety Measures - The Continuum of Care worked with the county health department to develop a triage-screening tool to help shelters and housing programs to modify management strategies, processes and procedures to reduce the spread of COVID-19. This triage-screening tool focused on reorganizing intake workflows to effectively identify symptomatic and asymptomatic people entering congregate sites. The CoC, working with the Fulton County Department of Public Health, continually advised congregate programs to practice social distancing to the maximum extent possible.

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

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

Safety Measures - the Continuum of Care hosted a series of public meetings for homeless services providers, which featured presentations from the Department of Public Health, Behavioral Health and various nonprofit providers with experience dealing with infectious diseases. The CoC used these meetings and periodic communications to keep providers updated. The CoC also coordinated efforts with the State Department of Health to provide information

on isolation hotel vacancies for persons experiencing COVID-19.

Changing Local Restrictions - Information on current restrictions was shared during CoC membership meetings and through regular communications with CoC member organizations.

Vaccine Implementation - The CoC collaborated with the health department to develop a plan for vaccination of people experiencing homelessness and kept providers informed of the plan's development and implementation.

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

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

(limit 2,000 characters)

The CoC worked closely with the Fulton County Department of Public Health to ensure that people who were experiencing homelessness had access to COVID 19 vaccinations once they became available. The CoC gathered data from shelters and other homeless services providers and supplied it to the health department. This information was then used to create a countywide process for scheduling vaccination events at each provider location, ensuring that every person who wanted a vaccination was vaccinated.

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

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

(limit 2,000 characters)

In the first two months of the pandemic there were dramatic increases in domestic violence. The two largest cities in the CoC, Sandy Springs and Johns Creek, reported increases in domestic violence related incidents of 26% and 43% respectively. The CoC, utilizing expertise from local Victim Service Providers, worked with police departments across the CoC to provide crisis intervention assistance, and with the county solicitor's office to provide training for police officers and other emergency services. The CoC also used its meetings and other communication channels to promote crisis hotline numbers and links.

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

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

(limit 2,000 characters)

WIth the onset of the COVID-19 pandemic, the CoC's housing providers implemented social distancing measures as recommended by the Centers for Disease Control. This had the effect of dramatically reducing the availability of shelter beds and housing units for people experiencing homelessness. The CoC responded by following HUD guidance to streamline access to the limited number of available housing resources so that they were first available to people who were directly affected by COVID-19. As soon as testing became available, anyone who tested positive for COVID-19 was immediately sent to the isolation shelter that was opened with ESG COVID funds.

Coordinated Entry assessment centers continued to operate, conducting virtual intakes and assessments when needed. People experiencing housing instability or homelessness were referred to ESG COVID funded homelessness prevention and Rapid Rehousing services, and other privately funded resources as appropriate and available.

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

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

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

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	09/22/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	09/22/2021

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

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

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

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

Severity of Needs/Vulnerabilities Considered - projects received points if a significant percentage of their participants (40% or more) had one or more of the following needs and vulnerabilities: mental health problem, alcohol abuse, drug abuse, both alcohol and drug abuse, chronic health condition, HIV/AIDS, developmental disability, physical disability, fleeing domestic violence, no cash income at start. If more needs/vulnerabiliites were present at or above the 40% threshold, more points were awarded.

Encouraging Work With the Hardest to Serve - the points scheme above was designed to serve as a strong incentive for projects to target the hardest to serve, and to offset any loss in ranking that could have occurred because of lower performance levels.

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

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

(limit 2,000 characters)

Obtaining Input - Black residents make up about 45% of the population in Fulton County, but comprise more than 90% of persons who receive homeless services in the CoC. Rating factors used to review project applications were determined by the CoC board and Collaborative Applicant staff, which included persons of different races. 70% of this group is Black.

Including Persons of Different Races - The Continuum of Care promoted diversity in its review, selection and ranking process by circulating a mass appeal for participation on the Ranking and Review committee. All persons who applied were accepted and membership included persons of different races, more than 90% of whom are Black. Racial makeup of the Ranking and Review committee this year was very similar to that of the population served by the CoC.

Rating and Ranking Based on Demographics - This year's NOFO application process did not identify and reward projects whose participants mirreded local homeless population demographics. The application process did target racial

equity by awarding points to applicants that identified barriers experienced by Black, Indigenous and People of Color (BIPOC) in their projects and articulated plans to address those barriers.

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

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

(limit 2,000 characters)

The Reallocation Process - Annually during the Rank and Review process, the Rank and Review Team reviews performance of projects seeking renewal funding. The team flags projects that demonstrate inadequate financial management, have a history of expending funds on ineligible activities, have a history of returning funds that could have been utilized, and/or projects consistently demonstrating unsatisfactory project performance outcomes and consistently scoring low on the Rank & Review tool (a specific scoring threshold is noted in the Rank and Review Process). Projects that fail to reach this threshold are considered for partial or full reallocation.

Identifying Projects for Reallocation - This year, none of the applications scored below the reallocation threshold described above.

Reallocating Projects - No projects were reallocated during the local competition this year.

Communicating the Reallocation Process - The CoC made sure that all of its members knew of the reallocation process by including a discussion of the process during its NOFO overview workshop, and included reallocation process details in a presentation that was posted on the CoC website. In addition, the CoC sent an email to each NOFO applicant, further explaining how renewal projects could be reallocated.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes

1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/28/2021

1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	

You must enter a date in question 1E-6.

2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	Eccovia/Client Track

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021

2A-4.	HMIS Implementation–Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:	
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**	
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**	

(limit 2,000 characters)

1. Verifying Comparable Database Status - The CoC's HMIS Administrator works with the HMIS Lead and local victim services providers to determine the data system(s) in use. If a data system is not a commonly recognized HMIS software provider, the HMIS Administrator will help the provider determine whether or not the system they currently meets comparable database requirements. If not, the HMIS Administrator may, at the agency's request, assist them in identifying a compliant comparable database. VSP's are required to generate an Annual Performance Report (APR) or an APR-like report using the client-level data in their database. If the VSP's software is not able to automatically create such a report, then the VSP will be assisted by the HMIS Administrator to tabulate its de-identified data in order to manually create a report on project-level outcomes.

2. Submitting De-identified Data: CoC policy requires that Victim Service providers submit, on at least an annual basis, de-identified aggregated system performance measures data for each project in the comparable database to the CoC, via the HMIS Administrator, and the HMIS Lead. This information is used to analyze the special needs of people in the CoC who are experiencing housing instability and/or homelessness due to domestic violence, dating violence, sexual assault and/or stalking, and to better understand the effectiveness of various interventions with different populations and subpopulations.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	84	0	84	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	97	0	97	100.00%
4. Rapid Re-Housing (RRH) beds	94	0	94	100.00%
5. Permanent Supportive Housing	466	28	129	29.45%
6. Other Permanent Housing (OPH)	0	0	0	

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

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

All non-DV Permanent Supportive Housing beds in the CoC are covered in HMIS, except for VASH beds. The Georgia Department of Community Affairs (DCA), is the CoC's HMIS Lead and the VASH recipient. DCA is in the process of integrating periodic VA HOMES system data downloads with the HMIS. We anticipate that this integration will be complete in time to be marked as HMIS participating in the 2022 HIC, which will raise the HMIS participation rate for all PSH projects to 100%. At that point, the HMIS participation rate for all project types will be 100%.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	**Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.**	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:	
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and**	
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**	

(limit 2,000 characters)

N/A

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

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

2C. System Performance

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
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 - 24 CFR part 578

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

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

(limit 2,000 characters)

Determining Risk Factors - The CoC analyzes HMIS and other community data
to determine risk factors and barriers that lead to people to experience
homelessness for the first time. Common risk factors include opioid addiction
and mental illness, barriers include total housing costs (up 19% in the past
year), and average rental cost up 5% to $1,650.

Addressing Risk of Homelessness - CoC staff and the Planning Committee
utilized the data described above to develop strategies to prevent
homelessness, including expanding Coordinated Entry to include prioritizing
homeless prevention assistance, and promoting case management focused on
diversion, problem solving and housing stabilization. Since not all at-risk
persons will come to the CoC's Coordinated Entry system for help, the CoC
trained its information and referral hotline staff, County & City government
departments, and mainstream providers (e.g., senior centers), on screen and
refer people who are at risk of losing their housing, using a targeting tool to
assess eligibility and services needed. Other strategies currently being pursued
are expansion of privately funded prevention assistance from faith based
providers, advocacy for additional affordable housing, and creation of non-
traditional housing options, such as _____.

Responsible Parties - The Fulton County Department of Housing and
Community Development and the CoC Governance Board are responsible for
overseeing the CoC strategy to end homelessness for individuals and families.

2C-2.	Length of Time Homeless–Strategy to Reduce.	

	NOFO Section VII.B.5.c.

	Describe in the field below:
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

Strategy to Reduce the Time People Spend Experiencing Homelessness - CoC strategically uses a mix of local & federal funding to reduce periods of homelessness & increase housing placements. The CoC's prioritization policies prioritize the most vulnerable people & those with the longest periods of homelessness for all permanent housing. In addition, To further reduce length of time homeless, the CoC uses Rapid ReHousing and funding from local and other federal sources (HOME, Community Services Block Grant (CSBG), Community Development Block Grant (CDBG) as bridge housing for people awaiting a PSH unit. To reduce the amount of time that Transition Age Youth spend experiencing homelessness, funding has been identified to divert 18 to 24 year olds from shelter and reconnect them to family or immediately place them in Rapid Rehousing. The Fulton County CoC is also working to increase the quantity and skill of outreach workers to ensure that people who outreach workers contact are engaged more effectively and quickly, and are quickly matched with, offered, referred to and placed in appropriate housing.

Identifying and Housing People Experiencing Long Term Homelessness - the CoC identifies people with the longest periods of homelessness from several sources, including each person's self-report from the CES assessment, third-party documentation & a review of their outreach, shelter and service history in HMIS.

Responsible Parties - Oversight of this strategy is the responsibility of CoC Governance Board and the Collaborative Applicant/Fulton County Department of Community Development.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

Exits to Permanent Housing - For most people experiencing homelessness, diversion and self resolution offer the most likely paths back to permanent housing, The CoC will increase the amount of training offered to outreach, Coordinated Entry, shelter and other staff in order to better support people temporarily living in shelter and transitional housing. Training will include strengths based case management, trauma informed care. For families and

individuals who need permanent supportive housing units, which are in short supply, the CoC will continue to use Rapid ReHousing and funding from local and other federal sources (HOME, Community Services Block Grant (CSBG), Community Development Block Grant (CDBG) to bridge the gap until a unit becomes available. To increase the rate of rapid rehousing exits to permanent housing, the CoC will focus on strengths based case management and problem solving techniques, combined with landlord engagement,to help tenants maintain their housing as rapid rehousing subsidies end.

Permanent Housing Retention - the CoC will intensify its efforts with other County departments to secure funding (targeting Community Development Block Grants and others) to increase the amount of wraparound services available to help people maintain their permanent housing. THe CoC will also continue dialog with the housing authority around the possibility of partnering with the CoC on a Move On initiative that will undergird smooth transitions when individuals and families who are living in Permanent Supportive Housing no longer need robust wraparound services but would still benefit from the level of rent support that a public housing unit offers.

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

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

(limit 2,000 characters)

Identifying People Returning to Homelessness - from an operational perspective, people returning to homelessness are identified at two main points; when they encounter outreach workers (if they are on the street or in shelter) or when they reach out to Coordinated Entry as they are actively seeking housing or other services. From a data perspective, people who return to homelessness are identified when their housing status is updated as part of an outreach record or shelter entry. To assist the CoC in identifying this population for planning purposes, the CoC is streamlining generation of ad-hoc reports and dashboards to give policymakers more insight into the frequency and causes of homeleeness recurrence.

Reducing the Rate of Additional Returns -with just 9% of people who obtain permanent housing returning to homelessness within two years, the CoC is focused on reinforcing effective mitigation strategies that are in place making sure that new case managers are trained on mitigation strategies to address common issues, such as evictions, poor credit and lack of income. Case conferencing is also a key strategy being used by the CoC to ensure individuals are being matched with the appropriate intervention. CE staff use case conferencing to reassess individuals when assessments fail to accurately reflect a client's risk level. This leads to more appropriate placements and reduced risk of returns to homelessness once a permanent housing placement is achieved. Post placement case management is being used as a tool to connect individuals to community supports to improve their ability to sustain housing.

Individuals are encouraged to reach out for assistance if their housing stability is threatened so the CoC can assist the individual in identifying resources to prevent a return to homelessness.

Responsible Parties - Oversight of this strategy is the responsibility of CoC Governance Board and the Collaborative Applicant/Fulton County Department of Community Development.

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

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

(limit 2,000 characters)

Increasing Employment Income - CoC members and CoC staff work together to develop employment programs that include job development, job coaching, job placement, and internships. As part of the CoC's strategy to empower people for self resolution, the CoC requires providers to connect individuals and families to these and other programs that will help with skill upgrade, training, and other aspects of vocational rehabilitation that make it easier to obtain employment or gain higher paying employment.

Working with Mainstream Employment Organizations - the CoC Lead has a strong collaborative relationship with WorkSource Fulton, another county government unit, and leverages this relationship to create training and employment opportunities that help people with housing instability and people who are experiencing homelessness increase cash income.

Responsible Parties - Oversight of the strategy is the responsibility of CoC Governance Board and the Collaborative Applicant/Fulton County Department of Community Development.

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

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

(limit 2,000 characters)

Increasing Cash Income through Partnerships with Private Employers and Employment Organizations - With the onset of the COVID pandemic, the CoC was forced to discontinue job fairs and other face to face contact with private

employers. These activities will resume as the pandemic abates.

Increasing Cash Income through Education and Training - CoC members and the Collaborative Applicant work closely to develop employment programs that include accessing necessary websites and connection to advocacy agencies who assist with job training and internships. An internship program at the state Department of Vocational Rehabilitation continues to be an important option for returning people with disabilities to the workforce and helping them to generate income that can be used for housing. Coordinated Entry staff routinely refer program participants to workforce development (WorkSource) to help them increase their income. The CoC also continues to distribute job opportunities to its network of housing and service providers.

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

	Describe in the field below:
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

Increasing Non-Employment Cash Income - The CoC's strategy is to increase this category of income by continuously encouraging to help program participants pursue additional non-employment cash income when they quality for it, and to increase the number of provider staff who are certified to help people with disabilities quickly access Social Security via the SOAR initiative.

Increasing Access to Non-Employment Cash Income Sources - The CoC trains case managers to raise their awareness of mainstream benefits, and the opportunities that SOAR offers to increase the income of program participants with disabilities. The CoC encourages providers to pursue SOAR certification.

Responsible Parties - oversight of the strategy is the responsibility of CoC Governance Board and the Collaborative Applicant/Fulton County Department of Community Development

3A. Coordination with Housing and Healthcare Bonus Points

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

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

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

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

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

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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 - 24 CFR part 578

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

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

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

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

N/A

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

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

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

N/A

4A. DV Bonus Application

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

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

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name	
This list contains no items	

4B. Attachments Screen For All Application Questions

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

 Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/12/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/10/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/12/2021
1E-2. Project Review and Selection Process	Yes		
1E-5. Public Posting–Projects Rejected-Reduced	Yes		
1E-5a. Public Posting–Projects Accepted	Yes		
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

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Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/01/2021
1B. Inclusive Structure	11/12/2021
1C. Coordination	11/10/2021
1C. Coordination continued	11/12/2021
1D. Addressing COVID-19	11/10/2021
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	11/10/2021
2B. Point-in-Time (PIT) Count	11/09/2021
2C. System Performance	11/10/2021
3A. Housing/Healthcare Bonus Points	11/09/2021
3B. Rehabilitation/New Construction Costs	11/09/2021

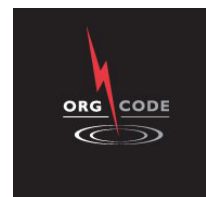|	
3C. Serving Homeless Under Other Federal Statutes	11/09/2021
4A. DV Bonus Application	11/09/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

CE Assessment Tool

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults
Modified With Additional CT HMIS Questions
Updated: 3-10-16

AMERICAN VERSION 2.0

COMMUNITY SOLUTIONS

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

• the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)

• the purpose of the VI-SPDAT being completed

• that it usually takes less than 7 minutes to complete

• that only "Yes," "No," or one-word answers are being sought

• that any question can be skipped or refused

• where the information is going to be stored

• that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided

• the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):**
_____
☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	SCORE:

2. How long has it been since you lived in permanent stable housing?   _____ ☐ Refused

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

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	SCORE:

B. Risks

4. In the past six months, how many times have you...

   a) Received health care at an emergency department/room?   ____ ☐ Refused

   b) Taken an ambulance to the hospital?   ____ ☐ Refused

   c) Been hospitalized as an inpatient?   ____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?   ____ ☐ Refused

   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?   ____ ☐ Refused

   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?   ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	SCORE:

5. Have you been attacked or beaten up since you've become homeless?   ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?   ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?　☐ **Y**　☐ N　☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**　SCORE:

8. Does anybody force or trick you to do things that you do not want to do?　☐ **Y**　☐ N　☐ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?　☐ **Y**　☐ N　☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**　SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?　☐ **Y**　☐ N　☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?　☐ Y　☐ **N**　☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.**　SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?　☐ Y　☐ **N**　☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**　SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?　☐ Y　☐ **N**　☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.**　SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?　☐ **Y**　☐ N　☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.**　SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?   ☐ **Y**   ☐ N   ☐ Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?   ☐ **Y**   ☐ N   ☐ Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?   ☐ **Y**   ☐ N   ☐ Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?   ☐ **Y**   ☐ N   ☐ Refused

19. When you are sick or not feeling well, do you avoid getting help?   ☐ **Y**   ☐ N   ☐ Refused

20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?   ☐ **Y**   ☐ N   ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**	SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?   ☐ **Y**   ☐ N   ☐ Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.**	SCORE:

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

    a) A mental health issue or concern?   ☐ **Y**   ☐ N   ☐ Refused

    b) A past head injury?   ☐ **Y**   ☐ N   ☐ Refused

    c) A learning disability, developmental disability, or other impairment?   ☐ **Y**   ☐ N   ☐ Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.**	SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.	SCORE:

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y**   ☐ N   ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.   **SCORE:**

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

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.   **SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3: no housing intervention
B. RISKS	/4	4-7: an assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	8+: an assessment for Permanent Supportive Housing/Housing First
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues

- legal status in country
- income and source of it
- current restrictions on where a person can legally reside

- children that may reside with the adult at some point in the future
- safety planning

ADDITIONAL CT HMIS QUESTIONS

1. Number of adults in the household: _____

2. Number of children under the age of 18 in the household: _____

3. HIV / AIDS: ☐ **Y**   ☐ N   ☐ Refused

4. Has physical violence, threat of physical violence, or stalking by a spouse or intimate partner caused or contributed to your current homelessness? ☐ **Y**   ☐ N   ☐ Refused

5. Domestic violence victim/survivor? ☐ **Y**   ☐ N   ☐ Refused

   If Yes, when the experience occurred: ☐ Within the past three months   ☐ 3–6 months
   ☐ 6 months to one year   ☐ One year or more   ☐ Doesn't Know   ☐ Refused

6. Are you currently working with a case worker from DCF? ☐ **Y**   ☐ N   ☐ Refused

7. Have you slept on the streets/place not meant for human habitation or in a shelter in a state other than CT in the past 3 years? ☐ **Y**   ☐ N   ☐ Refused

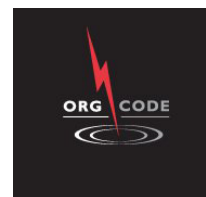8. Additional Intake / CAN Specific Notes (optional):

_____

_____

_____

_____

Vulnerability Index –

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families
Modified With Additional CT HMIS Questions
Updated: 3-10-16

AMERICAN VERSION 2.0

**COMMUNITY
SOLUTIONS**

ORG CODE

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

<table>
<tr><td rowspan="3">PARENT 1</td><td>First Name</td><td>Nickname</td><td>Last Name</td></tr>
<tr><td colspan="3">_____   _____   _____
In what language do you feel best able to express yourself? _____</td></tr>
<tr><td>Date of Birth
DD/MM/YYYY ____/____/_____</td><td>Age   Social Security Number
_____   _____</td><td>Consent to participate
☐ Yes   ☐ No</td></tr>
<tr><td rowspan="4">PARENT 2</td><td colspan="3">☐ No second parent currently part of the household</td></tr>
<tr><td>First Name</td><td>Nickname</td><td>Last Name</td></tr>
<tr><td colspan="3">_____   _____   _____
In what language do you feel best able to express yourself? _____</td></tr>
<tr><td>Date of Birth
DD/MM/YYYY ____/____/_____</td><td>Age   Social Security Number
_____   _____</td><td>Consent to participate
☐ Yes   ☐ No</td></tr>
</table>

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	SCORE:

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused

3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant?   ☐ **Y**   ☐ N   ☐ Refused

4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____

> **IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.**
> **IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.**   SCORE:____

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   - ☐ Shelters
   - ☐ Transitional Housing
   - ☐ Safe Haven
   - ☐ **Outdoors**
   - ☐ **Other (specify):** _____
   - ☐ **Refused**

> **IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.**   SCORE:____

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused

7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

> **IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.**   SCORE:____

B. Risks

8. In the past six months, how many times have you or anyone in your family...

    a) Received health care at an emergency department/room?   ____ ☐ Refused

    b) Taken an ambulance to the hospital?   ____ ☐ Refused

    c) Been hospitalized as an inpatient?   ____ ☐ Refused

    d) Used a crisis service, including sexual assault crisis, mental   ____ ☐ Refused
       health crisis, family/intimate violence, distress centers and
       suicide prevention hotlines?

    e) Talked to police because they witnessed a crime, were the victim   ____ ☐ Refused
       of a crime, or the alleged perpetrator of a crime or because the
       police told them that they must move along?

    f) Stayed one or more nights in a holding cell, jail or prison, whether   ____ ☐ Refused
       that was a short-term stay like the drunk tank, a longer stay for a
       more serious offence, or anything in between?

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.   **SCORE:** ____

9. Have you or anyone in your family been attacked or beaten up since they've become homeless?   ☐ **Y**   ☐ N   ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.   **SCORE:** ____

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.   **SCORE:** ____

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?   ☐ **Y**   ☐ N   ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.   **SCORE:** ____

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?   ☐ **Y** ☐ N ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?   ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.**	**SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?   ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**	**SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?   ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.**	**SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?   ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.**	**SCORE:**

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?   ☐ **Y** ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?   ☐ **Y** ☐ N ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?   ☐ **Y** ☐ N ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?   ☐ **Y** ☐ N ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?   ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**	**SCORE:**

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?   ☐ **Y**   ☐ N   ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?   ☐ **Y**   ☐ N   ☐ Refused

	SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.**	

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

   a) A mental health issue or concern?   ☐ **Y**   ☐ N   ☐ Refused

   b) A past head injury?   ☐ **Y**   ☐ N   ☐ Refused

   c) A learning disability, developmental disability, or other impairment?   ☐ **Y**   ☐ N   ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?   ☐ **Y**   ☐ N   ☐ Refused

	SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.**	

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use?   ☐ **Y**   ☐ N   ☐ N/A or Refused

	SCORE:
IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.	

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?   ☐ **Y**   ☐ N   ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?   ☐ **Y**   ☐ N   ☐ Refused

	SCORE:
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?   ☐ **Y**   ☐ N   ☐ Refused

	SCORE:
IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**	

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ **Y** ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.**	SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ **Y** ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ **Y** ☐ N ☐ Refused

36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week? ☐ Y ☐ **N** ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.**	SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ **Y** ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.**	SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ **N** ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

    a) 3 or more hours per day for children aged 13 or older? ☐ **Y** ☐ N ☐ Refused

    b) 2 or more hours per day for children aged 12 or younger? ☐ **Y** ☐ N ☐ Refused

41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ **Y** ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.**	SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	**Score:** **Recommendation:**
B. RISKS	/4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	/6	9+ an assessment for Permanent Supportive Housing/Housing First
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

ADDITIONAL CT HMIS QUESTIONS

1. Number of adults in the household: _____

2. Number of children under the age of 18 in the household: _____

3. HIV / AIDS: ☐ **Y** ☐ N ☐ Refused

4. Has physical violence, threat of physical violence, or stalking by a spouse or intimate partner caused or contributed to your current homelessness? ☐ **Y** ☐ N ☐ Refused

5. Domestic violence victim/survivor? ☐ **Y** ☐ N ☐ Refused

   If Yes, when the experience occurred: ☐ Within the past three months ☐ 3–6 months
   ☐ 6 months to one year   ☐ One year or more   ☐ Doesn't Know   ☐ Refused

6. Are you currently working with a case worker from DCF? ☐ **Y** ☐ N ☐ Refused

7. Have you slept on the streets/place not meant for human habitation or in a shelter in a state other than CT in the past 3 years? ☐ **Y** ☐ N ☐ Refused

8. Additional Intake / CAN Specific Notes (optional):

   _____

   _____

   _____

   _____

PHA Homeless Preference

Housing Authority of Fulton County Policy

The HAFC will offer the following preferences:

(A) <u>Category 1</u>: Families who have been involuntarily displaced due to a natural disaster or other national emergency as designated by federal regulations and HUD. Category 1 will also include families that have elected to be voluntarily displaced based on the conversion of their current unit from Low-Income Public Housing (LIPH) to Site.

(B) <u>Category 2</u>: Due to the current funding of the Housing Choice Voucher Program, as outlined by PIH 2004-7, and as an effort to close the deficit between funding received from HUD for HAP payment and actual HAP payment made to landlords the HAFC will give preference to families. HAFC waiting list provides the highest waiting list preference for non-elderly persons with disabilities. Therefore, an applicant may be awarded preference points (multiple points) from various categories in the following order:

1. Non-elderly persons with disabilities (preference weighted at 5 points)
2. Target Population (preference weighted at 5 points) for a person with specific disabilities identified in the Settlement Agreement (#1:10-CV-249-CAP), i.e., people with severe chronic developmental disabilities who currently live in institutions or are at serious risk of institutionalization; people with serious, persistent mental illness who reside in state hospitals, are at serious risk of institutionalization, or are chronically homeless due to their disabilities; and persons qualifying for participation in the Money Follows the Person Program. The preference must be implemented at the proposed project site with a minimum of 15% of the total units targeting the Settlement population. **The agency or project owner responsible for maintaining the waiting list for PBRA units must keep a separate waiting list for the target population**.
3. Families that meet the federal definition of homeless (preference weighted at 4 points)
4. A resident of Fulton County (preference weighted at 4 points)
5. Working families with a history of employment of at least 6 months continuous employment (preference weighted at 4 points)
6. Veterans (preference weighted at 4 points)
7. Elderly over 62 years of age or disabled (preference weighted at 2 points)

Therefore, the HAFC will select families based on the following:
     Group A – Households who meet the preference requirements in category 1
     Group B – Households who meet the preference requirements in category 2
     Group C – All other households

As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference.

Local Competition Announcement

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CONTINUUM OF CARE MEETINGS AND EVENTS

FULTON COUNTY OPENS LOCAL APPLICATION PROCESS FOR THE FY2021 HOMELESS NOTICE OF FUNDING OPPORTUNITY

September 22, 2021
Continuum of Care Project Applications are due Monday, October 18, 2021at 5:00pm

SHARE THIS STORY

The Fulton County Government through its Department of Community Development, as the Collaborative Applicant for the GA-502 Fulton County Continuum of Care (CoC) has released the FY2021 Fulton County Application for New and Renewal Projects. Proposed or continued projects must meet priorities set by the U.S. Department of Housing and Urban Development. Those priorities include housing first, reducing unsheltered homelessness, partnering with Housing, Health and Service Agencies, racial equity and ending homelessness among youth, families, and veterans as well as preparing homeless individuals for permanent employment.

Applicants must email your application(s) and supporting documents to **homelessinfo@fultoncountyga.gov**.

Due to Fulton County facility closures and schedule changes related to the COVID-19 health emergency, the Department of Community Development will host a mandatory technical assistance workshop on Tuesday, October 5, 2021 from 1:00pm – 3:00pm via zoom conference. Applicants are asked to register via the link below:
https://zoom.us/meeting/register/tJMud-2qqTMrGt369PhoIN9YfiwMxW2QkaV-

After registering, you will receive a confirmation email containing information about joining the meeting.

Applications and additional documents are below.

New Project Application
Renewal Project Application
Memo of Understanding
Continuum of Care NOFO Timeline

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