

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	10/22/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	10/22/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	10/29/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/08/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/09/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting - ...	11/08/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Postings -...	10/29/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting-CoC A...	11/09/2021
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/08/2021
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: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting - Projects Rejected - Reduced

Attachment Details

Document Description: Public Postings - Projects Accepted

Attachment Details

Document Description: Web Posting-CoC Approved Consolidated Application

Attachment Details

Document Description:

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
4B. Attachments Screen	11/09/2021
Submission Summary	No Input Required

1C-14: Centralized or Coordinated Entry System–Assessment Tool.

This attachment details the Coordinated Entry (CE) Intakes for NY-606. It includes the following:

1. CE Intake: This is the CE Assessment and Intake Form used by NY-606.
2. CE Prevention Intake: This is the CE Prevention Assessment and Intake Form used by NY-606.
3. CE Policies and Procedures: This document governs the CE program, including the prioritization and outreach plan to reach those persons least likely to apply.
4. NY-606's Written Standards, Coordinated Entry Prioritization Section: This document details how the CE program prioritizes people most in need of assistance.

1C-14: Centralized or Coordinated Entry System-Assessment Tool.

1. **CE Intake:** This is the CE Assessment and Intake Form used by NY-606.

ROCKLAND CONTINUUM OF CARE FULL ASSESSMENT

ARE YOU SEEKING HOUSING SERVICES? <input type="checkbox"/> No <input type="checkbox"/> Yes	HAVE YOU PREVIOUSLY COMPLETED AN APPLICATION FOR ASSISTANCE THROUGH COORDINATED ENTRY? <input type="checkbox"/> No <input type="checkbox"/> Yes
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IF CLIENT IS NOT SEEKING HOUSING SERVICES, A HOUSING ASSESSMENT DOES NOT NEED TO BE COMPLETED

STAFF MEMBER COMPLETING ASSESSMENT		AGENCY NAME
STAFF MEMBER'S EMAIL		PHONE NUMBER
		FAX NUMBER
CLIENT PHONE NUMBER		

PREVENTION STOP HERE – REFER CLIENT TO APPROPRIATE PREVENTION SERVICES AND SEND THIS FORM TO THE APPROPRIATE CE COORDINATOR

HMIS INFORMATION

*INTAKE DATE / /		*FIRST NAME	*LAST NAME (and Suffix)
*NAME DATA QUALITY <input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial Name, Street Name or Code Name Reported <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		ALIAS	
*SOCIAL SECURITY NUMBER (enter "9" for any missing numbers in an Approximate or Partial SSN) - - - - - - - - - -		*SSN DATA QUALITY <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or Partial SSN Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected			
*BIRTHDATE / /	*BIRTHDATE DATA QUALITY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
*ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused			
*RACE (choose all that apply) <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
*DO YOU HAVE A PHONE NUMBER AT WHICH YOU CAN BE REACHED? <input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) IF YES: PLEASE PROVIDE YOUR PHONE NUMBER WITH AREA CODE () - - - - -			

*PRIOR LIVING SITUATION

Based on the client's living situation **the night before project entry**, record responses in **one (1)** section:
Homeless Situation, Institutional Situation, Transitional/Permanent Situation, OR Unknown (**only** if necessary)

HOMELESS SITUATIONS:	
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY) <input type="checkbox"/> Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc) <input type="checkbox"/> Emergency shelter , including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing	*LENGTH OF STAY IN PREVIOUS PLACE <input type="checkbox"/> 1 night or less <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> Client Refused <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> Data Not Collected <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer
*APPROXIMATE DATE HOMELESSNESS STARTED: / /	
*REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

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OR

INSTITUTIONAL SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail , prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> 1 night or less <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer	<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>
DID THE CLIENT STAY LESS THAN 90 DAYS		IF YES: THE NIGHT BEFORE THAT, DID THEY STAY ON THE STREETS, ES, or SH?
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:		
*APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____		
*REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS		*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12
<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>		

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE
<input type="checkbox"/> Hotel or Motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client WITH ongoing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons (PSH, HOPWA) <input type="checkbox"/> Rental by client, no ongoing subsidy <input type="checkbox"/> Rental by client with GPD TIP subsidy <input type="checkbox"/> Rental by client with VASH subsidy	<input type="checkbox"/> Rental by client with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or in a family member's room, apartment or house <input type="checkbox"/> Staying or in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (incl. homeless youth)	<input type="checkbox"/> 1 night or less <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer
DID YOU STAY LESS THAN 7 DAYS?		IF YES: THE NIGHT BEFORE THAT, DID THEY STAY ON THE STREETS, ES, or SH?
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:		
*APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____		
*REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS		*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12
<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>		

OR

UNKNOWN (ONLY IF NECESSARY)		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		
<input type="checkbox"/> <i>Client doesn't know</i> <input type="checkbox"/> <i>Client refused</i> <input type="checkbox"/> <i>Data not collected</i>		

***CURRENT LIVING SITUATION**

Based on the client's living situation **tonight**, record responses in **one (1)** section:
 Homeless Situation, Institutional Situation, Transitional/Permanent Situation, OR Unknown (**only** if necessary)

HOMELESS SITUATIONS:
TYPE OF RESIDENCE (TONIGHT)
<input type="checkbox"/> Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc) <input type="checkbox"/> Emergency shelter , including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing

OR

INSTITUTIONAL SITUATIONS:	
TYPE OF RESIDENCE (TONIGHT)	
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail , prison or juvenile detention facility	<input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center

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IS CLIENT GOING TO LEAVE WITHIN 14 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
DOES INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT MOVED 2 TIMES OR MORE IN THE LAST 60 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:	
TYPE OF RESIDENCE (TONIGHT)	
<input type="checkbox"/> Hotel or Motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client WITH ongoing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons (PSH, HOPWA) <input type="checkbox"/> Rental by client, no ongoing subsidy <input type="checkbox"/> Rental by client with VASH subsidy	<input type="checkbox"/> Rental by client with GPD TIP subsidy <input type="checkbox"/> Rental by client with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or in a family member's room, apartment or house <input type="checkbox"/> Staying or in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (incl. homeless youth)
IS CLIENT GOING TO LEAVE WITHIN 14 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
DOES INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT MOVED 2 TIMES OR MORE IN THE LAST 60 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

OR

UNKNOWN (ONLY IF NECESSARY) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	LIVING SITUATION VERIFIED BY (NAME OF AGENCY)
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***INCOME & SOURCES / NON-CASH BENEFITS**

*INCOME FROM ANY SOURCE <input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK & FILL IN MONTHLY AMOUNT FOR ALL THAT APPLY	
<input type="checkbox"/> Earned Income\$ _____ <input type="checkbox"/> SSI\$ _____ <input type="checkbox"/> VA Service-Connected Disability Compensation\$ _____ <input type="checkbox"/> Private Disability Insurance\$ _____ <input type="checkbox"/> TANF\$ _____ <input type="checkbox"/> Retirement from SSA\$ _____ <input type="checkbox"/> Child Support.....\$ _____ <input type="checkbox"/> Other\$ _____	<input type="checkbox"/> Unemployment Insurance\$ _____ <input type="checkbox"/> SSDI\$ _____ <input type="checkbox"/> VA Non-Service Connected Disability Pension.....\$ _____ <input type="checkbox"/> Worker's Compensation.....\$ _____ <input type="checkbox"/> General Public Assistance\$ _____ <input type="checkbox"/> Pension or Retirement from former job\$ _____ <input type="checkbox"/> Alimony or Other Spousal Support.....\$ _____
*NON-CASH BENEFITS FROM ANY SOURCE <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK ALL THAT APPLY	
<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children <input type="checkbox"/> Other TANF Funded Svcs <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Service	

***HEALTH INSURANCE / DISABLING CONDITIONS**

*COVERED BY HEALTH INSURANCE <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK ALL THAT APPLY	
MEDICAID <input type="checkbox"/> No <input type="checkbox"/> Yes State Children's Health Insurance Program <input type="checkbox"/> No <input type="checkbox"/> Yes Employer provided Health insurance..... <input type="checkbox"/> No <input type="checkbox"/> Yes Private Pay Health Insurance..... <input type="checkbox"/> No <input type="checkbox"/> Yes Indian Health Services..... <input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICARE..... <input type="checkbox"/> No <input type="checkbox"/> Yes VA Medical Services <input type="checkbox"/> No <input type="checkbox"/> Yes Health ins. Via COBRA <input type="checkbox"/> No <input type="checkbox"/> Yes State Health Ins. Adults..... <input type="checkbox"/> No <input type="checkbox"/> Yes

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*PHYSICAL DISABILITY		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*DEVELOPMENTAL DISABILITY			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*CHRONIC HEALTH CONDITION		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*HIV/AIDS			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*MENTAL HEALTH PROBLEM		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*SUBSTANCE ABUSE PROBLEM		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Alcohol (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes, Drug (SEE RIGHT) <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes, Both (SEE RIGHT) <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

*** DV STATUS**

*DOMESTIC ABUSE VICTIM/SURVIVOR			
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW)		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: WHEN EXPERIENCE OCCURRED		IF YES: ARE YOU CURRENTLY FLEEING?	
<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> From 6 to 12 months ago <input type="checkbox"/> More than a year ago	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
DO YOU NEED A CONFIDENTIAL LOCATION TO STAY?			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

***ADDITIONAL INFORMATION**

*VETERAN STATUS		IF YES: SELECT BRANCH	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Other <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
DISCHARGE STATUS			
<input type="checkbox"/> Honorable <input type="checkbox"/> General Under Honorable Discharge <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused			
*ZIP CODE OF LAST PERMANENT ADDRESS			

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VULNERABILITY INDEX SCORING		
	Score	Subtotal
Client has been continuously homeless for a year or more, or has had four (4) episodes of homelessness in the last three (3) years	5	
Client has indicated they are currently unsheltered (i.e. living on the streets, public spaces, or places not meant for habitation OR Living in an Emergency Shelter or Safe Haven	2	
Client has current disabling condition	1	
Client has MINOR Children (under the age of 18)	2	
Client has served at least one day of active military service	1	
Client is homeless due to natural disaster, fire, flooding, code/health department violations	1	
History or Victim of Domestic Violence?	2	
Are you currently pregnant?	1	
Have you ever had experience (presently or in the past) with the Foster Care System?	2	
Have you had a financial impact due to COVID 19?	4	
Client has a serious underlying medical condition and may be at higher risk for severe illness from COVID-19 due to the following: chronic lung disease, moderate to severe asthma, severe obesity, diabetes, immunocompromised, chronic kidney disease, and/or liver disease	2	
TOTAL POINTS –		

Signature:	Date:
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PROCEED CRHMIS INCLUSION DISCLOSURE AND RELEASE OF INFORMATION

CRHMIS CLIENT INCLUSION DISCLOSURE FOR COORDINATED ENTRY PROJECTS

PURPOSE: To inform clients of HMIS data entry and for clients to authorize or modify data sharing preferences within the HMIS for the project listed below:

PROJECT: NY -606 Rockland Coordinated Entry
CONTACT NUMBER:

INSTRUCTIONS: This form must be completed for every independent adult (18 years of age and over) and every unaccompanied minor **PRIOR** to data collection and entry into the HMIS at all CRHMIS-participating providers. This form also covers any household members under the client's guardianship, which includes all minors (persons under 18 years of age) and any incapacitated/disabled adults. The client is to be given pages 1 and 2 after completion.

HMIS PRIVACY NOTICE

This Notice applies to all CRHMIS-Participating Providers and addresses how information about clients may be used and disclosed at Providers as well as client rights over their information. This Notice may be amended at any time, and amendments may affect information obtained before the date of the amendment.

A. HMIS DATA COLLECTION & PURPOSE

A Homeless Management Information System (HMIS) is a local information technology system used to collect data on the housing and services provided to homeless individuals and families and persons at risk of homelessness. Providers participating in an HMIS are required to collect universal data elements from all clients, including Personally Identifying Information, demographic characteristics, and residential history. This information is critical for providers and communities to better understand the extent and nature of homelessness at a local level, evaluate program effectiveness, and improve future housing and service provision. Some providers are also required by their funders to obtain certain additional information to assess services, to determine eligibility, and to monitor outcomes. Most federally-funded homeless service providers are required to participate and record the clients they serve in an HMIS.

This agency is an HMIS-participating homeless service provider ("CRHMIS Provider"), meaning we collect and enter information about the persons we serve in the private and secure CARES Regional HMIS (CRHMIS) database, the local HMIS for this community. There are firm policies and procedures in place to protect against unauthorized disclosure of any personal information collected, and this information is critical to obtain an accurate picture of the homeless population we serve and for this agency to continue to offer you the service(s) you are accessing today. We only collect information deemed appropriate and necessary for program operation or information that is required by law or by the organizations that fund this program. We do not need your consent to enter a record of your visit into the CRHMIS, but you may refuse to have your personal identifying information within this record and still be eligible to receive services.

If you have any concerns or questions about the information provided above, please speak to an intake worker.

B. PERMITTED DATA USES AND DISCLOSURES

The CRHMIS is designed to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data, including Personally Identifying Information (PII is any information that can be used to identify a particular individual, including a client's name, Social Security Number, and Date of Birth). Once collected, we (as a CRHMIS Provider) have obligations about how these data may be used and disclosed (**uses** are internal activities for which providers interact with client PII; **disclosures** occur when providers share PII with an external entity). **CRHMIS Providers are limited to the following circumstances for the use and disclosure of HMIS PII:**

HUD required:

- (1) Client access to their information; and
- (2) Disclosures for oversight of compliance with HMIS privacy and security standards.

HUD permitted:

- (3) To provide or coordinate services to an individual;
- (4) For functions related to payment or reimbursement for services;
- (5) To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions;
- (6) For creating de-identified reporting from PII;
- (7) Uses and disclosures required by law;
- (8) Uses and disclosures to avert a serious threat to health or safety;
- (9) Uses and disclosures about victims of abuse, neglect or domestic violence;
- (10) Uses and disclosures for research purposes; and
- (11) Uses and disclosures for law enforcement purposes.

A client must provide prior written consent for any other use or disclosure of HMIS PII.

CRHMIS Providers must also ensure that **any use or disclosure does not violate other applicable local, state, or federal laws.**

Therefore, some CRHMIS Providers **may have more restrictive privacy policies**, often dependent upon funding source or the nature of a projects. Specific, per-project information regarding data use and disclosure can be obtained upon request.

C. CLIENT CONTROL OVER DATA

The CRHMIS recognizes every independent legal adult (person over 17 years of age) as the owner of all information about themselves, and any parent, legal guardian, or legal power of attorney as the designated owner of all information about any household members under their guardianship (all minors and any incapacitated/disabled adults).

By seeking assistance from this CRHMIS Provider and consenting to your personal information being entered into a record within the CRHMIS, you transfer governance responsibility over your CRHMIS record to us, and we are responsible for handling your record in accordance with CRHMIS privacy policies and any applicable federal, state, or local requirements. You retain ownership of your information within your CRHMIS record, and as owner **you have the following rights, in general:**

- » **Refusal:** to refuse to answer a question you do not feel comfortable with and not have it recorded within the CRHMIS;
- » **Access/Correction:** to request and view a copy of your project information record within the CRHMIS from your provider, including those who have accessed and/or edited your record, and to request corrections to that record;
- » **Grievance:** to ask questions of or submit grievances to your provider regarding privacy and security policies and practices;
- » **Anonymized Record:** to request that your provider anonymize your personal data record within the CRHMIS; and
- » **Optional Data Sharing:** to choose if your information is shared outside of the CRHMIS with researchers and other providers, and to make this decision at each project you receive services from. (Please note that if you decide NOT to data share, it does not prohibit the project from entering your data into the CRHMIS – it prohibits the sharing of your data as outlined on the consent form).

CRHMIS Providers reserve the following exceptions to the above: (1) Provider Right to Deny Review: if information is compiled in reasonable anticipation of litigation or comparable proceedings; if information about another individual other than the participating provider staff would be disclosed; if information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the sources of the information; or if the disclosure of information would be reasonably likely to endanger the physical safety of any individual; and (2) Provider Right to Deny Access/Correction: in response to repeated or harassing requests.

D. RESPONSIBILITY TO PROTECT DATA

CARES of NY, Inc. (CARES) is the System Administrator of the CRHMIS. The CRHMIS uses Foothold Technology's AWARDS software application and database, which is maintained in compliance with all federal standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and its subsequent legislation – the standards required to protect medical records – as well as U.S. Department of Housing and Urban Development HMIS standards.

The CARES CRHMIS staff take the protection of client confidentiality and privacy seriously. **The following security measures, among others, are in place to ensure that your information is protected:**

- » **System Security:** HMIS data is encrypted and securely transmitted from Providers to the HMIS database, extensive procedures are in place to prevent unauthorized access, and the entire HMIS system and database is protected at the highest level of security for health data;
- » **Access:** Only CARES CRHMIS staff and staff at providers may receive authorization to access the CRHMIS, and authorization requires comprehensive initial training and annual privacy and security training thereafter;
- » **Confidentiality Agreements:** Every CRHMIS Provider and every person authorized to read or enter information into the CRHMIS signs an agreement every year that includes: (1) commitments to maintain the confidentiality of all CRHMIS information; (2) commitments to comply with all security measures in compliance with federal HMIS requirements and any applicable federal, state, or local laws; and (3) penalties for violation of the agreement;
- » **Monitoring:** Annual monitoring is conducted for CRHMIS providers to ensure compliance with privacy and security policies; and
- » **Reporting:** Published CRHMIS reports are comprised of aggregate data only, and never contain any client-level or identifying (PII) data.

IMPORTANT INFORMATION FOR ALL CLIENTS – PLEASE READ

If you do not understand any of the information within this form, you may ask your intake worker for further explanation or an alternate format.

You may **keep the first 2 pages** of this form (containing the HMIS Privacy Notice) for your records.

You may request a copy of any participating provider or CRHMIS policies from your intake worker. Further information regarding CRHMIS privacy and security is also available in the CRHMIS Policies and Procedures (accessible online at www.caresny.org/).

You may contact your participating provider regarding any of your rights as listed above, including if you feel that any of these rights have been violated. If your provider's response does not satisfy you, you may then contact the CRHMIS directly at hmis@caresny.org or (518) 489-4130.

The CRHMIS has moved from *inferred consent* (a posted sign) to an *inclusion disclosure* for the HMIS. **No consumer consent is required by the CRHMIS to enter consumer data.** This disclosure replaces the posted sign but fulfills the same purpose. Consumers are asked to initial that they received the information. This is in addition to any agency specific or CoC specific forms that may be presented upon intake.

While individual agencies and projects may have their own, overriding policies, refusing to initial the inclusion disclosure does **NOT** indicate a refusal to be included in the HMIS and does not automatically disqualify consumers from receiving services from the agency or project; agency and CoC policy regarding how to handle that situation should still be followed as it has been in past years.

E. ACKNOWLEDGEMENT OF INCLUSION

No client consent is required to enter client data from provider forms into the CRHMIS, including personally identifying information. All Protected Identifying Information (PII) entered into the HMIS for the purpose of Coordinated Entry may be shared with other participating providers through the HMIS to better serve your needs and streamline the intake process. Additional sharing of your PII will not happen without agreeing through the consent below.

To show you are aware of this, we ask you to initial below.

** _____ Please initial to indicate that you have read (or been read) and understand the above information.

Please indicate method by which acknowledgement was received.

- Phone
- In Person

IMPORTANT - CLIENT IS TO BE GIVEN PAGES 1 AND 2

1C-14: Centralized or Coordinated Entry System–Assessment Tool.

2. **CE Prevention Intake:** This is the CE Prevention Assessment and Intake Form used by NY-606

ROCKLAND CONTINUUM OF CARE FULL ASSESSMENT

ARE YOU SEEKING HOUSING SERVICES? <input type="checkbox"/> No <input type="checkbox"/> Yes	HAVE YOU PREVIOUSLY COMPLETED AN APPLICATION FOR ASSISTANCE THROUGH COORDINATED ENTRY? <input type="checkbox"/> No <input type="checkbox"/> Yes
---	--

IF CLIENT IS NOT SEEKING HOUSING SERVICES, A HOUSING ASSESSMENT DOES NOT NEED TO BE COMPLETED

STAFF MEMBER COMPLETING ASSESSMENT		AGENCY NAME
STAFF MEMBER'S EMAIL	PHONE NUMBER	FAX NUMBER
CLIENT PHONE NUMBER	CLIENT ADDRESS	

PREVENTION STOP HERE – REFER CLIENT TO APPROPRIATE PREVENTION SERVICES AND SEND THIS FORM TO THE APPROPRIATE CE COORDINATOR

HMIS INFORMATION

*INTAKE DATE / /		*FIRST NAME	*LAST NAME (and Suffix)
*NAME DATA QUALITY <input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial Name, Street Name or Code Name Reported <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		ALIAS	
*SOCIAL SECURITY NUMBER (enter "9" for any missing numbers in an Approximate or Partial SSN) - - - - - - - - - -		*SSN DATA QUALITY <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or Partial SSN Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male(FTM) <input type="checkbox"/> Trans Female(MTF) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected			
*BIRTHDATE / /	*BIRTHDATE DATA QUALITY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
*ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused			
*RACE (choose all that apply) <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
*DO YOU HAVE A PHONE NUMBER AT WHICH YOU CAN BE REACHED? <input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) IF YES: PLEASE PROVIDE YOUR PHONE NUMBER WITH AREA CODE () - - - - -			

*PRIOR LIVING SITUATION

Based on the client's living situation **the night before project entry**, record responses in **one (1)** section:
Homeless Situation, Institutional Situation, Transitional/Permanent Situation, OR Unknown (**only** if necessary)

HOMELESS SITUATIONS:	
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY) <input type="checkbox"/> Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc) <input type="checkbox"/> Emergency shelter , including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing	*LENGTH OF STAY IN PREVIOUS PLACE <input type="checkbox"/> 1 night or less <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> Client Refused <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> Data Not Collected <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer
*APPROXIMATE DATE HOMELESSNESS STARTED: / /	
*REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

---NEXT PAGE---

OR

INSTITUTIONAL SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail , prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> 1 night or less <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer	<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>
DID THE CLIENT STAY LESS THAN 90 DAYS		IF YES: THE NIGHT BEFORE THAT, DID THEY STAY ON THE STREETS, ES, or SH?
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:		
*APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____		
*REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS		*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12
		<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE
<input type="checkbox"/> Hotel or Motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client WITH ongoing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons (PSH, HOPWA) <input type="checkbox"/> Rental by client, no ongoing subsidy <input type="checkbox"/> Rental by client with GPD TIP subsidy <input type="checkbox"/> Rental by client with VASH subsidy	<input type="checkbox"/> Rental by client with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or in a family member's room, apartment or house <input type="checkbox"/> Staying or in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (incl. homeless youth)	<input type="checkbox"/> 1 night or less <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer
DID YOU STAY LESS THAN 7 DAYS?		IF YES: THE NIGHT BEFORE THAT, DID THEY STAY ON THE STREETS, ES, or SH?
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:		
*APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____		
*REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS		*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12
		<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>

OR

UNKNOWN (ONLY IF NECESSARY)		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		
<input type="checkbox"/> <i>Client doesn't know</i> <input type="checkbox"/> <i>Client refused</i> <input type="checkbox"/> <i>Data not collected</i>		

***CURRENT LIVING SITUATION**

Based on the client's living situation **tonight**, record responses in **one (1)** section:
 Homeless Situation, Institutional Situation, Transitional/Permanent Situation, OR Unknown (**only** if necessary)

HOMELESS SITUATIONS:
TYPE OF RESIDENCE (TONIGHT)
<input type="checkbox"/> Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc) <input type="checkbox"/> Emergency shelter , including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing

OR

INSTITUTIONAL SITUATIONS:	
TYPE OF RESIDENCE (TONIGHT)	
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail , prison or juvenile detention facility	<input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center

---NEXT PAGE---

IS CLIENT GOING TO LEAVE WITHIN 14 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
DOES INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT MOVED 2 TIMES OR MORE IN THE LAST 60 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:	
TYPE OF RESIDENCE (TONIGHT)	
<input type="checkbox"/> Hotel or Motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client WITH ongoing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons (PSH, HOPWA) <input type="checkbox"/> Rental by client, no ongoing subsidy <input type="checkbox"/> Rental by client with VASH subsidy	<input type="checkbox"/> Rental by client with GPD TIP subsidy <input type="checkbox"/> Rental by client with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or in a family member's room, apartment or house <input type="checkbox"/> Staying or in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (incl. homeless youth)
IS CLIENT GOING TO LEAVE WITHIN 14 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
DOES INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT MOVED 2 TIMES OR MORE IN THE LAST 60 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

OR

UNKNOWN (ONLY IF NECESSARY) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	LIVING SITUATION VERIFIED BY (NAME OF AGENCY)
--	--

***INCOME & SOURCES / NON-CASH BENEFITS**

*INCOME FROM ANY SOURCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK & FILL IN MONTHLY AMOUNT FOR ALL THAT APPLY	
<input type="checkbox"/> Earned Income\$ _____ <input type="checkbox"/> SSI\$ _____ <input type="checkbox"/> VA Service-Connected Disability Compensation\$ _____ <input type="checkbox"/> Private Disability Insurance\$ _____ <input type="checkbox"/> TANF\$ _____ <input type="checkbox"/> Retirement from SSA\$ _____ <input type="checkbox"/> Child Support\$ _____ <input type="checkbox"/> Other\$ _____	<input type="checkbox"/> Unemployment Insurance\$ _____ <input type="checkbox"/> SSDI\$ _____ <input type="checkbox"/> VA Non-Service Connected Disability Pension\$ _____ <input type="checkbox"/> Worker's Compensation\$ _____ <input type="checkbox"/> General Public Assistance\$ _____ <input type="checkbox"/> Pension or Retirement from former job\$ _____ <input type="checkbox"/> Alimony or Other Spousal Support\$ _____
*NON-CASH BENEFITS FROM ANY SOURCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK ALL THAT APPLY	
<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children <input type="checkbox"/> Other TANF Funded Svcs <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Service	

***HEALTH INSURANCE / DISABLING CONDITIONS**

*COVERED BY HEALTH INSURANCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK ALL THAT APPLY	
MEDICAID <input type="checkbox"/> No <input type="checkbox"/> Yes State Children's Health Insurance Program <input type="checkbox"/> No <input type="checkbox"/> Yes Employer provided Health insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Private Pay Health Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Indian Health Services <input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICARE <input type="checkbox"/> No <input type="checkbox"/> Yes VA Medical Services <input type="checkbox"/> No <input type="checkbox"/> Yes Health ins. Via COBRA <input type="checkbox"/> No <input type="checkbox"/> Yes State Health Ins. Adults <input type="checkbox"/> No <input type="checkbox"/> Yes

---NEXT PAGE---

*PHYSICAL DISABILITY		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*DEVELOPMENTAL DISABILITY			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*CHRONIC HEALTH CONDITION		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*HIV/AIDS			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*MENTAL HEALTH PROBLEM		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*SUBSTANCE ABUSE PROBLEM		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Alcohol (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes, Drug (SEE RIGHT) <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes, Both (SEE RIGHT) <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

*** DV STATUS**

*DOMESTIC ABUSE VICTIM/SURVIVOR			
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW)		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: WHEN EXPERIENCE OCCURRED		IF YES: ARE YOU CURRENTLY FLEEING?	
<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> From 6 to 12 months ago <input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
DO YOU NEED A CONFIDENTIAL LOCATION TO STAY?			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

---NEXT PAGE---

VULNERABILITY INDEX SCORING FOR Prevention		
Total Months Owed:	Total Arrears Owed:	
<u>Prioritization Criteria</u>		
Urgency of Housing Situation		
	SCORE	SUBTOTAL
Eviction Notice by Sheriff/Eviction Imminent	3	
Eviction pending/Court trial date scheduled	2	
Statement from landlord requesting tenant vacate apartment	1	
14 day rent demand	1	
Potential Barriers and Vulnerabilities		
	SCORE	SUBTOTAL
Income reduced due to impact of COVID-19	3	
Income lower than 30% AMI	3	
Income above 30% AMI below 80%	2	
Income above 80% AMI	1	
At risk of losing Sect. 8 or subsidized housing	3	
Household with children under 18 years old	2	
Household over 60 years old	2	
Homeless in past 5 years (street, shelter or motel)	1	
Has no available resources	1	
TOTAL POINTS	25	

Signature:	Date:
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PROCEED CRHMIS INCLUSION DISCLOSURE AND RELEASE OF INFORMATION

CRHMIS CLIENT INCLUSION DISCLOSURE FOR COORDINATED ENTRY PROJECTS

PURPOSE: To inform clients of HMIS data entry and for clients to authorize or modify data sharing preferences within the HMIS for the project listed below:

PROJECT: NY -606 Rockland Coordinated Entry
CONTACT NUMBER:

INSTRUCTIONS: This form must be completed for every independent adult (18 years of age and over) and every unaccompanied minor PRIOR to data collection and entry into the HMIS at all CRHMIS-participating providers. This form also covers any household members under the client’s guardianship, which includes all minors (persons under 18 years of age) and any incapacitated/disabled adults. The client is to be given pages 1 and 2 after completion.

HMIS PRIVACY NOTICE

This Notice applies to all CRHMIS-Participating Providers and addresses how information about clients may be used and disclosed at Providers as well as client rights over their information. This Notice may be amended at any time, and amendments may affect information obtained before the date of the amendment.

A. HMIS DATA COLLECTION & PURPOSE

A Homeless Management Information System (HMIS) is a local information technology system used to collect data on the housing and services provided to homeless individuals and families and persons at risk of homelessness. Providers participating in an HMIS are required to collect universal data elements from all clients, including Personally Identifying Information, demographic characteristics, and residential history. This information is critical for providers and communities to better understand the extent and nature of homelessness at a local level, evaluate program effectiveness, and improve future housing and service provision. Some providers are also required by their funders to obtain certain additional information to assess services, to determine eligibility, and to monitor outcomes. Most federally-funded homeless service providers are required to participate and record the clients they serve in an HMIS.

This agency is an HMIS-participating homeless service provider (“CRHMIS Provider”), meaning we collect and enter information about the persons we serve in the private and secure CARES Regional HMIS (CRHMIS) database, the local HMIS for this community. There are firm policies and procedures in place to protect against unauthorized disclosure of any personal information collected, and this information is critical to obtain an accurate picture of the homeless population we serve and for this agency to continue to offer you the service(s) you are accessing today. We only collect information deemed appropriate and necessary for program operation or information that is required by law or by the organizations that fund this program. We do not need your consent to enter a record of your visit into the CRHMIS, but you may refuse to have your personal identifying information within this record and still be eligible to receive services.

If you have any concerns or questions about the information provided above, please speak to an intake worker.

B. PERMITTED DATA USES AND DISCLOSURES

The CRHMIS is designed to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data, including Personally Identifying Information (PII is any information that can be used to identify a particular individual, including a client’s name, Social Security Number, and Date of Birth). Once collected, we (as a CRHMIS Provider) have obligations about how these data may be used and disclosed (uses are internal activities for which providers interact with client PII; disclosures occur when providers share PII with an external entity). CRHMIS Providers are limited to the following circumstances for the use and disclosure of HMIS PII:

HUD required:

- (1) Client access to their information; and
- (2) Disclosures for oversight of compliance with HMIS privacy and security standards.

HUD permitted:

- (3) To provide or coordinate services to an individual;
- (4) For functions related to payment or reimbursement for services;
- (5) To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions;

- (6) For creating de-identified reporting from PII;
- (7) Uses and disclosures required by law;
- (8) Uses and disclosures to avert a serious threat to health or safety;
- (9) Uses and disclosures about victims of abuse, neglect or domestic violence;
- (10) Uses and disclosures for research purposes; and
- (11) Uses and disclosures for law enforcement purposes.

A client must provide prior written consent for any other use or disclosure of HMIS PII.

CRHMIS Providers must also ensure that **any use or disclosure does not violate other applicable local, state, or federal laws.**

Therefore, some CRHMIS Providers **may have more restrictive privacy policies**, often dependent upon funding source or the nature of a projects. Specific, per-project information regarding data use and disclosure can be obtained upon request.

C. CLIENT CONTROL OVER DATA

The CRHMIS recognizes every independent legal adult (person over 17 years of age) as the owner of all information about themselves, and any parent, legal guardian, or legal power of attorney as the designated owner of all information about any household members under their guardianship (all minors and any incapacitated/disabled adults).

By seeking assistance from this CRHMIS Provider and consenting to your personal information being entered into a record within the CRHMIS, you transfer governance responsibility over your CRHMIS record to us, and we are responsible for handling your record in accordance with CRHMIS privacy policies and any applicable federal, state, or local requirements. You retain ownership of your information within your CRHMIS record, and as owner **you have the following rights, in general:**

- » **Refusal:** to refuse to answer a question you do not feel comfortable with and not have it recorded within the CRHMIS;
- » **Access/Correction:** to request and view a copy of your project information record within the CRHMIS from your provider, including those who have accessed and/or edited your record, and to request corrections to that record;
- » **Grievance:** to ask questions of or submit grievances to your provider regarding privacy and security policies and practices;
- » **Anonymized Record:** to request that your provider anonymize your personal data record within the CRHMIS; and
- » **Optional Data Sharing:** to choose if your information is shared outside of the CRHMIS with researchers and other providers, and to make this decision at each project you receive services from. (Please note that if you decide NOT to data share, it does not prohibit the project from entering your data into the CRHMIS – it prohibits the sharing of your data as outlined on the consent form).

CRHMIS Providers reserve the following exceptions to the above: (1) Provider Right to Deny Review: if information is compiled in reasonable anticipation of litigation or comparable proceedings; if information about another individual other than the participating provider staff would be disclosed; if information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the sources of the information; or if the disclosure of information would be reasonably likely to endanger the physical safety of any individual; and (2) Provider Right to Deny Access/Correction: in response to repeated or harassing requests.

D. RESPONSIBILITY TO PROTECT DATA

CARES of NY, Inc. (CARES) is the System Administrator of the CRHMIS. The CRHMIS uses Foothold Technology's AWARDS software application and database, which is maintained in compliance with all federal standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and its subsequent legislation – the standards required to protect medical records – as well as U.S. Department of Housing and Urban Development HMIS standards.

The CARES CRHMIS staff take the protection of client confidentiality and privacy seriously. **The following security measures, among others, are in place to ensure that your information is protected:**

- » **System Security:** HMIS data is encrypted and securely transmitted from Providers to the HMIS database, extensive procedures are in place to prevent unauthorized access, and the entire HMIS system and database is protected at the highest level of security for health data;
- » **Access:** Only CARES CRHMIS staff and staff at providers may receive authorization to access the CRHMIS, and authorization requires comprehensive initial training and annual privacy and security training thereafter;
- » **Confidentiality Agreements:** Every CRHMIS Provider and every person authorized to read or enter information into the CRHMIS signs an agreement every year that includes: (1) commitments to maintain the confidentiality of all CRHMIS information; (2) commitments to comply with all security measures in compliance with federal HMIS requirements and any applicable federal, state, or local laws; and (3) penalties for violation of the agreement;
- » **Monitoring:** Annual monitoring is conducted for CRHMIS providers to ensure compliance with privacy and security policies; and
- » **Reporting:** Published CRHMIS reports are comprised of aggregate data only, and never contain any client-level or identifying (PII) data.

IMPORTANT INFORMATION FOR ALL CLIENTS – PLEASE READ

If you do not understand any of the information within this form, you may ask your intake worker for further explanation or an alternate format.

You may keep the first 2 pages of this form (containing the HMIS Privacy Notice) for your records.

You may request a copy of any participating provider or CRHMIS policies from your intake worker. Further information regarding CRHMIS privacy and security is also available in the CRHMIS Policies and Procedures (accessible online at www.caresny.org/).

You may contact your participating provider regarding any of your rights as listed above, including if you feel that any of these rights have been violated. If your provider’s response does not satisfy you, you may then contact the CRHMIS directly at hmis@caresny.org or (518) 489-4130.

CRHMIS Inclusion Disclosure

The CRHMIS has moved from *inferred consent* (a posted sign) to an *inclusion disclosure* for the HMIS. **No consumer consent is required by the CRHMIS to enter consumer data.** This disclosure replaces the posted sign but fulfills the same purpose. Consumers are asked to initial that they received the information. This is in addition to any agency specific or CoC specific forms that may be presented upon intake.

While individual agencies and projects may have their own, overriding policies, refusing to initial the inclusion disclosure does **NOT** indicate a refusal to be included in the HMIS and does not automatically disqualify consumers from receiving services from the agency or project; agency and CoC policy regarding how to handle that situation should still be followed as it has been in past years.

E. ACKNOWLEDGEMENT OF INCLUSION

No client consent is required to enter client data from provider forms into the CRHMIS, including personally identifying information. All Protected Identifying Information (PII) entered into the HMIS for the purpose of Coordinated Entry may be shared with other participating providers through the HMIS to better serve your needs and streamline the intake process. Additional sharing of your PII will not happen without agreeing through the consent below.

To show you are aware of this, we ask you to initial below.

**_____ Please initial to indicate that you have read (or been read) and understand the above information.

Please indicate method by which acknowledgement was received.

- Phone
- In Person

IMPORTANT - CLIENT IS TO BE GIVEN PAGES 1 AND 2

1C-14: Centralized or Coordinated Entry System–Assessment Tool.

3. **CE Policies and Procedures:** This document governs the CE program, including the prioritization and outreach plan to reach those persons least likely to apply.

Rockland County

Coordinated Entry

Policies and Procedure Manual

Implementation, Governance and Evaluation of
the Coordinated Entry System in the Rockland
County Continuum of Care (CoC)

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Introduction

Document Overview

To implement and maintain a County-wide Coordinated Entry (CE) System Joseph's House, as the lead agency, along with the Collaborative Applicant, CARES, has developed the following Policies and Procedures Manual to outline and define the goals and objectives of the CE program. This document delineates the roles and responsibilities of each agency and user involved in the program while establishing protocol for program assessment, referral acceptance, client privacy, and consumer disclosure. Each participating agency must have the Director of that agency sign the Agency Agreement at the end of this document, indicating that the agency has reviewed these policies and procedures and will comply with them.

Implementing Coordinated Entry is a requirement under the CoC program Interim Rule, all CoC funded and ESG funded agencies are required to participate. The Coordinated Entry process in Rockland is a necessary system for developing a systemic response to homelessness in the Rockland community. The Rockland Coordinated Entry System ensures that people experiencing homelessness are prioritized for and matched with the right intervention as quickly as possible. This process standardizes the access, assessment, prioritization and referral process across all providers who are CoC and for some that are non-CoC funded.

The Coordinated Entry Policies and Procedure will:

- Assist with the coordination of service delivery across Rockland County and will be the foundation of the coordinated entry system;
- Assist in assessing individuals and families consistently to determine program eligibility;
- Assist in administering programs fairly and methodically;
- Establish common performance measurements for all CoC components including outreach, Emergency shelters and prevention service; and.

The Policy and Procedures have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. All programs that receive ESG or CoC funding are required to abide by the Policy and Procedure guidelines. Agency program procedure should reflect the policy and procedures described in this document. The CoC strongly encourages the collaboration with programs that do not receive either of these sources of funds to provide comprehensive services to the community's homeless population

Coordinated Entry works by establishing one process to assess the situation of all households who request help through the housing crisis response system. There are four core elements to the Coordinated Entry System Access, Assessment, Prioritization and Referral this manual will provide details about each of these four system functions.

Goals of Coordinated Entry

CE is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions. It helps communities prioritize

assistance based upon vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. CE also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

Primary goals for the coordinated entry processes are:

- Assistance will be allocated as effectively as possible,
- Assistance is easily accessible no matter where or how people present

Purpose of Coordinated Entry

Coordinated Entry is considered one of the many interventions in a community's united effort to prevent, reduce, and combat homelessness. The process works best and provides the greatest value if it is driven by "What does the client need" rather than by provider eligibility. Coordinated entry refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. The Rockland County CoC Coordinated Entry (CE) process is designed to identify, engage, and assist homeless individuals and families and ensure those who need assistance are connected to proper housing and services. The implementation of coordinated entry is considered a national best practice. When implemented effectively, coordinated assessment can:

- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Reduce or erase entirely the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

The Coordinated Entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including emergency shelter (ES), Rapid Re-housing (RRH), Permanent Supportive Housing (PSH), and Transitional Housing (TH), as well as other housing and homelessness projects. Projects in the community that are CoC and/or ESG funded fill all vacancies through referrals, while non-funded projects are strongly encouraged to accept referrals from the Coordinated entry process.

Roles and Responsibilities of Key Participants:

Responsibility of Lead agency: Homeless and Travelers Aid Society (HATAS) as the lead agency will be responsible for tracking client from initial application to housing, entering client data in excel spreadsheet/HMIS system, working with Collaborative Applicant to ensure program compliance, and conducting bi-weekly single point of access (SPOA) meetings.

Funded Agencies: Participation from all agencies funded through the Rockland Continuum of Care (CoC) and agency recipients of the Emergency Solution Grant (ESG) is required. Funded agencies will be responsible for updating vacancies on the community vacancy report, making and accepting/denying referrals, serving as a "No Wrong Door" by collecting disability and homeless documentation on behalf of walk-in's seeking housing assistance, and attending bi-weekly SPOA meetings.

Non-Funded Agencies: Non-Funded Agencies are strongly encouraged to participate and submit Coordinated Entry applications to the lead CE Agency to effectively and efficiently refer all household to services.

Training: Lead CE representatives from each CoC will meet quarterly with collaborative Applicant to discuss policies and procedures and prioritization process. Agency staff will be trained semiannually at SPOA meetings to ensure that all staff administering assessments have access to materials that clearly describe the methods by which assessments are conducted. A webinar training will be available for program staff that will provide step by step instructions on how to complete assessment tool, what documents must be submitted with tool and walk participants through referral process. A checklist noting the specific documents that must be submitted to verify disability and homeless status is attached to the User Guide. Training will also include a review of the policies and procedures and prioritization process for Coordinated Entry.

Operating procedures of the Rockland County Coordinated Entry System

Coordinated Entry is an evolving practice as new research, models and assessment tools are continually being created. A CoC's CE process must be flexible and responsive to new information about more effective approaches as the process evolves and other services are wrapped into coordinated Entry.

The Target Population for Coordinated Entry includes:

- Chronically Homeless
- Homeless
- Veterans
- Domestic Violence
- Substance Abuse
- Mental Illness
- Youth
- Physically Disabled
- Families
- HIV / AIDS
- Unstably housed

Full implementation and operation of the Coordinated Entry system includes the following Core Elements:

Access: The engagement point for persons experiencing a housing crisis.

- The Rockland County Coordinated Entry System has adopted a No Wrong Door approach whereby assessment can be conducted regardless of which community stakeholder and/or CoC provider the client presents. This ensures that Consumers should have equal access to information and advice about the housing assistance for which they are eligible and assist them in making informed choices about available services that best meet their needs regardless of language barriers or impairments.

- Examples of access points in Rockland County include private and publicly funded homeless shelters, ACDSS Temporary Assistance (TA) staff, street outreach projects, PSH/RRH programs, and outpatient treatment clinics.

Assessment: Upon access CoC providers associated with the Coordinated Entry Process will begin assessing the person's housing needs.

- A universal intake and assessment form will be utilized for all consumers. The process will be easy on the client and provide quick and seamless entry into homelessness services. Individuals and families will be referred to the most appropriate resource(s) for their individual situation. The process will prevent duplication of services, reduce length of time homeless and improve communication among agencies.

Prioritization: One of the main purposes of coordinated entry is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance.

- People experiencing chronic homelessness are prioritized within the CE waitlist for permanent supportive housing. In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process prioritizes people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness.
- If it happens that the current Rockland County Coordinated Entry waitlist shows no chronically suitable households, with HUD guidance, a non-chronic homeless household may be approved for a vacant unit. It is expected that efforts have been undertaken to locate persons that would be considered the highest priority and a form documenting this action must be completed by agency accepting non-chronic household and approved by the lead CE agency.

Points to consider when prioritizing households for housing and homelessness assistance: Based on Vulnerability Scoring from Coordinated Entry Application

Chronically homeless households are prioritized within the Coordinated Entry waitlist; applications are given a vulnerability score based on points given for the following. (List below is not in order of points awarded)

- Chronic Homeless –
- Currently unsheltered –
- Under 24-
- Veteran –
- Two or more disabling conditions –
- Pregnant

Referral: Persons will be referred to available housing resources and services in accordance with the CoC's documented prioritization guidelines.

- The point of entry (POE) agency completes the (CE) intake/assessment with a signed consumer consent/release form. The POE is also responsible for gathering proof of homeless status and documentation of a HUD-defined disabling condition. Items are scanned/emailed; and, driven by consumer consent, sent to as many CoC-funded agencies as the presenting household may be eligible for, based on disabling conditions. Every CE referral must be sent to the CE Coordinator to ensure that households are added to the CE waitlist.

- All (CE) Point of Entry (POE) locations offer the same assessment approach and referrals using uniform decision-making processes. A person presenting at a coordinated entry location is not steered towards any program or provider simply because they presented at that location.

Referral protocols: Programs that participate in the CoC's coordinated entry process accept all eligible referrals unless the agency has documentation that would support rejecting a referral

Referral Rejection Policy: Both CoC providers and program participants may deny or reject referrals from the defined CE access point, although service denials should be infrequent and must be documented with specific justification as prescribed by the CoC. The specific allowable criteria for denying a referral must be established by the CoC, must be shared with each project and client, and be reviewed and updated annually. All participating projects and client must provide the reason for service denial and may be subject to a limit on number of service denials.

Coordinated Entry System Ensures:

- **Low Barrier:**
 - The coordinated entry process does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record.
- **Person-Centered:**
 - The coordinated entry process incorporates participant choice, which may be facilitated by questions in the assessment tool or through other methods. Choice can include location and type of housing, level of services, and other options about which households can participate in decisions.
- **Emergency Services:**
 - The coordinated entry process does not delay access to emergency services such as shelter through Rockland County Department of Social Services (ACDSS).
 - Emergency Shelter providers attend the coordinated entry monthly meetings. Rockland County DSS places families and singles at emergency shelters and hotel/motels throughout Rockland County.
- **Prevention Services:**
 - Referral to Prevention Services Provider is made through the Coordinated Entry system.
 - Prevention services within the CoC are available through the Department of Social Services
- **Inclusive:**
 - A coordinated entry process includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence.
 - All subpopulations including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, transgendered persons, and refugees and new immigrants must be provided equal access to the CoC's Coordinated Entry System services regardless of the characteristics and attributes of their specific subpopulations.
- **Ongoing planning and stakeholder consultation**

- The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered through surveys, focus groups, and other means and is used to improve the process.
- **Informing local planning:**
 - Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.
- **Safety planning:**
 - The coordinated entry process ensures the safety of the individuals seeking assistance. This ensures that people fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA). The CoC coordinates with victim/non-victim providers to ensure DV survivors are provided housing services that uphold safety by prioritizing programs that collaborate to offer victims a wide range of options. Households presenting at non-victim providers are linked with DV services via a phone assessment. Households are given options including VAWA and CoC services to guard personally identifiable information. If a client is eligible and elects DV services the provider will end intake, void electronic record and connect victim with DV service provider. If client elects for non DV services, the Client is referred to a nonvictim provider to fulfill CoC CE process. VAWA compliant informed consent is required to provide information to other providers.
- **Street Outreach:**
 - Programs that are staffed by outreach workers will address homeless individual and families housing by offering ongoing engagement with those not able or willing to access housing services on their own. Street outreach services will complete coordinated Entry application and provide follow up with the client while the client transitions to being housed. Unsheltered persons will be engaged to provide immediate support, intervention and connections with homeless assistance programs, social services and housing programs including permanent supportive housing and rapid rehousing programs. Street outreach efforts are linked to the coordinated entry process and participate in SPOA meetings. Through the street outreach efforts Rockland County Coordinated Entry ensures that people on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Entry process.
- **Using HMIS and other systems for Coordinated Entry process:**
 - Rockland County will use HMIS to collect and manage data associated with assessments and referrals in addition to an excel workbook designed to track activity and produce reports for weekly communication.
- **Fair and Equal Access:**
 - The Coordinated Entry system in Rockland will ensure fair and equal access so that all people can easily access the Coordinated Entry process and the process for accessing help is well known.

- All programs will ensure fair and equal access to CE system programs and services for all clients regardless of
- actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or domestic violence status.
- To ensure fair access by individuals with disabilities, physical and communication accessibility barriers must be addressed by appropriate accommodation within the Coordinated Entry System.
- If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.

Marketing: CoC's and recipients of HUD CoC Program and ESG Program funding are required to affirmatively market their housing and supportive services projects to eligible persons who are least likely to apply in the absence of special outreach. Marketing strategies may include participating agencies utilizing their websites to advertise that they are a point of access and a brochure outlining the coordinated entry process as well as where individuals can go to apply for housing assistance through the CoC. This brochure will be available at community organizations such as health centers, churches and libraries.

Evaluation/Oversight: Grievance/Appeal process:

- There will be formal grievance and appeals process overseen by the Advisory Committee. Consumer choice is central to coordinated entry and the appeals process will embrace that same person centered and easily navigable model. If a participant feels they did not receive fair treatment, they were denied resources or given an inappropriate referral, the participant may appeal these decisions or actions. It is Coordinated Entry policy to make every effort to settle difficulties and problems which may occur in the Coordinated Entry process.
- Every client who participates in the Coordinated Entry process is entitled to file a grievance if they have a complaint about the services they receive from any participating Coordinated Entry Agency. We would encourage every client to first attempt to resolve problems directly with the Agency that they are working with in the housing process. If, after addressing concerns with the Agency, the client is not satisfied with the outcome, then the client should proceed with the grievance procedure.
- Rockland County Coordinated Entry Grievance Form will be available at each participating CoC Agency.
- The Advisory Committee will engage in regular evaluations. The committee will recommend changes to the CE process after these evaluations. Changes will be recommended to and approved by the Rockland CoC Board. The Advisory Committee will also be responsible for overseeing the grievance and appeals process within CE.
- Coordinated Entry formal meetings will occur biweekly. This meeting should serve as a space for agency representatives to discuss participants' progress and referral status, troubleshoot any issues, and coordinate outreach. The agency representatives can make recommendations on suggested changes to the coordinated entry system.
- Programs will be evaluated on their level of participation in coordinated entry including having coordinated entry staff, participating in the bi-weekly meetings, taking referrals from coordinated entry,

and regular updates on vacancies and waiting list. Participation in coordinated entry will be tracked through HMIS for quality, and agencies will be given the opportunity to submit their feedback on the process.

All components of the Coordinated Entry System will be reviewed and assessed by all stakeholders continuously. Recommendations for policy change will be presented to the Rockland CoC Board.

I have received the Policy and Procedures Manual for the Rockland County Coordinated Entry System and I understand that it is my responsibility to read and comply with the policies contained in this Manual and any revisions made to it.

Name of Participating Agency: _____

Name of Designated Agency Representative authorized to sign: _____

Title: _____

Signature of Designated Agency Representative: _____

Date: _____

Please return this page to the Coordinated Entry Lead

1C-14: Centralized or Coordinated Entry System–Assessment Tool.

4. **NY-606's Written Standards, Coordinated Entry Prioritization Section:** This document details how the CE program prioritizes people most in need of assistance.

Prioritization Standards

These Written Standards establish the community-wide expectation of how resources are to be targeted within the community. This is separate from meeting eligibility requirements, and specific to prioritizing assistance to those in need- Project participants must always meet eligibility criteria while all individuals and household types can be prioritized for a type of assistance. As prescribed in the *Coordinated Entry Policies & Procedures*, CoCs prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. All CoC funded PSH programs accept referrals only through a single prioritized list that is created through the CoC's Coordinated Entry process, which is also informed by the CoC's street outreach. The CoC's *Coordinated Entry Policies & Procedures* and process are in alignment with HUD guidance and notices, namely:

- 24 CFR Part 578 – *Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program* (specifically: 578.3 and 578.7(a)(8))
- CPD-016-11- *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*
- CPD-017-01- *Notice Establishing Additional Requirements for a Continuum of Care Centralized Coordinated Assessment System*
- CPD-20-08- *Waivers and Alternative Requirements for the Emergency Solutions Grants (ESG) Program Under the CARES Act*

The CoC will refer to and implement guidance based on any subsequent notices that update or replace prior notices and guidance.

In accordance with these notices and guidance, populations and households prioritized for assistance include:

- Those prioritized in CoC funded PSH beds **Dedicated** to Persons Experiencing CH or PSH **Prioritized** for Occupancy by CH Persons are, in order of prioritization:
 - First Priority- Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs are
 - Second Priority- Chronically Homeless Individuals and Families with the Longest History of Homelessness are prioritized in CoC funded PSH beds **Dedicated** to Persons Experiencing CH and PSH **Prioritized** for Occupancy by CH Persons
 - Third Priority- Chronically Homeless Individuals and Families with the most severe service needs are prioritized in CoC funded PSH beds **Dedicated** to Persons Experiencing CH and PSH **Prioritized** for Occupancy by CH Persons
 - Fourth Priority- All other Chronically Homeless Individuals and Families
 - Fifth Priority- Non-chronically homeless households, as long as the recipient of CoC Program-funded PSH documents how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area at the point at which a vacancy becomes available
- Those prioritized in PSH beds that are NOT Dedicated or Prioritized for Persons Experiencing Chronic Homeless, in order of prioritization:
 - First Priority–Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness, fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months, **and** Severe

Service Need

- Second Priority - Homeless Individuals and Families with a Disability with Severe Service Needs. No minimum length of time required
- Third Priority - Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs. No minimum length of time required
- Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing where prior to residing in the TH had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in TH who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that TH project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the TH
- Fifth Priority- All others that meet a lower priority of order, as long as the recipient of CoC Program-funded PSH documents how the determination was made that there were no eligible individuals or families within the CoC's geographic that met a higher priority
- People at severe risk of contracting coronavirus will be prioritized for projects utilizing ESG-CV funding, per CPD-20-08, pg. 6. They will subsequently be prioritized based on the factors listed above.

Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. Programs ensure that no potential clients are screened out or terminated based on any criteria outlined below.

- Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary condition
- Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness”
- People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units includes special physical features that accommodate disabilities
- Programs or projects that cannot serve someone work through the Coordinated Entry Process to ensure that those individuals or families have access to housing and services elsewhere
- Housing and service goals and plans are highly tenant – driven
- Supportive services emphasize engagement and problem- solving over therapeutic goals
- Participation in services or compliance with service plans are not conditions of tenancy, but are reviewed with tenants and regularly offered as a resource to tenants
- Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are part of some tenants’ lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use are offered education regarding how to avoid risky behaviors and engage in safer practices
- Substance use in and of itself, without other lease violations, is not considered a reason for eviction
- Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial

1C-7: Public Housing Agencies within Your CoC's Geographic Area – New Admissions – General/Limited Preference

This attachment contains the following:

1. **NYS Homes & Community Renewal** – Housing Choice Voucher Administrator
 - a. Administrative Plan – Highlighted Section: Homeless Preference



Homes and Community Renewal

STATEWIDE SECTION 8 VOUCHER PROGRAM

Section 8 Housing Choice Voucher Administrative Plan

Effective April 26, 2021

Version 2021 - 1

INTRODUCTION

The overall mission of the New York State Homes and Community Renewal (HCR) is Partnering to Improve and Preserve our Homes and Communities.

The New York State Homes and Community Renewal comprises all the State's major housing and community renewal agencies, among which are the Division of Housing and Community Renewal (DHCR) and the Housing Trust Fund Corporation (HTFC), a subsidiary public benefit corporation of the NYS Housing Finance Agency (HFA). HTFC contracts with DHCR to administer some of the activities of the Section 8 program.

Within the overall mission of the agency, this Administrative Plan serves as the HCR operational handbook for implementing the U. S. Department of Housing and Urban Development's (HUD) Section 8 Housing Choice Voucher (HCV) Program, including Enhanced and Project-based Vouchers). This Plan has been prepared in such a manner as to ensure compliance with all requirements set forth in 24 CFR §982.54 (Administrative Plan).

In the implementation of the Section 8 Housing Choice Voucher (HCV) Program, HCR acts as the Public Housing Agency (PHA) for all local programs under its purview. In this capacity as PHA, HCR has full responsibility for the satisfactory completion of all contractual obligations with HUD. The Section 8 tenant-based assistance programs are federally funded and administered for the State of New York by HCR through its Statewide Section 8 Voucher Program Office.

To effectively and efficiently implement the program over its entire Statewide jurisdiction, HCR has contracted with Local Administrators (LAs) to undertake necessary field activities. Day-to-day responsibility for local administration of the HCV Program in the field is assumed by each LA in its designated local area of operation. The divisions of responsibilities are detailed in a contract between HCR and each of its LAs.

The NYS HCR/Statewide Section 8 Voucher Program is authorized to administer the Section 8/Housing Choice Voucher Program statewide, currently in the following NYS jurisdictions: Allegany, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Nassau, New York (*Bronx, Brooklyn, Manhattan, Queens, Staten Island*), Niagara, Oneida, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, **Rockland**, Saratoga, Seneca, Schuyler, Steuben, St. Lawrence, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Washington, Wayne, Westchester, Wyoming and Yates Counties. HCR is also authorized to administer a mobility counseling program in Westchester County.

Administration of the Section 8 Program and the functions and responsibilities of the HCR staff will be in compliance with the HCR Personnel Policy and HUD's Section 8 Regulations as well as all Federal, State and local Fair Housing Laws and Regulations.

rules and regulations and HCR's Administrative Plan. The standards and policies currently used to safeguard the privacy and confidentiality of tenant information and tenant files should apply equally to the employee. Special efforts should be taken to assure that the employee/applicant is not receiving preferential treatment. This policy also applies to relatives of employees.

The word "relative" as used in this section pertains to parent, child, grandparent, grandchild, sister, or brother of any employee.

1.03 Preferences

HCR has established local preferences for tenant-based vouchers within the Housing Choice Voucher Program to further objectives towards improved residential stability, expanding housing opportunities and alleviating homelessness within New York State.

Each LA must give preference to applicants on their general tenant-based waiting list for the Housing Choice Voucher Program, as described below:

First priority shall be given to the following:

Households defined as Homeless.

A qualified household must fall under one of the two categories listed below as defined by HUD (10% of each LA's general allocation of regular vouchers must be dedicated to this preference - additional information below):

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

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

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

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

Category 4: Any individual or family who:

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

b. Has no other residence; *and*

c. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

In addition to identifying as one of the categories listed above, **HCR requires** the applicant provide or obtain written verification from a coordinating shelter, housing provider, service agency or institution (for those being discharged) confirming the same.

Second priority will be given to the following (No limitation):

Households identified as Elderly and/or Disabled (as defined by HUD) or Families with Dependent Children.

Third priority (No limitation):

All applicants who do not meet the criteria to claim one of the preferences described above but meet all other eligibility criteria as described in HUD regulations and this Administrative Plan.

As allowed under HUD regulations, HCR has exercised its' discretion to limit the number of applicants that may qualify for a local preference, therefore, 10% of each LA's general allocation of regular vouchers, not including those programs with a separate project number (i.e., Mainstream, VASH), must be designated for the above stated homeless preference. As long as the maximum threshold of 10% for each LA has not been reached, the homeless preference remains active within their jurisdiction. Once an LA has reached the maximum allowable participants for this preference, all remaining applicants will be chosen in order of remaining priorities and by position on the waiting list. Once a participant's voucher, that was initially qualified for assistance under the homeless preference has been terminated or relinquished, the LA must re-activate the homeless preference until the maximum allowable threshold is reached. Each LA will be responsible for maintaining their tenant-based waiting list in accordance with these requirements.

For the PBV program, while the homeless preference stated above is not applicable, each project sponsor is encouraged to consider a homeless preference for their project as allowed by and through the competitive selection process, funding requirements and any additional programmatic requirements applicable at the time of award.

All LA's with closed waiting lists must first offer current applicants on the waiting list who qualify to receive the benefit of the preference to move up on the waiting list accordingly. The notice to applicants must include how to successfully apply and establish themselves with the homeless preference status which would include the same format we implement for new applicants including contacting the partnering agencies for referrals and/or determination of preference eligibility. If a closed waiting list is opened to establish homeless applicants, the LA should specify on any public notice that current waiting list applicants will also be given the benefit of the preference.

1C-7: Public Housing Agencies within Your CoC's Geographic Area Moving On Strategy

This attachment contains the following:

1. Moving On Preferences
 - a. **NYS Homes and Community Renewal (HCR)** – Housing Choice Voucher Administrator
 - i. Emergency Housing Voucher (EHV) Memorandum of Understanding – Highlighted Section: Moving On preference in local priority
2. NY-606's Written Standards excerpt that details the CoC's Moving On Strategy.

1C-7: Public Housing Agencies within Your CoC's Geographic Area Moving On Strategy

1. Moving On Preferences

a. **NYS Homes and Community Renewal (HCR)** – Housing Choice Voucher Administrator

- i. Emergency Housing Voucher (EHV) Memorandum of Understanding –
Highlighted Section: Moving On preference in local priority

**MEMORANDUM OF UNDERSTANDING
ADMINISTRATION OF EMERGENCY HOUSING VOUCHERS IN ROCKLAND
COUNTY, NEW YORK**

This Memorandum of Understanding (“MOU”) is made and entered into as of this 15th day of July, 2021 (the “Effective Date”). It is executed between the following parties:

New York State Homes and Community Renewal (“HCR”) and its subsidiaries, including the Housing Trust Fund Corporation (“HTFC”) and the Division of Housing and Community Renewal (“DHCR”), having its principal office at 38-40 State Street, Albany, NY 12207

-and-

Rockland County Department of Social Services (“RCCoC/RCDSS”), having its principal office at 50 Sanatorium Road Building L, Pomona, New York 10970 .

Signing this agreement as the lead agency and authorized representative for:

NY-606 Rockland County CoC

The following counties within RCCoC/RCDSS service area are included within the scope of this agreement:

Rockland County

The following counties are excluded:

None

WHEREAS, the American Rescue Plan Act (a.k.a. COVID-19 Stimulus Package or “The Act”) was adopted into law on March 11, 2021, and provided for a \$1.9 trillion economic stimulus package;

WHEREAS, Section 3202 of The Act authorizes \$5 billion for Emergency Housing Vouchers (“EHVs”) to transition people currently experiencing or at risk of homelessness, including those who are survivors of domestic violence, to stable housing; and EHVs can be used by individuals and families experiencing homelessness who have difficulty being stably housed otherwise;

WHEREAS, funding for EHVs will be allocated by the U.S. Department of Housing and Urban Development (“HUD”) to state and local Public Housing Authorities (“PHAs”) for distribution through waiting lists created and maintained by those PHAs;

WHEREAS, NYS HCR, through HTFC, serves as the only statewide PHA for New York State, and has received a preliminary allocation of 1,556 EHVs, with the possibility of additional allocations at a later date;

provide a quarterly report of service referrals for households on the RCCoC/RCDSS'. The report shall not include data on individual households that would violate confidentiality; it shall provide a high level summary of the services being offered to participating households.

- viii. Where a voucher recipient referred by RCCoC/RCDSS is identified by HTFC as falling behind in rent or otherwise becoming at risk, HTFC may refer that household to RCCoC/RCDSS for linkages to additional services.

III. PRIORITIZATION

A. Prioritization for the Initial Lease-up Phase

RCCoC/RCDSS shall commence sending referrals to HCR or its designated agent on or about August 16, 2021 and concluding within 6 weeks – referred to here as the **initial lease-up phase**. The referrals shall be received in the following order:

Priority 1 – HCR will only accept referrals for the following types of households within the first three weeks, or from August 16 – September 3.

1. Households meeting HUD's Definition of Chronically Homeless as determined by the RCCoC/RCDSS.
2. Any literally homeless families, as defined by HUD in the Criteria and Recordkeeping Requirements for Definition of Homeless, with minor children under 18 years of age.
3. Households who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking.
4. Households participating in a Rapid Re-housing (RRH) program who would qualify for such assistance as defined by the terms of either the federal Emergency Solutions Grant ("ESG") program or the federal Continuum of Care program.

Moving On
Preference

*Please note that households from local programs similar to RRH but serving a broader population than required within the federal definition should not be sent as a Priority 1 referral, unless the household being referred would have qualified under the federal definition. To receive ESG rapid re-housing, an individual or family must demonstrate at initial evaluation that it is literally homeless (referred to as Category 1 in the Homeless Definition Final Rule).

Priority 2 – Within the second three weeks, or from September 6 to September 24, HCR will continue accepting referrals from Category 1 plus the following:

1. Any household classified as literally homeless, as defined above in Priority 1.

Failure by the RCCoC/RCDSS to adhere to these priorities may result in a loss of vouchers for RCCoC/RCDSS. HCR may adjust this schedule, including delaying the acceptance of referrals, and to adjust the priorities as necessary to ensure full voucher utilization. HCR will notify the RCCoC/RCDSSs of any adjustments. Such adjustments shall not be made without consulting with RCCoC/RCDSS.

1C-7: Public Housing Agencies within Your CoC's Geographic Area Moving On Strategy

2. NY-606's Written Standards excerpt that details the CoC's Moving On Strategy.

MOVE ON STRATEGY FOR RECOGNITION OF TENANT INDEPENDENCE

The Rockland County Continuum of Care (RCCC) has created a Move On Strategy to transition households in Supportive Housing (including Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH)) who no longer need intensive services to affordable housing. This strategy is broken into Phase I and Phase II, and sets out the actions RCCC will take to ensure the community has suitable long-term, affordable housing options for tenants ready to move on, and that tenants have the skills and are empowered to make this decision. The fundamental goal of the Move On Strategy is to promote the highest levels of independence and choice for tenants, as well as to create flow in supportive housing units to ensure these units are available for currently homeless families and individuals with disabilities who need housing combined with services. Promoting economic mobility and self-sufficiency, the Move On Strategy is first and foremost about celebrating growth, recovery and tenant success, and ensures all services are provided using strengths-based language and a recovery-focused model. Below details the CoC's process for identifying tenants who are eligible to move on; documentation needed to request ideal candidates for the strategy; and providing guidance for tenants on safety and security while prioritizing resources where they are most needed. The plan is based on a model Move On strategy discussed by the U.S. Department of Housing and Urban Development (HUD) and the Corporation for Supportive Housing. The RCCC Systems and Performance and Evaluation Committees will be responsible for providing regular trainings, resources, relationship building, and outcome tracking to support implementation of and monitor the Moving On Strategy.

Recruiting Affordable Housing Providers

The Move On Strategy targets existing tenants in supportive housing who are stable and require only minimal supportive services. These tenants are, with client choice, assisted to transition to a mainstream rent subsidy (typically the Housing Choice Voucher program) or an affordable housing unit, which frees up their subsidy for someone who is chronically homeless and needs the intensive services and long-term subsidies offered in supportive housing. The mainstream rent subsidy may include programs like Public Housing Authorities (PHAs), multifamily assisted housing owners, Low Income Tax Credit (LIHTC) developments, and local low-income housing programs. Phase I of the Move On Strategy is currently being implemented and includes recruiting local PHAs and affordable housing providers to participate in the program, by setting preferences for tenants moving on from supportive housing. Phase II of the Move On Strategy will include advocating to New York State to incorporate a preference for individuals and families moving on from supportive housing units in the NYS Affordable Housing Corporation Plan.

Identifying Households for Moving On

Housing providers identify households in supportive housing that may be ready to move on through ongoing case management with tenants. Specifically, program staff meet with tenants on an ongoing basis to establish tenant goals and set a plan towards meeting those goals, utilizing strengths-based language and a recovery-focused model. Program staff implement a client-choice model by ensuring tenants know there is a voluntary option to move on. Program staff ensure tenants interested in moving on (1) have demonstrated the ability to live stably and maintain housing, (2) will meet PHA (or other affordable housing providers) screening criteria, and (3) understand the decision to move on from supportive housing is voluntary. During Phase II of this strategy, a standardized assessment for moving on will be developed and implemented.

Program staff work with tenants to create a formal and comprehensive transition plan that identifies tenant strengths, living skills and the supports necessary to help them meet transition goals. Pre-transition plans are individualized to meet the specific needs of each household. Some common

resources or supports tenants often need and are connected to include: employment supports, benefits counseling, activities of daily living skills, community living skills, and connection to community-based services. As households volunteer, housing providers make referrals to the PHA (or other affordable housing providers).

Eligibility Considerations for Tenants

Individuals are identified by housing provider program staff who work directly with clients in the housing programs. Clients should meet four basic criteria in order to be recommended to move on: 1) a good rental history of on-time payments, 2) evidence of “good neighbor” behavior without any complaints or property management conflicts, 3) supported progress of quantitative areas and 4) low service needs. Housing providers identify households in supportive housing who may be candidates for moving on by analyzing observations (interviews/survey’s, demonstrated ability to live stably and maintain housing or any other mitigating circumstances) combined with quantitative key areas for assessing tenant capacity, motivation, confidence and emotional readiness. These key quantitative areas include:

- Emotional independence (interest and confidence in moving on),
- Financial Capacity (employment, income, savings, budgeting skills),
- Housing history (housing tenure, rent arrears, past evictions, neighbor/landlord relationships)
- Intensity of service use (need for on-site services),
- Health/behavioral health (substance use, mental health, medication management, treatment engagement, mobility),
- Connection to mainstream resources (rental supports if needed),
- Connection to family or other natural supports,
- Community living skills (self-managing behavior, limit setting relating to drugs, etc.),
- Activities of daily living skills (ability to get meals, keep apartment clean, follow lease), and
- Housing goals (location, size, affordability, live with family/friends).

Transition Services

Housing Providers are required to provide: assistance with locating and securing a housing unit; case management to support transition including but not limited to assistance building linkages to community supports and services, such as mental and physical health services, substance use treatment, stores for groceries and other necessities, recreational activities and public transportation options; and support with landlord negotiations. Services offered may also include: providing funds to cover moving services, utility deposits/arrears and furniture/household items; and assistance with family reunification.

Aftercare Supports

RCCC recommends housing providers offer voluntary aftercare services to individuals who have moved on for at least six months after their move-out, and track types of supports provided and outcomes of those supports. It is recommended housing providers provide a minimum of two check-ins per month that can be in-person, by phone or by email.

Creating a Culture of Moving On

RCCC believes a programmatic reward/incentive structure for Moving On can assist in further promoting a culture of independence and self-sufficiency. The CoC will develop a variety of strategies to publicize and build interest in Moving On opportunities, including providing trainings on and working with providers to: post fliers in highly visible locations; host community meetings on Moving On; conducting one-on-one outreach to tenants; and encourage Moving On peers to talk about their experiences and engage tenants.

Moving on Timing and Availability

RCCC understands a Move On request may not be able to be satisfied immediately due to a variety of variables. However, the housing program will act as quickly as possible with community partners to move a tenant into appropriate affordable housing.

Ongoing CoC Assessment of Move On Strategy

Once annually the CoC will assess the success of this Move On Strategy, reviewing number/percentage of persons who have moved on and rate of retention in affordable housing destinations. The CoC will also discuss strengths/weaknesses related to the strategy's recommendations for recruiting affordable housing providers, identifying households for moving on, eligibility considerations for tenants, transition services, aftercare supports, and creating a culture of moving on.

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

1. Screen shot of a website posting that demonstrates your CoC announced it was accepting project applications.

(a) Email and website screen shot announcing the final Rank & Review **Renewal Part 1, 2 & 3 Tool** is ready for completion

(b) Email and website screen shot announcing the final Rank & Review **Renewal Part 4 Tool** is ready for completion

(c) Email and website screen shot announcing the final Rank & Review **New Project & DV Bonus Tools** are ready for completion

2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.

For the Renewal (Parts 1, 2, and 3), New Application, and DV Bonus Rank & Review Tools, the CoC collected public comments on the drafts (evidenced by email announcements and website screenshots). For each Rank & Review tool, a blank tool is attached below exemplifying the point values for objective criteria the CoC would use to review and rank projects.

a) Email announcement and screen shot of public comment period for NY-606's draft Rank & Review **Renewal Part 1, 2, & 3 Tool**

b) Blank Rank & Review **Renewal Part 1, 2, & 3 Tool**

c) Email announcement and screen shot of public comment period for NY-606's draft Rank & Review **Renewal Part 4 Tool**

d) Blank Rank & Review **Renewal Part 4 Tool**

e) Email announcement and screen shot of public comment period for NY-606's draft Rank & Review **New Project Application & DV Bonus Tools**

f) Blank Rank & Review **New Application Tool**

g) Blank Rank & Review **DV Bonus Tool**

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

1. Screen shot of a website posting that demonstrates your CoC announced it was accepting project applications.
 - (a) Email and website screen shot announcing the final Rank & Review **Renewal Part 1, 2 & 3 Tool** is ready for completion

From: [Samantha Barnaby](#)
To: [Roedema, Deena \(DFA\) \(Deena.Roedema@dfa.state.ny.us\)](#); [Annquette Mackey](#)
Subject: Released for Completion R&R Part 1 Tool: Deadline Monday, July 5, 2021
Date: Monday, June 21, 2021 8:30:00 AM
Attachments: [image001.png](#)
[Rank-Review-2021-Checklist.pdf](#)
[Final Version NY-606 Rank and Review 6-20-2021 8-30-34 PM.xlsx](#)
[RCCC 2021 Rank and Review Tool-Final.pdf](#)
Importance: High

Continuum of Care Applicants,

Please see attached:

- Rank and Review Attachments Checklist
- Rank and Review Tool
- Final HMIS Data Attachments

The application is also available on the CARES website:

[CoC Resource Planning – 2021 | CARES of NY, Inc. \(caresny.org\)](#)

The application must be completed by COB **Monday, July 5, 2021** and submitted in one PDF attachment. Please include the Rank and Review Attachments Checklist, completed Rank and Review Tool, and supporting Data Attachments as specified on the checklist. Applications should be submitted to sbarnaby@caresny.org using your agency name/project name as the subject line. Reminder 1 PDF application per project.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
<http://www.caresny.org>

Find us on [Facebook](#)



Programs participating in the Rank and Review process may need to complete the forms below.

These forms allow programs to enter DV data to be considered in the Rank and Review Process, submit requests to combine programs in the Rank and Review Data Attachments, and to confirm participating the Data Attachment process.
To learn more about these forms and the over process, please download this [Rank and Review Online Form Submission Procedures document](#).

[DV HMIS Data Submission](#) [Data Attachments Confirmation](#)

- Rank & Review
- NY 501 STEPS
- NY 503 ACCH
- NY 507 HSPB
- NY 511 STHC
- NY 512 RCHSC
- NY 519 CGHC
- NY 520 FEHC
- NY 522 PNHC
- NY 523 SNC
- NY 601 DCHC
- NY 606 RCCC**
- NY 608 UCCC

Rockland County Continuum of Care (RCCC)

[RCCC Home Page](#)

2021 RANK & REVIEW DOCUMENTS

FINAL: [2021 NY 606 Rank & Review Written Process](#)

2021 RENEWAL PROJECTS

All currently funded projects that are looking to be funded again must complete Rank and Review application materials below

Parts 1-3 Application

[NY-606 Rank and Review Part 2 Attachments Checklist](#)
[NY-606 Rank and Review Part 1-3 Tool](#)
Release Date: **June 21, 2021** Due Date: **July 5, 2021**

View Rank & Review Archives

2020 Rank & Review: RCCC

CoC Public Postings

Summary

CoC's must demonstrate transparency in the local CoC competition results. Specifically, CoC's must post on their website, at least 2 days before the

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

1. Screen shot of a website posting that demonstrates your CoC announced it was accepting project applications.

(b) Emails announcing the final Rank & Review **Renewal & New Part 4 Tool** is ready for completion

From: [Samantha Barnaby](#)
To: [Roedema, Deena \(DFA\) \(Deena.Roedema@dfa.state.ny.us\)](#); [Annquette Mackey](#); [M Place](#); [Venesia DeFrank](#); [esantiago@centersc.org](#)
Subject: RCCC Rank and Review Interviews
Date: Wednesday, September 22, 2021 10:51:00 AM
Attachments: [Final Version NY-606 Rank and Review 6-20-2021 8-30-34 PM.pdf](#)
[Part 3- Interview Questions- 2021.docx](#)
[RCCC Interview Agenda.docx](#)
[image001.png](#)

Good Morning

Thank you for signing up for a Renewal Projects Interview slot on Monday, September 27th. You should have received an email and calendar invite to confirm your time, and you can access the link to your interview directly in the calendar invite. Attached is the final agenda of interviews for your reference.

Attached to this email are the interview questions for 2021. These questions were created as a direct response to HUD priorities outlined in the 2021 NOFO and allow for up to 5 total points. Please review the questions and additional information about scoring criteria included in the attachment and come prepared to address these questions during your interview.

Note that Question #3 requires agencies to respond using data provided by CARES. Attached to this email is the HMIS Data referenced in Question #3.

Thank you, and don't hesitate to reach out with any questions about this process.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
<http://www.caresny.org>

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OF NY, INC.
ENDING HOMELESSNESS



From: [Samantha Barnaby](#)
To: [Roedema, Deena \(DFA\) \(Deena.Roedema@dfa.state.ny.us\)](#); [Stephen Clement \(sclement@rocklandrecoveryhomes.org\)](#)
Subject: RCCC Rank and Review Interviews
Date: Wednesday, September 22, 2021 12:18:00 PM
Attachments: [image001.png](#)
[Part 3- New Project Interview Questions- 2021.docx](#)

Good Afternoon

In preparation for your New Project/s Interview slot on Monday, September 27th. You should have received an email and calendar invite to confirm your time, and you can access the link to your interview directly in the calendar invite.

Attached to this email are the interview questions for 2021 New Projects. These questions were created as a direct response to HUD priorities outlined in the 2021 NOFO and allow for up to 3 total points. Please review the questions and additional information about scoring criteria included in the attachment and come prepared to address these questions during your interview.

Thank you, and don't hesitate to reach out with any questions about this process.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
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1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

1. Screen shot of a website posting that demonstrates your CoC announced it was accepting project applications.

(c) Email to Membership and website screen shot announcing the final Rank & Review **New Project & DV Bonus Tool** is ready for completion

From: [Samantha Barnaby](#)
To: AHutchinson@villagespringvalley.org; [Alex Bursztein](#); [Allyson Ryan](#); [Allyson Thiessen](#); amanda@rocklandpridecenter.org; [Andrew Kohlbrenner](#); [Ann Denton Allen](#); [Anna Kobelka](#) (helpinghandsofrockland1@gmail.com); [Annquette Mackey \(amackey@centersc.org\)](mailto:Annquette.Mackey@centersc.org); [Anthony Petriccione](#); [Antonio Smith \(asmith@lshv.org\)](mailto:Antonio.Smith@lshv.org); [Barbara Swift \(oaswift@optimum.net\)](mailto:Barbara.Swift@optimum.net); [Betsy Bostwick \(bbostwick@helpinghandsofrockland.org\)](mailto:Betsy.Bostwick@helpinghandsofrockland.org); [Brigid Pigott](mailto:Brigid.Pigott@rocklandpridecenter.org); brooke@rocklandpridecenter.org; "Bryan Messinger"; [Cassandra Edwards](#); [Christina Novak \(cnovak@westcop.org\)](mailto:Christina.Novak@westcop.org); [Constance Frazier \(FrazierC@co.rockland.ny.us\)](mailto:Constance.Frazier@co.rockland.ny.us); [Daniel Eudene \(Daniel.Eudene@archny.org\)](mailto:Daniel.Eudene@archny.org); [Deena Roedema](#); [Dilcia Suazo](#); [Dio Dominguez](#); dmanigault@revcorecovery.com; dwilkins@rocklandpridecenter.org; [Ebony Thompson - New Beginnings](#) (nbdsinc@aol.com); [Eva Hernandez \(HernandE@co.rockland.ny.us\)](mailto:Eva.Hernandez@co.rockland.ny.us); [Gerri Levy](#); [Gregory Emili \(grg250@cs.com\)](mailto:Gregory.Emili@cs.com); [Heather Burch \(heatherburch1028@yahoo.com\)](mailto:Heather.Burch@yahoocom); [Holly Shiffman](#); [Horace Turnbull](#); [James Fraser](#) (jfraser@helpinghandsofrockland.org); [Jerry Marton \(jerry.marton@rocklandguild.org\)](mailto:Jerry.Marton@rocklandguild.org); [Jessica Rodriguez \(jrodriguez@bridgesrc.org\)](mailto:Jessica.Rodriguez@bridgesrc.org); [Joan Facelle \(jhfac@aol.com\)](mailto:Joan.Facelle@aol.com); [John Fella \(john.fella@dfa.state.ny.us\)](mailto:John.Fella@dfa.state.ny.us); [Joseph Center \(joseph.center@tsiny.org\)](mailto:Joseph.Center@tsiny.org); [Joseph Juste](mailto:Joseph.Juste@rocklandpridecenter.org); [Judy Rosenthal - District Attorney's office \(rosenthalj@rocklandda.org\)](mailto:Judy.Rosenthal@rocklandda.org); [Julian Palmer \(jpalmer@touch-ny.org\)](mailto:Julian.Palmer@touch-ny.org); [Katelyn McDonagh \(Katelyn.McDonagh@samaritanvillage.org\)](mailto:Katelyn.McDonagh@samaritanvillage.org); [Kelly Kohlbrenner](#); [Kevin McGill \(kmcgill@westccop.org\)](mailto:Kevin.McGill@westccop.org); [Kiron Dawkins \(kdawkins@westcop.org\)](mailto:Kiron.Dawkins@westcop.org); [Larry Grubler \(lgrubler@tsiny.org\)](mailto:Larry.Grubler@tsiny.org); [Lillian Jimenez \(Lillian.Jimenez@wmchealth.org\)](mailto:Lillian.Jimenez@wmchealth.org); [Lizzette Regina \(reginali@co.rockland.ny.us\)](mailto:Lizzette.Regina@co.rockland.ny.us); [Lu Ann Kelly](#); [M Place](#); "Maggie Trainor"; "Maria Frank"; [Marion Breland \(marion.e.breland@gmail.com\)](mailto:Marion.Breland@gmail.com); "Mark Woods"; [Matthew Janeczko \(mjaneczko@schousingny.org\)](mailto:Matthew.Janeczko@schousingny.org); "Matthew Shelley"; [Maura Donoghue](#); [Michael Leitzes](#); "Mike Domen"; [Nadie Travis](#); [Nazanin Dae](#) (ndaee@centersc.org); [Nicole Sirignano \(nsirignano@bridgesrc.org\)](mailto:Nicole.Sirignano@bridgesrc.org); "Nida Sharif"; "Phyllis Morena"; "plesmark@aol.com"; [Raymond Browne](#) (rbrown@tsiny.org); [Rena Finklestein](#); "Rosa Serrano-Delgado"; [Sabrina Neptune](#); "Santana Letts"; "sbarnaby@caresny.org"; "Sheeba Mathai"; ssalomon@schousingny.org; [Stephen Clement \(sclement@rocklandrecoveryhomes.org\)](mailto:Stephen.Clement@rocklandrecoveryhomes.org); [Sue Palmer](#); "Susan Branam"; [Susan Daycock \(sdaycock@aol.com\)](mailto:Susan.Daycock@aol.com); "Tami Schonberg (schonbet@co.rockland.ny.us)"; "Tammy Schwartz"; [Tom Zimmerman](#); [Tony Earl Jr.](#); "Vanessa Rock"; [Venesia DeFrank](#); "Vwilynn Dunn"; [William Robson](#); [Yasmin Carrillo](#)

Subject: Released for Completion CoC Funding Opportunities for New Projects: Deadline September 20, 2021
Date: Wednesday, September 8, 2021 5:02:00 PM
Attachments: [RCCC Final2021 NEW PROJECT RFP.pdf](#)
[image001.png](#)
[RCCC Final 2021 DV Bonus RFP .pdf](#)

Good Afternoon Rockland County CoC Members,

The FY21 CoC New and DV Bonus applications for Rank & Review are now open for completion, are attached to this email, and can be found on the [CARES website](#). Please feel free to extend this information broadly as New Project proposals will be considered from all eligible applicants regardless of whether an organization has previously received CoC Program funding.

The application must be completed by COB Monday, September 20th, and submitted as a PDF attachment. Applications should be submitted to [Samantha Barnaby](#) using your agency name/project name as the subject line. New Project Applications will be scored by September 29th. As UFA for your community, CARES will then be drafting selected new project applications in Esnaps and providing you with a copy for editing/feedback prior to submission.

This year, New Project Applicants will partake in interviews with the Review Committee. These are scheduled for September 27, 2021 CARES will follow up upon receiving all-new project applications to schedule interview times.

As a reminder, CARES is hosting a webinar on 2021 CoC Funding Opportunities for New Projects tomorrow, September 9th, at 3:00 pm.

If you have any questions, please do not hesitate to reach out.

Thank you!

Samantha Barnaby

Sr. Planning Associate – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, NY 12210

518-489-4130 ext. 709

<http://www.caresny.org>

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CARES
OF NY, INC
ENDING HOMELESSNESS

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COVID-19 Guidance for
Homeless Service Providers



- NY 501 STEPS
- NY 503 ACCH
- NY 507 HSPB
- NY 511 STHC
- NY 512 RCHSC
- NY 519 CGHC
- NY 520 FEHC
- NY 522 PNHC
- NY 523 SNC
- NY 601 DCHC
- NY 606 RCCC**
- NY 608 UCCC

[RCCC Home Page](#)

2021 RANK & REVIEW DOCUMENTS

FINAL: [2021 NY 606 Rank & Review Written Process](#)

FINAL: [2021 NY 606 Rank & Review Part 2 & 3 Tool](#)

2021 RENEWAL PROJECTS

All currently funded projects that are looking to be funded again must complete Rank and Review application materials below

Part 1 Application

[NY-606 Rank and Review Part 1 Attachments Checklist](#)

[NY-606 Rank and Review Part 1 Tool](#)

Release Date: **June 21, 2021** Due Date: **July 5, 2021**

2021 NEW & BONUS PROJECTS

Any project looking to be funded for the first time must complete the appropriate RFP.

Applications due to Samantha Barnaby

New Project Application

[NY-606 New Project Application](#)

Release Date: **September 8, 2021** Due Date: **September 20, 2021**

DV Bonus Application

[NY-606 DV Bonus Application](#)

Release Date: **September 8, 2021** Due Date: **September 20, 2021**

View Rank & Review Archives

2020 Rank & Review: RCCC

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.
 - a) Email announcement and screen shot of public comment period for NY- 606's draft Rank & Review **Renewal Part 1, 2 and 3 Tool**

From: [Samantha Barnaby](#)
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Subject: Public Comment Notification: 2021 CoC Rank and Review Written Process and Tool
Date: Wednesday, April 21, 2021 6:21:00 PM
Attachments: [image001.png](#)

Dear RCCC Members,

The public comment period for the 2021 CoC Rank and Review Written Process and CoC Rank and Review Tool is now open. Please use the link below to view the documents.

Please send all comments to sbarnaby@caresny.org by COB April 28, 2021.

[NY-606 CoC/Planning](#)

Thank you!

Samantha Barnaby
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518-489-4130 ext. 709
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Summary

CoC's must demonstrate their use of an objective ranking and selection process for all projects (new and renewal) that is made publicly available to potential project applicants. CoC's are required to have a documented and transparent process on how the community ranks and reviews project applications.

+ Read more...

Rank and Review Online Forms

Programs participating in the Rank and Review process may need to complete the forms below.

These forms allow programs to enter DV data to be considered in the Rank and Review Process, submit requests to combine programs in the Rank and Review Data Attachments, and to confirm participating the Data Attachment process.

To learn more about these forms and the over process, please download this [Rank and Review Online Form Submission Procedures](#) document.

[DV HMIS Data Submission](#)

[Data Attachments Confirmation](#)

- Rank & Review
- NY 501 STEPS
- NY 503 ACCH
- NY 507 HSPB
- NY 511 STHC
- NY 512 RCHSC
- NY 519 CGHC
- NY 520 FEHC
- NY 522 PNHC
- NY 523 SNC
- NY 601 DCHC
- NY 606 RCCC**
- NY 608 UCCC

Rockland County Continuum of Care (RCCC)

[RCCC Home Page](#)

2021 RANK & REVIEW DOCUMENTS

FINAL: [2021 NY 606 Rank & Review Written Process](#)

Public Comment Period: 4/21/2021 – 4/28/2021
DRAFT: 2021 NY 606 Rank & Review Renewal Application Tool Parts 1- 3
Submit Comments to [Samantha Barnaby](#)

View Rank & Review Archives

● 2020 Rank & Review: RCCC

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.

b) Blank Rank & Review **Renewal Part 1, 2, & 3 Tool**

ROCKLAND COUNTY CONTINUUM OF CARE (RCCC)

RANK AND REVIEW APPLICATION 2021

PART 1: PROJECT LEVEL PERFORMANCE

- Performance Monitoring Results:** Rockland County CoC monitors project performance throughout the year, as per HEARTH regulations, self-monitoring forms and site visits. Please attach your email from your most recently submitted self-monitoring.

25 points.

ROCKLAND COUNTY CONTINUUM OF CARE (RCCC)

RANK AND REVIEW APPLICATION 2021

PART 2: DATA RELATED QUESTIONS

DEADLINE TO SUBMIT:

PROJECT INFORMATION

Informational Only

- Organization Name: _____
- Project Name: _____
- Application Contact Person: _____

- Utilization Rate** -Using the FY19 Project Application and Federal Fiscal Year 2020 (FY20)* APR, complete the following chart to calculate the project’s utilization rate (round up to closest whole number). *Please print and attach the corresponding questions from the Project Application and APR.*

	Projected persons served during an average PIT (Question 5 in Project Application)	Actual number served during PIT (Questions 7 & 8 in APR)	
		Persons	Households
January	_____ Persons _____ Households		
April			
July			
October			
		Average:	

Persons: Average Actual _____ / Projected _____ = **Utilization** _____%

Households: Average Actual _____ / Projected _____ = **Utilization** _____%

- 1a.** Did your project meet its projected number of households *and/or* persons served** during the year (100% or more utilization)? **Yes - 15 points** **No - 0 point**
- 1b.** The Continuum prioritizes projects best utilizing their resources. Did your project have a utilization rate of more than 100% in *both* households *and* persons?
 Yes - 5 points **No - 0 points**

* *Federal Fiscal Year 2020 (FY20): October 1, 2019 – September 30, 2020*

** *For the purpose of this Rank & Review Tool, persons served is defined as having an entry in HMIS (i.e., intake, admission and move-in date) in Federal FY20.*

2. Data Quality and Completeness. On your FY120 APR Question 6: **Yes=1 pt. No=0 pts.**

2a. Is there an error rate of more than 5% of your PII data?

Yes=1 **No=0**

2b. Is there an error rate of more than 5% of your universal data elements?

Yes=1 **No=0**

2c. Is there an error rate of more than 5% of your Income and Housing data?

Yes =1 **No=0**

2d. Is there an error rate of more than 5% of your Chronic Homelessness data?

Yes=1 **No=0**

3. Chronic Homeless-Dedicated. [Only PSH (RRH and TH project will be weighted)] To show impact of this project on ending chronic homelessness (CH) in the CoC, refer to **Attachment 1** and note below the percentage of CH beds this project contributes to the CoC: _____.

76-100%=7, 51-75%=5, 26-50%=3, 1-25%=1, 0%=0

4. Effect on Chronic Homeless:

Permanent Supportive Housing Programs: During FY20, the CoC **PSH projects** served a total of **10** chronically homeless individuals. To show impact of this project on ending chronic homelessness, refer to **Attachment 2** to note the following:

4a. The total number of chronically homeless persons this project served in FY20: _____

4b. Of the total CH served by the CoC, note the % this project served in FY20:
_____ %

76-100%=7, 51-75%=5, 26-50%=3, 1-25%=1, 0%=0

Rapid Rehousing Programs: During FY20, the CoC **RRH projects** served a total of **11** chronically homeless individuals. To show impact of this project on ending chronic homelessness, refer to **Attachment 2** to note the following:

4c. The total number of chronically homeless persons this project served in FY20: _____

4d. Of the total CH served by the CoC, note the % this project served in FY20:
_____ %

76-100%=7, 51-75%=5, 26-50%=3, 1-25%=1, 0%=0

5. Positive Outcomes

Permanent Supportive Housing projects: During FY20, there were **29** persons with positive outcomes noted across all CoC **PSH** programs. (**An outcome is positive for PSH if client is a stayer or exited to a PSH destination.**) To show the effect of this project on housing stability across the system, refer to **Attachment 3** and note the percentage this project had on the system: _____ %

76-100%=7, 51-75%=5, 26-50%=3, 1-25%=1, 0%=0

Rapid Rehousing projects: During FY20, there were **15** persons with positive outcomes noted across all CoC **RRH** programs. (**An outcome is positive for RRH if client exited to a PH destination.**) To show the effect of this project on housing stability across the system, refer to **Attachment 3** and note the percentage this project had on the system:
_____ %

≥ 61% = 7 pts; 31-60% = 5; 16-30% = 3 pts; 1-15% = 1 pts; 0% = 0 pt.

6. **Exits to Homelessness:** To show impact of this project on ending homelessness, refer to **Attachment 4** (showing all CoC project leavers) and note the percentage of project leavers who exited this program to a shelter or the street _____ %

0% = 10 pts; 1-5% = 5 pts; 6-10% = 3 pts; 11-15% = 1 pt.; ≥ 16% = 0 pts

7. Income Growth – System Impact

Refer to *Attachment 5* (which measures **total income growth** between the two most recent client assessments for stayers; and between entry and exit for leavers), to note the percentage this project contributed to total income growth in the CoC in FY20: _____%

≥ 31% = 10 pts; 21-30% = 8 pts; 11-20% = 4 pts; 1-10% = 3 pts; 0% = 0 pts

8. Income Growth – Project Performance

(Refer to **APR Q19. Cash Income – Changes over Time** to respond to questions below.)

8a. What percentage of **stayers** gained or increased **earned income** between start and annual assessment? Note percent in **Q19a1. Row 1) Number of Adults with Earned Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: _____%

75-100% = 2.5 pts; 50-74% = 2 pts; 25-49% = 1.5 pts; 15-24% = 1 pts; 1-14% = .5 pts; 0% = 0

8b. What percentage of **stayers** gained or increased **other income** between start and annual assessment? Note percent in **Q19a1. Row 3) Number of Adults with Other Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: _____%

75-100% = 2.5 pts; 50-74% = 2 pts; 25-49% = 1.5 pts; 15-24% = 1 pts; 1-14% = .5 pts; 0% = 0

8c. What percentage of **leavers** gained or increased **earned income** between start and annual assessment? Note percent in **Q19a2. Row 1) Number of Adults with Earned Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: _____%

75-100% = 2.5 pts; 50-74% = 2 pts; 25-49% = 1.5 pts; 15-24% = 1 pts; 1-14% = .5 pts; 0% = 0

8d. What percentage of **leavers** gained or increased **other income** between start and annual assessment? Note percent in **Q19a1. Row 3) Number of Adults with Other Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: _____%

75-100% = 2.5 pts; 50-74% = 2 pts; 25-49% = 1.5 pts; 15-24% = 1 pts; 1-14% = .5 pts; 0% = 0

9. Priority Populations. Is the project dedicated to one of the following priority populations?

_____ Chronically homeless _____ Youth _____ Veteran _____ DV

9a. If the project is not dedicated, what percentage of beds are dedicated to a priority population? _____% **0 to 10 points** (Please attach Project Application Q4B. and/or 5B.)

- Fully Dedicated=10 pts.**
- 50% or <=5 pts.**
- Dedicated Youth = 10 pts.**
- Dedicated Veteran = 10 pts.**
- No Priority Population = 0 pts.**

10. Total Awarded Funds

10a. The Continuum returned a total of _____\$ (CARES will fill in this amount after application is submitted) from the total FY18 (or most recently ended contract) awarded funds.

What dollar amount did this project return in the most recently ended contract? _____

Percentage of funds returned in relation to the overall CoC funds returned: _____
(to be filled in by CARES)

0=15, 1-9%=12, 10-19%=10, 20-29%=8, 30-59%=4, 60-100%=0

10. Number of Homeless Persons: Was your project included in the final submission of the 2021 Point in Time? This will be verified by the Collaborative Applicant.

_____ **Yes=5** _____ **No=0**

11. Housing First. Housing First is a recovery-oriented approach to ending homelessness that allows for rapidly housing individuals without screening out or terminating based on any of the below criteria. Does the project screen out or terminate based on any the following?

0 or 10 points (all no = 10 pt.)

	YES	NO
Having too little or no income		
Active or history of substance abuse		
Criminal record with exceptions for state-mandated restrictions		

History of domestic violence		
Failure to participate in supportive services		
Failure to make progress on a service plan		
Loss of income or failure to improve income		
Being a victim of domestic violence		
Any other activity not covered in a lease agreement typically found in the project's geographic area.		

12. CoC Participation. Does the project or agency staff participate in 50% or more of any of the following CoC standing or ad hoc committees of the Rockland County CoC: **0 or 5 points**

- | | | | |
|-------------------------|--------------------------|----------------------------------|--------------------------|
| Board Meetings | <input type="checkbox"/> | Membership Meeting | <input type="checkbox"/> |
| Systems Committee | <input type="checkbox"/> | Performance Evaluation Committee | <input type="checkbox"/> |
| HMIS Advisory Committee | <input type="checkbox"/> | Coordinated Assessment Committee | <input type="checkbox"/> |
| Point in Time Committee | <input type="checkbox"/> | | |

13. Coordinated Entry (0-10 pts)

[Note: This question will be verified by CoC CE Lead]

Does your project:

- 13a.** Accept appropriate referrals through the Coordinated Entry (CE) process **ONLY?** **Yes 5 pts** **No 0 pts**
- 13b.** Attend monthly CE case review meetings? **Yes 5 pts** **No 0 pts**

ROCKLAND COUNTY CONTINUUM OF CARE (RCCC)

RANK AND REVIEW APPLICATION 2021

PART 3: WRITTEN QUESTIONS

A. PROJECT INFORMATION

Informational Only

Project Type:	<input type="checkbox"/> PSH	<input type="checkbox"/> RRH
What was your FY19 Funding Request	\$	
Leasing	\$	
Rental Assistance	\$	
Supportive Services	\$	
Operations	\$	

Is this project voluntarily reallocating funds to the CoC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much funding would the project voluntarily reallocate?		

B. PROJECT DESCRIPTION

Provide a short project overview that clearly describes the project’s unique characteristics and achievements.
 Please include the target population(s) served, the number of participants served, the number of contracted beds, units or voucher, the cost per bed, how participants access the project, and project goals and achievements.
 Please be as descriptive as possible by using data stated in the project application and the project’s FY20 APR. Response must be 250 words or less.

Answer:

Only projects who have a utilization rate of under 100% (as reported in Part 1 Q1 of the Rank & Review Tool)	
1. This question applies to projects whose utilization rate was less than 100% during FY20 only. If your project’s utilization rate was $\geq 100\%$ please note N/A. If the utilization rate is under 100%, (from Part 1 Q1 above) please explain the reason why in 250 words or less. For example, were there barriers or specific challenges to achieving 100% capacity?	Score: 0 to 10 points
Answer:	

Leveraging and Coordination of Services	
2. Please provide specific examples of how your project coordinates services with other funded and non-funded providers in order to leverage services. (250 words or less). Up to 2.5 pts awarded if the narrative clearly states the names of other funded projects specifically. Up to 2.5 pts awarded if the narrative clearly state(s) examples of how the project coordinates services with the noted funded projects.	Score: 0 to 5 pts
Answer:	

Cultural Barriers	
<p>3. Please describe your agency's resources and experience in meeting the needs of clients facing various cultural barriers (e.g., language, gender identity, LGBTQ, mental health) in 250 words or less.</p> <p>Up to 2.5 pts awarded if the narrative clearly describes the agency's resources in meeting the needs of the clients with cultural barriers.</p> <p>Up to 2.5 pts awarded if the narrative clearly describes agency experience in meeting the needs of clients with cultural barriers.</p>	<p>Score: 0 to 5 pts</p>
<p>Answer:</p>	

Gap in Services	
<p>4. Please note how the project meets a gap in services (current or prior, including housing) as noted in the RCCC Action Plan (250 words or less).</p> <p>Up to 2.5 pts. awarded if the narrative clearly notes the action plan goal(s).</p> <p>Up to 2.5 pts. awarded if the gap(s) in service documented in the action plan can be noted.</p>	<p>Score: 0 to 5 pts</p>
<p>Answer:</p>	

Total Awarded Funds	
<p>5. If the project was unable to expend all of the grant funds, please explain why in 250 words or less. (Refer to Part 1 Q10 above)</p>	<p>Score: 0 to 6 pts</p>
<p>Answer:</p>	

<p>6. How do you currently work with local employment agencies, employers and or partners to advance training and employment opportunities for people experiencing homelessness?</p>	<p>Score: 0 to 5 pts</p>
<p>Answer:</p>	

Coordinated Entry		
7. If your project is a DV or Legal Service provider, explain barriers to coordinated entry participation (refer to Q13 in Part 1) (250 words or less)	<input type="checkbox"/> Yes=10	<input type="checkbox"/> No=0
Answer:		

Racial Disparities	
8. What is your agency doing to forward racial diversity, equity and inclusion work within your agency and/or CoC-funded program?	Score= 0-10 pts
Answer:	

Responding to current trends

9. How have you adjusted your service delivery model to help clients during the pandemic?	1 point	Examples: continuing at least monthly contact with clients (including virtually) or how you ensured clients have necessary cleaning/sanitary supplies.
Answer:		

<p>10. Explain how your organization worked with new/existing partners (e.g., DOH, Health Providers/Pharmacies) to meet the health care needs of clients and how these partnerships can help build stronger and more equitable homeless response systems.</p>	<p>1 point</p>	<p>Example: explain how partnerships were made to meet the health care needs of persons in the program and how those partnerships will build a more equitable homelessness response system in the future.</p>
<p>Answer:</p>		

<p>11. How has your agency helped build COVID-19 vaccine confidence in clients and staff?</p>	<p>1 point</p>	<p>Examples: How did your agency identify and refer clients and or staff to educational resources? Or Did your agency hosting onsite information sessions to promote vaccine confidence?</p>
<p>Answer:</p>		

DV and Youth Programs Only

<p>12. How have you adjusted your service delivery model to help clients during the pandemic?</p>	<p>1 point</p>	<p>Examples: continuing at least monthly contact with clients (including virtually) or how you ensured clients have necessary cleaning/sanitary supplies.</p>
<p>Answer:</p>		

Domestic Violence Agencies Only	
<p>13. We realize that a positive outcome for domestic violence programs may not be the same as a positive outcome for a permanent supportive housing program. With that being said, how do you feel your agency contributes to the housing stability across the CoC system?</p> <p>Up to 2.5 pts awarded if the narrative clearly describes positive outcomes through the DV provider lens.</p> <p>Up to 2.5 pts awarded if the narrative clearly describes how the agency contributed to positive housing stability across the CoC.</p>	<p>Score: 0 to 5 pts</p>
<p>Answer:</p>	

Dedicated Youth Projects Only	
<p>14. Permanent supportive and transitional housing programs dedicated to youth generally struggle with increasing income for participants. That said, how does your agency support youth in achieving income growth? Please note barriers encountered.</p> <p>Up to 2.5 pts awarded if the narrative clearly describes positive outcomes through the youth provider lens.</p> <p>Up to 2.5 pts awarded if the narrative clearly describes how the agency contributed to positive outcomes across the CoC.</p>	<p>Score: 0 to 5 pts</p>
<p>Answer:</p>	

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.

c) Email announcement for NY-606's Rank & Review **Renewal Part 4 Tool**

From: [Samantha Barnaby](#)
To: [Roedema, Deena \(DFA\) \(Deena.Roedema@dfa.state.ny.us\)](#); [Annquette Mackey](#); [M Place](#); [Venesia DeFrank](#); [esantiago@centersc.org](#)
Subject: RCCC Rank and Review Interviews
Date: Wednesday, September 22, 2021 10:51:00 AM
Attachments: [Final Version NY-606 Rank and Review 6-20-2021 8-30-34 PM.pdf](#)
[Part 3- Interview Questions- 2021.docx](#)
[RCCC Interview Agenda.docx](#)
[image001.png](#)

Good Morning

Thank you for signing up for a **Renewal Projects Interview slot on Monday, September 27th**. You should have received an email and calendar invite to confirm your time, and you can access the link to your interview directly in the calendar invite. Attached is the final agenda of interviews for your reference.

Attached to this email are the interview questions for 2021. These questions were created as a direct response to HUD priorities outlined in the 2021 NOFO and allow for up to 5 total points. Please review the questions and additional information about scoring criteria included in the attachment and come prepared to address these questions during your interview.

Note that Question #3 requires agencies to respond using data provided by CARES. Attached to this email is the HMIS Data referenced in Question #3.

Thank you, and don't hesitate to reach out with any questions about this process.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
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518-489-4130 ext. 709
<http://www.caresny.org>

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CARES
OF NY, INC.
ENDING HOMELESSNESS



1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.

d) Blank Rank & Review **Renewal Part 4 Tool (interview questions)**

2021 Rank & Review Interview Questions

These questions have been formed by CARES to focus on the 2021 HUD Policy Priorities as noted in the NOFO. Each question should be answered in no more than **5 minutes**. Check page two for interview tips and scoring criteria.

1. Describe the support services your project has tailored to serve persons coming from an unsheltered situation. (1 pt)
2. Does your agency have someone with lived experience of homelessness within its Executive Leadership, who is involved with programmatic and funding decisions? (1 pt)
3. The CoC scores each programs' impact on system performance measures in Part 1 of the rank and review tool (refer to Part 1 Data Attachments). If you felt your project performed low on any section of Part 1 due to serving particularly vulnerable populations or households with severe needs (e.g., chronically homeless, substance use, severe mental illness, history of domestic violence, criminal history), please explain. (1 or 2 pts)
4. Are those in your project racially representative of those in your CoC's homeless population? (1 pt)
 - a. If yes, how did your project achieve an equitable mirroring of program participants compared to the homeless population demographics in the CoC?
 - b. If not, how is your project working to improve outreach and assess policies that may be contributing to this racial disparity?

Interview questions were formulated based on HUD priorities as outlined in the 2021 NOFO. Check out the HUD priorities that informed Part 3 interview questions here:

<https://caresny.org/nofo-2021/#Priorities>

How to Have a Successful Interview:

- **Prepare responses to each interview question in advance.** Applicants will only have the time allotted for your interview to respond to each question, so preparation is key to maximize your opportunity to gain all available points. Make sure to reference the attachments provided by CARES in your responses.
- **Keep responses succinct.**
- For agencies interviewing for more than one project, make sure to note when a response applies to some or all projects and when a distinction needs to be made. Each project will be scored separately.

Scoring Criteria (*5 total points available*):

Question 1: 1-Point if program describes providing ample support services tailored to persons coming from an unsheltered situation.

Question 2: 1-Point if agency answers “Yes”.

Question 3: (Use Part 1 Data Attachments provided by CARES to respond)

1-Point-All program system performance measures are above average.

2-Points if agency explains it had low performance measures due to serving particularly vulnerable populations or households with severe needs, and how they are working to improve those outcomes.

Question 4:

1-Point if agency explains either: how they achieved an equitable mirroring of program participants compared to the homeless population demographics in the CoC; or a thorough plan to improve outreach and assess policies that may be contributing to this disparity.

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.

e) Email announcement and screen shot of public comment period for NY-606's draft Rank & Review **New Application & DV Bonus Tools**

From: [Samantha Barnaby](#)
To: AHutchinson@villagespringvalley.org; [Alex Bursztein](#); [Allyson Ryan](#); [Allyson Thiessen](#); amanda@rocklandpridecenter.org; [Andrew Kohlbrenner](#); [Ann Denton Allen](#); [Anna Kobelka](#) (helpinghandsofrockland1@gmail.com); [Annquette Mackey \(amackey@centersc.org\)](mailto:Annquette.Mackey@centersc.org); [Anthony Petriccione](#); [Antonio Smith \(asmith@lshv.org\)](mailto:Antonio.Smith@lshv.org); [Barbara Swift \(oaswift@optimum.net\)](mailto:Barbara.Swift@optimum.net); [Betsy Bostwick \(bbostwick@helpinghandsofrockland.org\)](mailto:Betsy.Bostwick@helpinghandsofrockland.org); [Brigid Pigott](mailto:Brigid.Pigott@rocklandpridecenter.org); brooke@rocklandpridecenter.org; [Bryan Messinger](#); [Cassandra Edwards](#); [Christina Novak \(cnovak@westcop.org\)](mailto:Christina.Novak@westcop.org); [Constance Frazier \(FrazierC@co.rockland.ny.us\)](mailto:Constance.Frazier@co.rockland.ny.us); [Daniel Eudene \(Daniel.Eudene@archny.org\)](mailto:Daniel.Eudene@archny.org); [Deena Roedema](#); [Dilcia Suazo](#); [Dio Dominguez](#); dmanigault@revcorecovery.com; dwilkins@rocklandpridecenter.org; [Ebony Thompson - New Beginnings](#) (nbdsinc@aol.com); [Eva Hernandez \(HernandE@co.rockland.ny.us\)](mailto:Eva.Hernandez@co.rockland.ny.us); [Gerri Levy](#); [Gregory Emili \(grq250@cs.com\)](mailto:Gregory.Emili@cs.com); [Heather Burch \(heatherburch1028@yahoo.com\)](mailto:Heather.Burch@yahoocom); [Holly Shiffman](#); [Horace Turnbull](#); [James Fraser](#) (jfraser@helpinghandsofrockland.org); [Jerry Marton \(jerry.marton@rocklandguild.org\)](mailto:Jerry.Marton@rocklandguild.org); [Jessica Rodriguez \(jrodriguez@bridgesrc.org\)](mailto:Jessica.Rodriguez@bridgesrc.org); [Joan Facelle \(jhfac@aol.com\)](mailto:Joan.Facelle@aol.com); [John Fella \(john.fella@dfa.state.ny.us\)](mailto:John.Fella@dfa.state.ny.us); [Joseph Center \(joseph.center@tsiny.org\)](mailto:Joseph.Center@tsiny.org); [Joseph Juste - District Attorney's office \(rosenthalj@rocklandda.org\)](mailto:Joseph.Juste@rocklandda.org); [Julian Palmer \(jpalmer@touch-ny.org\)](mailto:Julian.Palmer@touch-ny.org); [Katelyn McDonagh \(Katelyn.McDonagh@samaritanvillage.org\)](mailto:Katelyn.McDonagh@samaritanvillage.org); [Kelly Kohlbrenner](#); [Kevin McGill \(kmcgill@westccop.org\)](mailto:Kevin.McGill@westccop.org); [Kiron Dawkins \(kdawkins@westcop.org\)](mailto:Kiron.Dawkins@westcop.org); [Larry Grubler \(lgrubler@tsiny.org\)](mailto:Larry.Grubler@tsiny.org); [Lillian Jimenez \(Lillian.Jimenez@wmchealth.org\)](mailto:Lillian.Jimenez@wmchealth.org); [Lizzette Regina \(reginali@co.rockland.ny.us\)](mailto:Lizzette.Regina@co.rockland.ny.us); [Lu Ann Kelly](#); [M Place](#); [Maggie Trainor](#); [Maria Frank](#); [Marion Breland \(marion.e.breland@gmail.com\)](mailto:Marion.Breland@gmail.com); [Mark Woods](#); [Matthew Janeczko \(mjaneczko@schousingny.org\)](mailto:Matthew.Janeczko@schousingny.org); [Matthew Shelley](#); [Maura Donoghue](#); [Michael Leitzes](#); [Mike Domen](#); [Nadie Travis](#); [Nazanin Daee \(ndaee@centersc.org\)](mailto:Nazanin.Daee@centersc.org); [Nicole Sirignano \(nsirignano@bridgesrc.org\)](mailto:Nicole.Sirignano@bridgesrc.org); [Nida Sharif](#); [Phyllis Morena](mailto:Phyllis.Morena@aol.com); plesmark@aol.com; [Raymond Browne](#) (rbrown@tsiny.org); [Rena Finklestein](#); [Rosa Serrano-Delgado](#); [Sabrina Neptune](#); [Santana Letts](#); ssalomon@schousingny.org; [Stephen Clement \(sclement@rocklandrecoveryhomes.org\)](mailto:Stephen.Clement@rocklandrecoveryhomes.org); [Sue Palmer](#); [Susan Branam](#); [Susan Daycock \(sdaycock@aol.com\)](mailto:Susan.Daycock@aol.com); [Tami Schonberg \(schonbet@co.rockland.ny.us\)](mailto:Tami.Schonberg@co.rockland.ny.us); [Tammy Schwartz](#); [Tom Zimmerman](#); [Tony Earl Jr.](#); [Vanessa Rock](#); [Venesia DeFrank](#); [Vwilynn Dunn](#); [William Robson](#); [Yasmin Carrillo](#)

Subject: Public Comment Notification: 2021 CoC Rank and Review New & DV Bonus Applications
Date: Monday, August 30, 2021 5:54:00 PM
Attachments: [image001.png](#)

Good Afternoon RCCC CoC Members

The comment period for the 2021 CoC Rank and Review New & DV Bonus Applications is now open. Please use the link below to view the document.

Please send all comments to sbarnaby@caresny.org on or before Friday, September 3, 2021.

[NY-606 CoC/Planning](#)

Thank you!

Samantha Barnaby

Senior Planning Associate – CARES of NY, Inc.

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Find us on [Facebook](#)



RANK AND REVIEW ONLINE FORMS

Programs participating in the Rank and Review process may need to complete the forms below.

These forms allow programs to enter DV data to be considered in the Rank and Review Process, submit requests to combine programs in the Rank and Review Data Attachments, and to confirm participating the Data Attachment process.

To learn more about these forms and the over process, please download this [Rank and Review Online Form Submission Procedures](#) document.

DV HMIS Data Submission

Data Attachments Confirmation

- Rank & Review
- NY 501 STEPS
- NY 503 ACCH
- NY 507 HSPB
- NY 511 STHC
- NY 512 RCHSC
- NY 519 CGHC
- NY 520 FEHC
- NY 522 PNHC
- NY 523 SNC
- NY 601 DCHC
- NY 606 RCCC**
- NY 608 UCCC

Rockland County Continuum of Care (RCCC)

[RCCC Home Page](#)

2021 RANK & REVIEW DOCUMENTS

**Public Comment Period for Below Draft Documents:
August 30, 2021 through September 3, 2021**

DRAFT: [NY-606 New Project Application](#)

DRAFT: [NY-606 DV Bonus Application](#)

[Submit Comments to Samantha Barnaby](#)

FINAL: [2021 NY 606 Rank & Review Written Process](#)

FINAL: [2021 NY 606 Rank & Review Part 2 & 3 Tool](#)

2021 RENEWAL PROJECTS

All currently funded projects that are looking to be funded again must complete Rank and Review application materials below

Part 1 Application

[NY-606 Rank and Review Part 1 Attachments Checklist](#)

[NY-606 Rank and Review Part 1 Tool](#)

Release Date: **June 21, 2021** Due Date: **July 5, 2021**

View Rank & Review Archives

[2020 Rank & Review: RCCC](#)

CoC Public Postings

Summary

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.

f) Blank Rank & Review **New Application Tool**

Rockland County Continuum of Care: New Project RFP 2021 (Reallocation and/or Bonus Projects)

Application not to exceed three (3) pages.

1. Applicant/Agency Name: _____
2. Agency Point of Contact: _____
3. Proposed Project Name: _____
4. Please circle the project type you are applying for:
 - Permanent Supportive Housing that is either Dedicated PLUS OR has 100% of beds dedicated to persons experiencing chronic homelessness.
 - Permanent Housing-Rapid Rehousing
 - Joint TH and PH-RRH (project must be housing first)
 - HMIS (HMIS Lead Only)
 - Support Services Only-Coordinated Entry Project (applicable only to currently funded CE program)
5. Is the project you are applying for a new or expansion project? **New** **Expansion**
6. Is the applicant a current member of the Rockland County Continuum of Care (RCCC CoC)?
 - Yes – 10 points** **No – 0 points**
7. Is the agency applying a current CoC funded grantee?
 - No = 5 points**
 - a. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC?
 - Yes – 0 points** **No – 3 points**
8. Is your agency an active participant in the RCCC Coordinated Entry program?
 - Yes – 3 pts** **No - 0 pts**
 - If no, is your agency willing and able to become an active participant in the RCCC Coordinated Entry program?
 - Yes – 2 pts** **No - 0 pts**
9. Is your agency an active participant in the RCCC HMIS System or comparable a System?
 - Yes – 3 pts** **No - 0 pts**

Rockland County Continuum of Care: New Project RFP 2021 (Reallocation and/or Bonus Projects)

If no, is your agency willing and able to become an active participant in the HMIS System or comparable a System?

Yes – 2 pts **No - 0 pts**

10. Please provide a detailed description of the agency's experience in administering projects dedicated to serving an underserved population (i.e. your target population) that meets a gap in Rockland Continuum of Care. Please specify the name of current or past programs and note the funding sources. **(10 points)**

11. Do any of the following apply to your proposed program? **(if any checked 2 points)**

- Prioritized or Dedicated to Singles with Mental Health Diagnosis
- Prioritized or Dedicated to Singles with Substance Use Disorder

12. Please provide a project description that addresses the entire scope of your project. Please include the target population that will be served and the outreach plan. If the proposed project follows a Housing First model, please specifically detail Housing First aspects. (0 – 18 points)

10 points if you outline a detailed strategy that will be used to help participants regain and maintain housing stability.

1 point if the project clearly states the number of units/beds requested

2 points if an outreach plan is noted

5 points if the narrative details how the project will implement the housing first model

13. The CoC prioritizes a Housing First model. Please indicate with a check mark if the proposed project will meet the following criteria. Please note all of the below criteria must be selected in order to meet the Housing First definition. **10 points**

a. Will the project ensure that participants are not screened out based on the following items? **Yes, we will not screen out based on any of the below** **No**

- i. Having too little or no income
- ii. Active or history of substance abuse
- iii. Having a criminal record with exceptions for state-mandated restrictions
- iv. History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)

AND

b. Will the project ensure that participants are not terminated from the program for the following reasons? **Yes** **No**

- i. Failure to participate in supportive services

Rockland County Continuum of Care: New Project RFP 2021 (Reallocation and/or Bonus Projects)

- ii. Failure to make progress on a service plan
- iii. Loss of income or failure to improve income
- iv. Being a victim of domestic violence
- v. Any other activity not covered in a lease agreement typically found in the project's geographic area.

14. How will your program identify and connect clients with wrap-around services they require (e.g., behavioral and/or physical health care, peer support for formerly incarcerated persons, etc.)? **(0-5 points)**

15. Will the project be able to begin within 12 months? **Yes- 5 points** **No – 0 points**

16. Please describe how the need for this project within this geographic area was identified. Using the most recent HMIS Annual Report note the population in need of this service. **(0-2 points)**

17. Both HUD and the local community prioritize projects that provide healthcare services to program participants. Does your project (or will your project by the time of CoC Application submission) have a written commitment with a health care organization that ensures the value of assistance being provided is at least:
- In the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services, OR
 - An amount that is equivalent to 25 percent of the funding being requested for the project will be covered by the healthcare organization.

Value of the commitment and dates of services must be included in the written commitment. **Yes – 10 points No – 0 points**

N/A for applications for Coordinated Entry; these questions will be weighted.

18. Both HUD and the local community prioritize projects that incorporate PSH or RRH units using funds other than CoC or ESG (i.e. ESSHI, NYSSHP, private sources such as CDPHP). Will your project expand upon an awarded or existing PSH or RRH project not funded through CoC or ESG? **Yes – 10 points No – 0 points**

N/A for applications for Coordinated Entry; these questions will be weighted.

Rockland County Continuum of Care: New Project RFP 2021 (Reallocation and/or Bonus Projects)

Please note: projects must attach letters of commitment, contracts, or other formal written documents that demonstrate the number of subsidies or units being provided to support the project, exemplifying the existing resources provide for at least 25% of the units proposed for the expanded project.

19. Does your agency have a policy focused on ensuring equitable services and program outcomes across participants of all races and ethnicities? **Yes – 5 points No – 0 points**

20. How will the agency ensure program participants have the resources they need to prevent transmission of COVID-19? (0-3 points)

- 1 point if the agency has/will have a partnership with a healthcare agency that provides regular health screenings
- 1 point if the agency will provide PPE/sanitation supplies to staff/program participants as needed
- 1 point if the agency describes how it will build COVID-19 vaccine confidence

N/A for applications for Coordinated Entry; these questions will be weighted.

21. Please provide a 12-month Budget Proposal (required for review):

ACTIVITY	CoC FUNDS REQUESTED	NOTES
A. Rental Assistance (80% total budget less Admin)	\$	
B. Support Services (20% total budget less Admin)	\$	
1. Salaries	\$	
2. Benefits	\$	
3. Other	\$	
C. Operating	\$	
D. Admin	\$	
E. Total Project Costs	\$	
MATCH	AMOUNT	SOURCES
F. 25% Match Requirement	\$	

2021 Rank & Review New Project Interview Questions

Reviewers will first ask any clarifying questions they have about the project before asking the below interview questions of each applicant. These questions have been formed by CARES to focus on the 2021 HUD Policy Priorities as noted in the NOFO. Each question should be answered in no more than **5 minutes**. Check page two for interview tips and scoring criteria.

1. Describe the support services your project has tailored to serve persons coming from an unsheltered situation. (1 pt)
2. Does your agency have someone with lived experience of homelessness within its Executive Leadership, who is involved with programmatic and funding decisions? (1 pt)
3. Please explain how your project will serve those with the greatest needs and longest experiences of homelessness in the community. (1 pt)

Interview questions were formulated based on HUD priorities as outlined in the 2021 NOFO. Check out the HUD priorities that informed Part 3 new project interview questions here: <https://caresny.org/nofo-2021/#Priorities>

How to Have a Successful Interview:

- **Prepare responses to each interview question in advance.** Applicants will only have the time allotted for your interview to respond to each question, so preparation is key to maximize your opportunity to gain all available points.
- **Keep responses succinct.**
- For agencies interviewing for more than one project, make sure to note when a response applies to some or all projects and when a distinction needs to be made. Each project will be scored separately.

Scoring Criteria (*3 total points available*):

Question 1: 1-Point if program describes providing ample support services tailored to persons coming from an unsheltered situation.

Question 2: 1-Point if agency answers “Yes”.

Question 3: 1-Point if agency identifies those with the greatest needs and longest experiences of homelessness in the community, notes they will be serving these populations, and notes services to be provided to ensure positive housing outcomes/stability.

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.

g) Blank Rank & Review **DV Bonus Tool**

Rockland County Continuum of Care DV Bonus Project RFP 2021

Application may not exceed three (3) pages

1. Applicant/Agency Name: _____
2. Agency Point of Contact: _____
3. Proposed Project Name: _____
4. Please circle the project type you are applying for:
 - Permanent Housing-Rapid Rehousing *(project must be housing first)
 - Joint TH and PH-RRH-Must be housing first *(project must be housing first)
5. Is the project you are applying for a new or expansion project? **New** **Expansion**
6. Is the applicant a current member of the Rockland County Continuum of Care (CoC)?
 Yes - 5 points **No - 0 points**
 - a. If no, what is the agency's current involvement with the Rockland County CoC?
7. Is the agency applying as a current CoC funded grantee? **Yes - 5 pts** **No - 10 pts**
 - a. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC? **Yes - 0 points** **No - 3 points**
8. Please provide a detailed description of the agency's experience in administering projects dedicated to serving survivors of domestic violence, dating violence and stalking. Please specify the name of current or past programs and note the funding sources **(10 points)**
 - 3 points for past experience serving a domestic violence survivor population
 - 3 points for four or more years serving a domestic violence survivor population
 - 3 points for serving more than 25 households in a calendar year (CY)
 - 1 point for listing funding sources
9. Please provide a description addressing the entire scope of your project. Please include an outreach plan to the targeted population. Specify whether the project will be a Rapid Rehousing (PH-RRH) project, Joint TH and PH-RRH component project or a SSO project for Coordinated Entry (SSO-CE) designed to implement policies, procedures and practices to equip the CoC's Coordinated Entry system to better meet the needs of survivors of domestic violence, dating violence, sexual assault or stalking (e.g., policies and procedures

Rockland County Continuum of Care DV Bonus Project RFP 2021

that are trauma informed, client centered or to improve the referral process between the CoC's Coordinated Entry and victim service providers Coordinated Entry systems where they are different). Please provide details about Housing First aspects of the project. **(0 - 20 points)**

- 10 pts if the project narrative clearly details how the project will implement the Housing First model
- 8 pts if a clear and detailed outreach plan is included
- 1 pts if the project clearly states the number of units/beds requested
- 1 pts if applying for an SSO-CE project

10. Eligible DV bonus project must follow a Housing First approach. Housing First is a recovery-oriented approach to ending homelessness which allows for rapidly housing individuals without screening out or terminating based on any of criteria listed below. Does the proposed project screen out or terminate based on any of the following?

	Any Yes - 0 pts	All No - 15 pts
	Yes	No
Having too little or no income	<input type="checkbox"/>	<input type="checkbox"/>
Active or history of substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/>	<input type="checkbox"/>
History of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Failure to participate in supportive services	<input type="checkbox"/>	<input type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>	<input type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area.	<input type="checkbox"/>	<input type="checkbox"/>

11. Will the project be able to start within 12 months? **Yes - 10 pts** **No - 0 pts**

12. Is your agency an active participant in the RCCC Coordinated Entry program?

- Yes – 3 pts** **No - 0 pts**

If no, is your agency willing and able to become an active participant in the RCCC Coordinated Entry program? **Yes – 2 pts** **No - 0 pts**

13. Does your agency currently report in a DV system that is compatible to the HMIS system?

- Yes – 3 pts** **No - 0 pts**

Rockland County Continuum of Care DV Bonus Project RFP 2021

If not, how will you implement a compatible HMIS system for this project, for reporting purposes? **Yes – 2 pts** **No - 0 pts**

14. Please detail the steps your agency takes to ensure the safety of program participants. **(0-5 points)**

- 1 point if agency uses de-identified aggregate data from a comparable database.
- points if agency has safety, planning, and confidentiality protocols in place for DV project participants.
- points if agency uses a trauma-informed, victim-centered approach to their project.

15. Please describe how the need for this project within this geographic area was identified. Please quantify the need using an HMIS comparable database and/or a local data source? Agency will receive full points if they have demonstrated the need. **Yes – 10 points No – 0 points**

16. Does your agency have a policy focused on ensuring equitable services and program outcomes across participants of all races and ethnicities? **Yes – 5 points No – 0 points**

17. How will the agency ensure program participants have the resources they need to prevent transmission of COVID-19? **(0-3 points)**

- 1 point if the agency has/will have a partnership with a healthcare agency that provides regular health screenings
- 1 point if the agency will provide PPE/sanitation supplies to staff/program participants as needed
- 1 point if the agency describes how it will build COVID-19 vaccine confidence

N/A for applications for Coordinated Entry; these questions will be weighted.

18. Please provide a 12-month Budget Proposal (required for review):

ACTIVITY	CoC FUNDS REQUESTED	NOTES
A. Rental Assistance (80% total budget less Admin)	\$	
B. Support Services (20% total budget less Admin)	\$	
1. Salaries	\$	
2. Benefits	\$	
3. Other	\$	
C. Operating	\$	
D. Admin	\$	
E. Total Project Costs	\$	
MATCH	AMOUNT	SOURCES

**Rockland County Continuum of Care
DV Bonus Project RFP 2021**

F. 25% Match Requirement	\$	
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2021 Rank & Review New Project Interview Questions

Reviewers will first ask any clarifying questions they have about the project before asking the below interview questions of each applicant. These questions have been formed by CARES to focus on the 2021 HUD Policy Priorities as noted in the NOFO. Each question should be answered in no more than **5 minutes**. Check page two for interview tips and scoring criteria.

1. Describe the support services your project has tailored to serve persons coming from an unsheltered situation. (1 pt)
2. Does your agency have someone with lived experience of homelessness within its Executive Leadership, who is involved with programmatic and funding decisions? (1 pt)
3. Please explain how your project will serve those with the greatest needs and longest experiences of homelessness in the community. (1 pt)

Interview questions were formulated based on HUD priorities as outlined in the 2021 NOFO. Check out the HUD priorities that informed Part 3 new project interview questions here: <https://caresny.org/nofo-2021/#Priorities>

How to Have a Successful Interview:

- **Prepare responses to each interview question in advance.** Applicants will only have the time allotted for your interview to respond to each question, so preparation is key to maximize your opportunity to gain all available points.
- **Keep responses succinct.**
- For agencies interviewing for more than one project, make sure to note when a response applies to some or all projects and when a distinction needs to be made. Each project will be scored separately.

Scoring Criteria (*3 total points available*):

Question 1: 1-Point if program describes providing ample support services tailored to persons coming from an unsheltered situation.

Question 2: 1-Point if agency answers “Yes”.

Question 3: 1-Point if agency identifies those with the greatest needs and longest experiences of homelessness in the community, notes they will be serving these populations, and notes services to be provided to ensure positive housing outcomes/stability.

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

This attachment details the Rank & Review process for **NY-606** as noted in their Written Process. Blank tools have been attached for the renewal, new and Bonus/DV Applications and a Scorecard example for the renewal Rank & Review tool. The attachment contains the following:

- 1. Scoring tool your CoC used in your local competition to score new and renewal application.**
 - (a) NY-606's Rank and Review Written Process
 - (b) Blank Renewal Application Tool
 - (c) Blank New Project Application Tool
 - (d) Blank Bonus/DV Application Tool

- 2. A copy of one scored application form**
 - (a) Objective Criteria and System Performance Criteria Chart with Point Values
 - (b) Renewal Application score card (filled out)

- 3. Final project scores for ranked new and renewal projects (Ranking and Tiering)**
 - (a) Ranking and Tiering PDF

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool your CoC used in your local competition to score new and renewal applications.

(a) NY 606's Rank and Review Written Process

ROCKLAND COUNTY CONTINUUM OF CARE: 2021 RANK AND REVIEW PROCESS

Rationale

HUD's Continuum of Care (CoC) homeless assistance programs serves as a source of funding for homeless services in Rockland County, and the planning body coordinating these services is the Rockland County Continuum of Care (RCCC). Working with the CoC (RCCC) and providing support and technical assistance is CARES of NY, Inc., the Collaborative Applicant.

In the 2020 Rockland CoC received \$1,142,687 from HUD to support 9 housing projects for homeless individuals and families. Through the CoC, HUD awards homeless assistance grants through an annual application process known as the CoC Program Competition.

HUD requires that the CoC (RCCC) prioritize programs which most effectively serve the community at the local level. To reach this goal, a Rank & Review Process has been implemented for applicants who wish to renew their project/s and for new and/or bonus projects, if bonus funding is available. The process of ranking and reviewing projects is designed to help the CoC (RCCC) learn about each project's performance and effectiveness.

The Performance and Evaluation Committee is charged with overseeing the Rank and Review Process. As stated in the Rockland CoC bylaws, the Performance and Evaluation Committee is responsible to design, operate, and follow a collaborative process for the development of funding applications, including funding priorities and the number and type of applications. Each year the Performance and Evaluation Committee reviews the Rank and Review Written Process and Application and makes any changes necessary to reflect changing priorities. The Performance and Evaluation Committee is also responsible for establishing a Review Team for the Rank and Review Application. The Written Process and Application Tools (Renewal and New/Bonus) are posted for public comment. Feedback is considered by the Performance and Evaluation Committee and final documents are submitted to the Board of approval and shared with the full Membership.

CoC Transparency

The CoC conducts this Rank and Review Process in a transparent manner to ensure a fair and consistent way to prioritize projects. Each year, feedback regarding the process and tools is solicited. The process is publicly announced by the CoC, distributed in writing to the CoC Membership, and posted publicly on the CARES Inc. website for all community members to review and comment.

FY 2021 Rank and Review Application

The RCCC emphasizes the importance and impact of using the Rank & Review Application as the primary basis for determining the Project Listing submitted to HUD as part of the CoC Consolidated Application. The Rank and Review Application is thoughtfully revised each year to meet both HUD and CoC standards, incorporate both national and local priorities, and balance objective performance measures with subjective narrative descriptions of project operations.

Review and Approval of the Rank & Review Application

Once the CoC Application has been submitted to HUD by the Collaborative Applicant, the Performance and Evaluation Committee reviews the prior year's Rank and Review process, including reviewer feedback and RCCC member comments. The NOFA Committee also develops a list of Review Team members, considering prior reviewers and potential new members.

In phases, the Performance and Evaluation Committee presents the Written Process, Application Tools, and list of proposed Review Team members to the RCCC Board and Membership for one-week public comment periods. The Performance and Evaluation Committee considers submitted comments for inclusion. The Performance and Evaluation Committee updates the Board on any edits, incorporates any additional changes from the Board, and secures a vote for approval. Finally, the Written Process, Application Tools, and list of Review Team members are shared with Membership.

Project Participation

Each renewal project completes a Rank and Review Application. The 2021 Rank and Review Application process will occur in four (4) Phases, with the intent to allow agencies adequate time to complete the full Rank & Review Application. *Completed applications (including required attachments) for each CoC project must be submitted to CARES of NY, Inc. by the stated deadline to be considered complete and sent to the Review Team.*

- **Phase 1** focuses on project level performance. The Phase 1 score will be a direct result of the agencies' performance during the annual CoC Project Monitoring. Following project submission of the CoC Self-Monitoring Forms, each project will receive an email from CARES Compliance Office. This email will need be attached to the Rank and Review Application as Phase 1.
- **Phase 2** focuses on project and system outcomes, using the Federal Fiscal year (October 1st-September 30th) project APR and System Performance data to "rate" projects. Applications must be submitted on time to the Collaborative Applicant, CARES, Inc., to be considered complete and passed on to the Review Team. Late submissions of Rank and Review Applications, including all required attachments, will automatically have a 5-point penalty. Agencies will have one week from the date the data is presented during the Part 1/Data Training Session to review and sign off on their project data. If the sign off is not received,

the data will be considered final. No changes to data will be made after the 1-week review period.

- **Phase 3** includes narratives allowing agencies to explain unique circumstances which may affect project performance. focuses on qualitative project and system outcome data. After submission, each agency/project is assigned an interview time with the Review Team.
- **Phase 4** of the Rank and Review Process includes project interviews with the Review Team. After the NOFA is released, the Performance and Evaluation Committee will draft questions based on the specific criteria included in the NOFA application to be asked during project interviews. Projects will receive these questions prior to the interview. Additionally, reviewers may choose to award additional points for Phases 1 and 2.

Reviewers

Members of the Review Team are individuals from the community who are not CoC funded or neighboring communities and are knowledgeable about the CoC services and its providers. Reviewers are considered by the Performance and Evaluation Committee and invited by the Collaborative Applicant (CARES) to participate. After reviewers agree to participate, one to two days are scheduled to conduct project interviews and for scoring to take place. Interviews will be scheduled for a date after the NOFA is released to allow for any HUD-specific criteria to be incorporated into the interview process.

Reviewers are provided a copy of each project's full application for review and score forms to complete. The Review Team has the authority to 1) allot additional points to questions in Part 2 and Part 3 based on responses given by agencies during the interview; and 2) allot points based on responses given by agencies to Part 4 interview questions. After conducting interviews with each agency, the Review Team discusses and finalizes scores for each project application. In the event project applications initially receive the same score, it is the responsibility of the Review Team to reconsider scoring in order to break the tie. The Review Team also considers any submitted appeals (see **Appeals Process** outlined below) and provides any final comments to be shared with agencies. Final scores result in the project ranking.

Threshold Review

In order to ensure CoC projects are high performing, all project applications must also meet a minimum scoring threshold of 50% of total possible application points. The Threshold Review will be conducted by the Review Team after the Rank and Review process is complete and final project scores determined. If the pre-determined threshold is not met, the Review Team may recommend the RCCC Board consider the possibility of reallocation or amendments to the project application/s with said agency.

Project Ranking

The NOFA requires that the CoC conduct a transparent and objective process to review and rank all Renewal and New/Bonus projects. Using CoC approved Rank and Review tools, all projects seeking funding are scored and placed in numerical order. New/Bonus projects are scored and placed in numerical order beneath Renewal Projects. All agencies receive their project scores and are offered the opportunity to debrief with the Collaborative Applicant. Debriefing allows agencies the opportunity to request clarification regarding how/why Application question/s received certain scores. Debriefings are required if agencies are considering an appeal. Agencies may choose to appeal project score/s within the allotted time frame (see the **Appeals Process** outlined below). After all debriefings with the Collaborative Applicant are completed and appeals considered by the Review Team, projects projected to fall into Tier 2 are contacted and notified of their ranking and offered the opportunity to go over the projects scores. Next, the project ranking is shared with the Performance and Evaluation Committee, presented to the Board for review/approval then shared with Membership.

Appeal Process

1. Who May Appeal?

An agency may appeal a decision concerning a Renewal or New/Bonus project application submitted by that agency. If a project was submitted by a collaboration of agencies, only one joint appeal may be submitted.

2. What May Be Appealed?

The appeals process applies to project scoring and ranking ***only***. *There is no appeal for project tiering.* An appeal may ***not*** be based on the following:

- Failure to answer any question/s on the application
- Failure to submit required attachments to the application
- Failure to submit the application by the required deadline

Any mathematical errors found by an applicant will be corrected by the Collaborative Applicant.

3. Timing of an Appeal

Formal appeals may be submitted by a project within two (2) business days of debriefing. Appeals must be submitted in writing to the Collaborative Applicant sbarnaby@caresny.org who will forward them on to the Review Team. The written appeal must consist of a brief statement no longer than 1 page and can be in the form of a letter, memo or email.

4. Appeals Decisions

The Review Team also serves as the Appeals Team. Appeals are decided by majority vote of the Appeals Team. Once decided, all appeals are final and may not be overturned by the Performance and Evaluations Committee, Board or Membership.

Project Tiering

HUD requires that the CoC ranks projects into two tiers based on the funding allocation released in the NOFA. Tiering prioritizes projects for funding. Using the project ranking, the Collaborative Applicant tiers projects (New/Bonus projects are always placed at bottom of Tier 2) and presents the results to the Performance and Evaluation Committee and Board. When the NOFA is released, priorities outlined in the application may be strategically applied by the CoC to project tiering. Final tiering results are presented to the Board for approval and vote, then shared with Membership. The Board votes on the full application, including tiering.

New Projects

A separate application is required for Bonus and Reallocated project proposals. If, after the ranking process, additional money becomes available through reallocation, and if all new projects have been approved, the new project RFP will re-open for submission in efforts to utilize all available funding. RFPs submitted during the second application process will automatically be ranked below projects from the first round. The Review Team reviews and scores all New/Bonus project applications submitted. New project applications are required to interview with the Review Team. Interview questions will include specific criteria included in the NOFA. New project applications will be ranked, approved by the Board and presented to Membership. The community's goal is to apply for the maximum amount of available funds. The same appeals process that applies to Renewal applications applies to New/Bonus project applications.

Bonus Projects

Each year, HUD *may* offer bonus funding and the NOFA outlines how the funds may be spent. Bonus project proposals must fill an unmet need as noted within the Action Plan or locally determined priorities. Bonus project applications are required to interview with the Review Team. Interview questions will include specific criteria included in the NOFA. Bonus applications will be ranked, approved by the Board and presented to Membership. The community's goal is to apply for the maximum amount of available funds. The same appeals process that applies to Renewal applications applies to New/Bonus project applications.

Reallocation

Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grants to create new projects to fill an unmet need within the community. Reallocating

funds is one of the most important tools by which communities can make strategic improvements to their homelessness system.

Projects that can be flagged for reallocation consideration include those which have demonstrated inadequate financial management, a history of expending funds on ineligible activities, a lack of full expenditure of funds, and those which consistently score low on the Rank & Review. Reallocation is recommended for any project *not* participating in Coordinated Entry, HMIS or the annual Point-in-Time. The Board may determine reallocation of a particular project as in the best interest of the CoC and essential to maintaining full funding. Further, agencies may voluntarily choose to reallocate funds from their own projects. New project proposals developed by agencies through reallocation of their own funds will be prioritized during the ranking process. All other proposed projects using reallocated funds will be ranked according to general ranking procedures.

Project proposals developed with reallocated funds must fill an unmet need and submit a New/Bonus application. Agencies interested in applying for reallocated funds are required to interview with the Review Team. Applications for New/Bonus projects will be ranked separately from Renewal projects, and the final ranking will be approved by the Board and presented to CoC Membership.

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool you CoC used in your local competition to score new and renewal applications.

(b) Blank Renewal Application Tool

ROCKLAND COUNTY CONTINUUM OF CARE (RCCC)

RANK AND REVIEW APPLICATION 2021

PART 1: PROJECT LEVEL PERFORMANCE

- Performance Monitoring Results:** Rockland County CoC monitors project performance throughout the year, as per HEARTH regulations, self-monitoring forms and site visits. Please attach your email from your most recently submitted self-monitoring.

25 points.

ROCKLAND COUNTY CONTINUUM OF CARE (RCCC)

RANK AND REVIEW APPLICATION 2021

PART 2: DATA RELATED QUESTIONS

DEADLINE TO SUBMIT:

PROJECT INFORMATION

Informational Only

- Organization Name: _____
- Project Name: _____
- Application Contact Person: _____

- Utilization Rate** -Using the FY19 Project Application and Federal Fiscal Year 2020 (FY20)* APR, complete the following chart to calculate the project’s utilization rate (round up to closest whole number). *Please print and attach the corresponding questions from the Project Application and APR.*

	Projected persons served during an average PIT (Question 5 in Project Application)	Actual number served during PIT (Questions 7 & 8 in APR)	
		Persons	Households
January	_____ Persons _____ Households		
April			
July			
October			
		Average:	

Persons: Average Actual _____ / Projected _____ = **Utilization** _____ %

Households: Average Actual _____ / Projected _____ = **Utilization** _____ %

- 1a.** Did your project meet its projected number of households *and/or* persons served** during the year (100% or more utilization)? **Yes - 15 points** **No - 0 point**
- 1b.** The Continuum prioritizes projects best utilizing their resources. Did your project have a utilization rate of more than 100% in *both* households *and* persons?
 Yes - 5 points **No - 0 points**

* *Federal Fiscal Year 2020 (FY20): October 1, 2019 – September 30, 2020*

** *For the purpose of this Rank & Review Tool, persons served is defined as having an entry in HMIS (i.e., intake, admission and move-in date) in Federal FY20.*

2. Data Quality and Completeness. On your FY120 APR Question 6: **Yes=1 pt. No=0 pts.**

2a. Is there an error rate of more than 5% of your PII data?

Yes=1 **No=0**

2b. Is there an error rate of more than 5% of your universal data elements?

Yes=1 **No=0**

2c. Is there an error rate of more than 5% of your Income and Housing data?

Yes =1 **No=0**

2d. Is there an error rate of more than 5% of your Chronic Homelessness data?

Yes=1 **No=0**

3. Chronic Homeless-Dedicated. [Only PSH (RRH and TH project will be weighted)] To show impact of this project on ending chronic homelessness (CH) in the CoC, refer to **Attachment 1** and note below the percentage of CH beds this project contributes to the CoC: _____.

50-100%=7, 35-49%=5, 20-34%=3, 10-19%=1, 0-9%=0

4. Effect on Chronic Homeless:

Permanent Supportive Housing Programs: During FY20, the CoC **PSH projects** served a total of **XX** chronically homeless individuals. To show impact of this project on ending chronic homelessness, refer to **Attachment 2** to note the following:

4a. The total number of chronically homeless persons this project served in FY20:

4b. Of the total CH served by the CoC, note the % this project served in FY20:
_____ %

40-100%=8, 20-39%=4, 6-19%=2, 0-5%=0

Rapid Rehousing Programs: During FY20, the CoC **RRH projects** served a total of **XX** chronically homeless individuals. To show impact of this project on ending chronic homelessness, refer to **Attachment 2** to note the following:

4c. The total number of chronically homeless persons this project served in FY20: _____

4d. Of the total CH served by the CoC, note the % this project served in FY20:
_____ %

40-100%=8, 20-39%=4, 6-19%=2, 0-5%=0

5. Positive Outcomes

Permanent Supportive Housing projects: During FY20, there were **XX** persons with positive outcomes noted across all CoC **PSH** programs. (**An outcome is positive for PSH if client is a stayer or exited to a PSH destination.**) To show the effect of this project on housing stability across the system, refer to **Attachment 3** and note the percentage this project had on the system: _____ %

<25%=10, 20-25%=8, 15-19%=6, 10-14%=3, >10%=0

Rapid Rehousing projects: During FY20, there were **XX** persons with positive outcomes noted across all CoC **RRH** programs. (**An outcome is positive for RRH if client exited to a PH destination.**) To show the effect of this project on housing stability across the system, refer to **Attachment 3** and note the percentage this project had on the system:
_____ %

<25%=10, 20-25%=8, 15-19%=6, 10-14%=3, >10%=0

6. Exits to Homelessness: To show impact of this project on ending homelessness, refer to **Attachment 4** (showing all CoC project leavers) and note the percentage of project leavers who exited this program to a shelter or the street _____%

0%=10, 1-25%=6, 26-50%=0

7. Income Growth – System Impact

Refer to **Attachment 5** (which measures **total income growth** between the two most recent client assessments for stayers; and between entry and exit for leavers), to note the percentage this project contributed to total income growth in the CoC in FY20: _____%

≥ 20% = 10 pts; 0-19% = 5 pts; 1-9% = 3 pts; 0% = 0 pts

8. Income Growth – Project Performance

(Refer to **APR Q19. Cash Income – Changes over Time** to respond to questions below.)

8a. What percentage of **stayers** gained or increased **earned income** between start and annual assessment? Note percent in **Q19a1. Row 1) Number of Adults with Earned Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: _____%

75-100% = 2.5 pts; 50-74% = 2 pts; 25-49% = 1.5 pts; 15-24% = 1 pts; 1-14% = .5 pts; 0% = 0

8b. What percentage of **stayers** gained or increased **other income** between start and annual assessment? Note percent in **Q19a1. Row 3) Number of Adults with Other Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: _____%

75-100% = 2.5 pts; 50-74% = 2 pts; 25-49% = 1.5 pts; 15-24% = 1 pts; 1-14% = .5 pts; 0% = 0

8c. What percentage of **leavers** gained or increased **earned income** between start and annual assessment? Note percent in **Q19a2. Row 1) Number of Adults with Earned Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: _____%

75-100% = 2.5 pts; 50-74% = 2 pts; 25-49% = 1.5 pts; 15-24% = 1 pts; 1-14% = .5 pts; 0% = 0

8d. What percentage of **leavers** gained or increased **other income** between start and annual assessment? Note percent in **Q19a1. Row 3) Number of Adults with Other Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: _____%

75-100% = 2.5 pts; 50-74% = 2 pts; 25-49% = 1.5 pts; 15-24% = 1 pts; 1-14% = .5 pts; 0% = 0

9. Priority Populations. Is the project dedicated to one of the following priority populations?

_____ Chronically homeless _____ Youth _____ Veteran _____ DV

9a. If the project is not dedicated, what percentage of beds are dedicated to a priority population? _____% **0 to 10 points** (Please attach Project Application Q4B. and/or 5B.)

- Fully Dedicated=10 pts.**
- 50% or <=5 pts.**
- Dedicated Youth = 10 pts.**
- Dedicated Veteran = 10 pts.**
- No Priority Population = 0 pts.**

10. Total Awarded Funds

10a. The Continuum returned a total of _____\$ (CARES will fill in this amount after application is submitted) from the total FY18 (or most recently ended contract) awarded funds.

What dollar amount did this project return in the most recently ended contract? _____

Percentage of funds returned in relation to the overall CoC funds returned: _____
(to be filled in by CARES)

0=15, 1-9%=12, 10-19%=10, 20-29%=8, 30-59%=4, 60-100%=0

10. Number of Homeless Persons: Was your project included in the final submission of the 2021 Point in Time? This will be verified by the Collaborative Applicant.

_____ **Yes=5** _____ **No=0**

11. Housing First. Housing First is a recovery-oriented approach to ending homelessness that allows for rapidly housing individuals without screening out or terminating based on any of the below criteria. Does the project screen out or terminate based on any the following?

0 or 10 points (all no = 10 pt)

	YES	NO
Having too little or no income		
Active or history of substance abuse		

Criminal record with exceptions for state-mandated restrictions		
History of domestic violence		
Failure to participate in supportive services		
Failure to make progress on a service plan		
Loss of income or failure to improve income		
Being a victim of domestic violence		
Any other activity not covered in a lease agreement typically found in the project's geographic area.		

12. CoC Participation. Does the project or agency staff participate in 50% or more of any of the following CoC standing or ad hoc committees of the Rockland County CoC: **0 or 5 points**

- Board Meetings
- Systems Committee
- HMIS Advisory Committee
- Point in Time Committee
- Membership Meeting
- Performance Evaluation Committee
- Coordinated Assessment Committee

13. Coordinated Entry (0-10 pts)

[Note: This question will be verified by CoC CE Lead]

Does your project:

- 13a. Accept appropriate referrals through the Coordinated Entry (CE) process ONLY?** **Yes 5 pts** **No 0 pts**
- 13b. Attend monthly CE case review meetings?** **Yes 5 pts** **No 0 pts**

ROCKLAND COUNTY CONTINUUM OF CARE (RCCC)

RANK AND REVIEW APPLICATION 2021

PART 3: WRITTEN QUESTIONS

A. PROJECT INFORMATION

Informational Only

Project Type:	<input type="checkbox"/> PSH	<input type="checkbox"/> RRH
What was your FY19 Funding Request	\$	
Leasing	\$	
Rental Assistance	\$	
Supportive Services	\$	
Operations	\$	

Is this project voluntarily reallocating funds to the CoC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much funding would the project voluntarily reallocate?		

B. PROJECT DESCRIPTION

Provide a short project overview that clearly describes the project’s unique characteristics and achievements.
 Please include the target population(s) served, the number of participants served, the number of contracted beds, units or voucher, the cost per bed, how participants access the project, and project goals and achievements.
 Please be as descriptive as possible by using data stated in the project application and the project’s FY20 APR. Response must be 250 words or less.

Answer:

Only projects who have a utilization rate of under 100% (as reported in Part 1 Q1 of the Rank & Review Tool)	
1. This question applies to projects whose utilization rate was less than 100% during FY20 only. If your project’s utilization rate was $\geq 100\%$ please note N/A. If the utilization rate is under 100%, (from Part 1 Q1 above) please explain the reason why in 250 words or less. For example, were there barriers or specific challenges to achieving 100% capacity?	Score: 0 to 10 points
Answer:	

Leveraging and Coordination of Services	
2. Please provide specific examples of how your project coordinates services with other funded and non-funded providers in order to leverage services. (250 words or less). Up to 2.5 pts awarded if the narrative clearly states the names of other funded projects specifically. Up to 2.5 pts awarded if the narrative clearly state(s) examples of how the project coordinates services with the noted funded projects.	Score: 0 to 5 pts
Answer:	

Cultural Barriers	
<p>3. Please describe your agency's resources and experience in meeting the needs of clients facing various cultural barriers (e.g., language, gender identity, LGBTQ, mental health) in 250 words or less.</p> <p>Up to 2.5 pts awarded if the narrative clearly describes the agency's resources in meeting the needs of the clients with cultural barriers.</p> <p>Up to 2.5 pts awarded if the narrative clearly describes agency experience in meeting the needs of clients with cultural barriers.</p>	<p>Score: 0 to 5 pts</p>
<p>Answer:</p>	

Gap in Services	
<p>4. Please note how the project meets a gap in services (current or prior, including housing) as noted in the RCCC Action Plan (250 words or less).</p> <p>Up to 2.5 pts. awarded if the narrative clearly notes the action plan goal(s).</p> <p>Up to 2.5 pts. awarded if the gap(s) in service documented in the action plan can be noted.</p>	<p>Score: 0 to 5 pts</p>
<p>Answer:</p>	

Total Awarded Funds	
<p>5. If the project was unable to expend all of the grant funds, please explain why in 250 words or less. (Refer to Part 1 Q10 above)</p>	<p>Score: 0 to 6 pts</p>
<p>Answer:</p>	

<p>6. How do you currently work with local employment agencies, employers and or partners to advance training and employment opportunities for people experiencing homelessness?</p>	<p>Score: 0 to 5 pts</p>
<p>Answer:</p>	

Coordinated Entry		
7. If your project is a DV or Legal Service provider, explain barriers to coordinated entry participation (refer to Q13 in Part 1) (250 words or less)	<input type="checkbox"/> Yes=10	<input type="checkbox"/> No=0
Answer:		

Racial Disparities	
8. What is your agency doing to forward racial diversity, equity and inclusion work within your agency and/or CoC-funded program?	Score= 0-10 pts
Answer:	

Responding to current trends

9. How have you adjusted your service delivery model to help clients during the pandemic?	1 point	Examples: continuing at least monthly contact with clients (including virtually) or how you ensured clients have necessary cleaning/sanitary supplies.
Answer:		

<p>10. Explain how your organization worked with new/existing partners (e.g., DOH, Health Providers/Pharmacies) to meet the health care needs of clients and how these partnerships can help build stronger and more equitable homeless response systems.</p>	<p>1 point</p>	<p>Example: explain how partnerships were made to meet the health care needs of persons in the program and how those partnerships will build a more equitable homelessness response system in the future.</p>
<p>Answer:</p>		

<p>11. How has your agency helped build COVID-19 vaccine confidence in clients and staff?</p>	<p>1 point</p>	<p>Examples: How did your agency identify and refer clients and or staff to educational resources Or did your agency hosting onsite information sessions to promote vaccine confidence</p>
<p>Answer:</p>		

DV and Youth Programs Only

<p>12. How have you adjusted your service delivery model to help clients during the pandemic?</p>	<p>1 point</p>	<p>Examples: continuing at least monthly contact with clients (including virtually) or how you ensured clients have necessary cleaning/sanitary supplies.</p>
<p>Answer:</p>		

Domestic Violence Agencies Only	
<p>13. We realize that a positive outcome for domestic violence programs may not be the same as a positive outcome for a permanent supportive housing program. With that being said, how do you feel your agency contributes to the housing stability across the CoC system?</p> <p>Up to 2.5 pts awarded if the narrative clearly describes positive outcomes through the DV provider lens.</p> <p>Up to 2.5 pts awarded if the narrative clearly describes how the agency contributed to positive housing stability across the CoC.</p>	<p>Score: 0 to 5 pts</p>
<p>Answer:</p>	

Dedicated Youth Projects Only	
<p>14. Permanent supportive and transitional housing programs dedicated to youth generally struggle with increasing income for participants. That said, how does your agency support youth in achieving income growth? Please note barriers encountered.</p> <p>Up to 2.5 pts awarded if the narrative clearly describes positive outcomes through the youth provider lens.</p> <p>Up to 2.5 pts awarded if the narrative clearly describes how the agency contributed to positive outcomes across the CoC.</p>	<p>Score: 0 to 5 pts</p>
<p>Answer:</p>	

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool your CoC used in your local competition to score new and renewal applications.

(c) Blank New Project Application Tool

Rockland County Continuum of Care: New Project RFP 2021 (Reallocation and/or Bonus Projects)

Application not to exceed three (3) pages.

1. Applicant/Agency Name: _____
2. Agency Point of Contact: _____
3. Proposed Project Name: _____
4. Please circle the project type you are applying for:
 - Permanent Supportive Housing that is either Dedicated PLUS OR has 100% of beds dedicated to persons experiencing chronic homelessness.
 - Permanent Housing-Rapid Rehousing
 - Joint TH and PH-RRH (project must be housing first)
 - HMIS (HMIS Lead Only)
 - Support Services Only-Coordinated Entry Project (applicable only to currently funded CE program)
5. Is the project you are applying for a new or expansion project? **New** **Expansion**
6. Is the applicant a current member of the Rockland County Continuum of Care (RCCC CoC)?
 - Yes – 10 points** **No – 0 points**
7. Is the agency applying a current CoC funded grantee?
 - No = 5 points**
 - a. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC?
 - Yes – 0 points** **No – 3 points**
8. Is your agency an active participant in the RCCC Coordinated Entry program?
 - Yes – 3 pts** **No - 0 pts**
 - If no, is your agency willing and able to become an active participant in the RCCC Coordinated Entry program?
 - Yes – 2 pts** **No - 0 pts**
9. Is your agency an active participant in the RCCC HMIS System or comparable a System?
 - Yes – 3 pts** **No - 0 pts**

Rockland County Continuum of Care: New Project RFP 2021 (Reallocation and/or Bonus Projects)

If no, is your agency willing and able to become an active participant in the HMIS System or comparable a System?

Yes – 2 pts **No - 0 pts**

10. Please provide a detailed description of the agency's experience in administering projects dedicated to serving an underserved population (i.e. your target population) that meets a gap in Rockland Continuum of Care. Please specify the name of current or past programs and note the funding sources. **(10 points)**

11. Do any of the following apply to your proposed program? **(if any checked 2 points)**

- Prioritized or Dedicated to Singles with Mental Health Diagnosis
- Prioritized or Dedicated to Singles with Substance Use Disorder

12. Please provide a project description that addresses the entire scope of your project. Please include the target population that will be served and the outreach plan. If the proposed project follows a Housing First model, please specifically detail Housing First aspects. (0 – 18 points)

10 points if you outline a detailed strategy that will be used to help participants regain and maintain housing stability.

1 point if the project clearly states the number of units/beds requested

2 points if an outreach plan is noted

5 points if the narrative details how the project will implement the housing first model

13. The CoC prioritizes a Housing First model. Please indicate with a check mark if the proposed project will meet the following criteria. Please note all of the below criteria must be selected in order to meet the Housing First definition. **10 points**

a. Will the project ensure that participants are not screened out based on the following items? **Yes, we will not screen out based on any of the below** **No**

- i. Having too little or no income
- ii. Active or history of substance abuse
- iii. Having a criminal record with exceptions for state-mandated restrictions
- iv. History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)

AND

b. Will the project ensure that participants are not terminated from the program for the following reasons? **Yes** **No**

- i. Failure to participate in supportive services

Rockland County Continuum of Care: New Project RFP 2021 (Reallocation and/or Bonus Projects)

- ii. Failure to make progress on a service plan
- iii. Loss of income or failure to improve income
- iv. Being a victim of domestic violence
- v. Any other activity not covered in a lease agreement typically found in the project's geographic area.

14. How will your program identify and connect clients with wrap-around services they require (e.g., behavioral and/or physical health care, peer support for formerly incarcerated persons, etc.)? **(0-5 points)**

15. Will the project be able to begin within 12 months? **Yes- 5 points** **No – 0 points**

16. Please describe how the need for this project within this geographic area was identified. Using the most recent HMIS Annual Report note the population in need of this service. **(0-2 points)**

17. Both HUD and the local community prioritize projects that provide healthcare services to program participants. Does your project (or will your project by the time of CoC Application submission) have a written commitment with a health care organization that ensures the value of assistance being provided is at least:
- In the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services, OR
 - An amount that is equivalent to 25 percent of the funding being requested for the project will be covered by the healthcare organization.

Value of the commitment and dates of services must be included in the written commitment. **Yes – 10 points No – 0 points**

N/A for applications for Coordinated Entry; these questions will be weighted.

18. Both HUD and the local community prioritize projects that incorporate PSH or RRH units using funds other than CoC or ESG (i.e. ESSHI, NYSSHP, private sources such as CDPHP). Will your project expand upon an awarded or existing PSH or RRH project not funded through CoC or ESG? **Yes – 10 points No – 0 points**

N/A for applications for Coordinated Entry; these questions will be weighted.

Rockland County Continuum of Care: New Project RFP 2021 (Reallocation and/or Bonus Projects)

Please note: projects must attach letters of commitment, contracts, or other formal written documents that demonstrate the number of subsidies or units being provided to support the project, exemplifying the existing resources provide for at least 25% of the units proposed for the expanded project.

19. Does your agency have a policy focused on ensuring equitable services and program outcomes across participants of all races and ethnicities? **Yes – 5 points No – 0 points**

20. How will the agency ensure program participants have the resources they need to prevent transmission of COVID-19? (0-3 points)

- 1 point if the agency has/will have a partnership with a healthcare agency that provides regular health screenings
- 1 point if the agency will provide PPE/sanitation supplies to staff/program participants as needed
- 1 point if the agency describes how it will build COVID-19 vaccine confidence

N/A for applications for Coordinated Entry; these questions will be weighted.

21. Please provide a 12-month Budget Proposal (required for review):

ACTIVITY	CoC FUNDS REQUESTED	NOTES
A. Rental Assistance (80% total budget less Admin)	\$	
B. Support Services (20% total budget less Admin)	\$	
1. Salaries	\$	
2. Benefits	\$	
3. Other	\$	
C. Operating	\$	
D. Admin	\$	
E. Total Project Costs	\$	
MATCH	AMOUNT	SOURCES
F. 25% Match Requirement	\$	

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool your CoC used in your local competition to score new and renewal applications.

(d) Blank DV Bonus Application Tool

Rockland County Continuum of Care DV Bonus Project RFP 2021

Application may not exceed three (3) pages

1. Applicant/Agency Name: _____
2. Agency Point of Contact: _____
3. Proposed Project Name: _____
4. Please circle the project type you are applying for:
 - Permanent Housing-Rapid Rehousing *(project must be housing first)
 - Joint TH and PH-RRH-Must be housing first *(project must be housing first)
5. Is the project you are applying for a new or expansion project? **New** **Expansion**
6. Is the applicant a current member of the Rockland County Continuum of Care (CoC)?
 Yes - 5 points **No - 0 points**
 - a. If no, what is the agency's current involvement with the Rockland County CoC?
7. Is the agency applying as a current CoC funded grantee? **Yes - 5 pts** **No - 10 pts**
 - a. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC? **Yes - 0 points** **No - 3 points**
8. Please provide a detailed description of the agency's experience in administering projects dedicated to serving survivors of domestic violence, dating violence and stalking. Please specify the name of current or past programs and note the funding sources **(10 points)**
 - 3 points for past experience serving a domestic violence survivor population
 - 3 points for four or more years serving a domestic violence survivor population
 - 3 points for serving more than 25 households in a calendar year (CY)
 - 1 point for listing funding sources
9. Please provide a description addressing the entire scope of your project. Please include an outreach plan to the targeted population. Specify whether the project will be a Rapid Rehousing (PH-RRH) project, Joint TH and PH-RRH component project or a SSO project for Coordinated Entry (SSO-CE) designed to implement policies, procedures and practices to equip the CoC's Coordinated Entry system to better meet the needs of survivors of domestic violence, dating violence, sexual assault or stalking (e.g., policies and procedures

Rockland County Continuum of Care DV Bonus Project RFP 2021

that are trauma informed, client centered or to improve the referral process between the CoC's Coordinated Entry and victim service providers Coordinated Entry systems where they are different). Please provide details about Housing First aspects of the project. **(0 - 20 points)**

- 10 pts if the project narrative clearly details how the project will implement the Housing First model
- 8 pts if a clear and detailed outreach plan is included
- 1 pts if the project clearly states the number of units/beds requested
- 1 pts if applying for an SSO-CE project

10. Eligible DV bonus project must follow a Housing First approach. Housing First is a recovery-oriented approach to ending homelessness which allows for rapidly housing individuals without screening out or terminating based on any of criteria listed below. Does the proposed project screen out or terminate based on any of the following?

	Any Yes - 0 pts	All No - 15 pts
	Yes	No
Having too little or no income	<input type="checkbox"/>	<input type="checkbox"/>
Active or history of substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/>	<input type="checkbox"/>
History of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Failure to participate in supportive services	<input type="checkbox"/>	<input type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>	<input type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area.	<input type="checkbox"/>	<input type="checkbox"/>

11. Will the project be able to start within 12 months? **Yes - 10 pts** **No - 0 pts**

12. Is your agency an active participant in the RCCC Coordinated Entry program?

- Yes – 3 pts** **No - 0 pts**

If no, is your agency willing and able to become an active participant in the RCCC Coordinated Entry program? **Yes – 2 pts** **No - 0 pts**

13. Does your agency currently report in a DV system that is compatible to the HMIS system?

- Yes – 3 pts** **No - 0 pts**

Rockland County Continuum of Care DV Bonus Project RFP 2021

If not, how will you implement a compatible HMIS system for this project, for reporting purposes? **Yes – 2 pts** **No - 0 pts**

14. Please detail the steps your agency takes to ensure the safety of program participants. **(0-5 points)**

- 1 point if agency uses de-identified aggregate data from a comparable database.
- points if agency has safety, planning, and confidentiality protocols in place for DV project participants.
- points if agency uses a trauma-informed, victim-centered approach to their project.

15. Please describe how the need for this project within this geographic area was identified. Please quantify the need using an HMIS comparable database and/or a local data source? Agency will receive full points if they have demonstrated the need. **Yes – 10 points No – 0 points**

16. Does your agency have a policy focused on ensuring equitable services and program outcomes across participants of all races and ethnicities? **Yes – 5 points No – 0 points**

17. How will the agency ensure program participants have the resources they need to prevent transmission of COVID-19? **(0-3 points)**

- 1 point if the agency has/will have a partnership with a healthcare agency that provides regular health screenings
- 1 point if the agency will provide PPE/sanitation supplies to staff/program participants as needed
- 1 point if the agency describes how it will build COVID-19 vaccine confidence

N/A for applications for Coordinated Entry; these questions will be weighted.

18. Please provide a 12-month Budget Proposal (required for review):

ACTIVITY	CoC FUNDS REQUESTED	NOTES
A. Rental Assistance (80% total budget less Admin)	\$	
B. Support Services (20% total budget less Admin)	\$	
1. Salaries	\$	
2. Benefits	\$	
3. Other	\$	
C. Operating	\$	
D. Admin	\$	
E. Total Project Costs	\$	
MATCH	AMOUNT	SOURCES

**Rockland County Continuum of Care
DV Bonus Project RFP 2021**

F. 25% Match Requirement	\$	
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1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

2. A copy of one scored application form

(a) Objective Criteria and System Performance Criteria Chart with Point Values

NY-606

Objective Criteria Used to Review and Rank Projects for Funding	
Specific Criteria	Question Addressing Criteria
Utilization Rate	Renewal Application: Part II: Q1a-1b; Part 3: Q1
Data Quality & Completeness	Renewal Application: Part II: Q2a-2d
Performance Data (PSH only) Dedicated Chronic Homeless/DedicatedPLUS	Renewal Application: Part II: Q3
Funding	Renewal Application: Part II: Q10a New Bonus Application: Q21 DV Bonus Application: Q18
Population Served	New Bonus Application: Q11
Coordinated Entry Participation	Renewal Application: Part II: Q13a-13b New Bonus Application: Q8 DV Bonus Application: Q12
Type of housing/Type of housing proposed	New Bonus Application: Q4 DV Bonus Application: Q4
Match	New Bonus Application: Q11
Objective Criteria Related to Improving System Performance	
Specific Criteria	Question Addressing Criteria
Length of Time Homeless (prior to entry)	Renewal Application: Part II: Q3, HMIS Attachment 1
Dedicated CH/DedicatedPLUS (PSH only)	Renewal Application: Part II: Q3, HMIS Attachment 1
Effect on Chronic Homelessness (PSH/RRH/TH)	Renewal Application: Part II: Q4a-4d, HMIS Attachment 2
Positive Outcomes	Renewal Application: Part II: Q5, HMIS Attachment 3
Exits to Homelessness	Renewal Application: Part II: Q6, HMIS Attachment 4
Effect on Income Growth	Renewal Application: Part II: Q7, HMIS Attachment 5
Coordinated Entry	Renewal Application: Part II: Q13a-13b
Specific Method for Evaluating Projects Submitted by Victim Service Providers	
Specific Criteria	Question Addressing Criteria
Data Attachments 1-5	The Continuum allows the DV Project to self-report data since they use an HMIS-comparable database.
Victim Service Providers Only Positive Outcomes based on Safety Concerns	Renewal Application: Part III: Q13
Specific Method for Evaluating Projects Submitted by Youth Service Providers	
Youth Service Providers Only Positive Outcomes based on Increase of Income	Renewal Application: Part III: Q14

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

2. A copy of one scored application form

(b) Renewal Application score card (filled out)

NY- 606

Agency Name:	Center for Safety & Change			Final Score: 166
Project Name:	DV Rapid Rehousing			
		Yes	No: 5-pt penalty	
	Submitted by Deadline w/Required Docs	X		
		Total Possible Points	Points Awarded	
Part I: Project Monitoring				
	1. Monitoring Results	CARES	25	15
	Total		25	15
Part II: Data Related Questions				
20 points max	1a. Utilization Rate 100%	CARES	15	15
	1b. Utilization over 100%	CARES	5	0
	2. Data	CARES	4	4
	3. CH Dedicated	Att. 1	7	Weighted
	4b&d Effect on CH	Att. 2	7	0
	5 Positive Outcomes	Att. 3	7	3
	6 Exits to Homelessness	Att. 4	10	10
	7 Income Growth	Att. 5	10	4
	8a. Earned Income Stayers	CARES	2.5	0
	8b. Earned income Stayers from Other	CARES	2.5	0
	8c. Earned Income Leavers	CARES	2.5	0
	8d. Earned income Leavers from Other	CARES	2.5	0
	9a. Priority Populations	CARES	10	10
	10. Total Awarded Funds	CARES	15	15
repeated	10. HIC/PIT	CARES	5	5
	11. Housing First	CARES	10	10
	12. CoC Participation	CARES	5	5
	13a. Coordinated Entry Referrals	CE Lead	5	0
	13b. Coordinated Entry Meetings	CE Lead	5	0
	Total		123	81
Part III: Written Questions				
	1. Utilization under 100%	Reviewers	10	10
	2. Coordination of Services	Reviewers	5	5
	3. Cultural Barriers	Reviewers	5	5
	4. Gaps in Services	Reviewers	5	5
	5. Total Awarded Funds Explanation	Reviewers	6	6
	6. Employment Agencies Collaboration	Reviewers	5	3
	7. Coordinated Entry (DV)	Reviewers	10	10
	8. Racial Disparities	Reviewers	10	10
	9. Covid-Service Delivery	Reviewers	1	1
	10. Covid-Partnerships	Reviewers	1	1
	11. Covid-Vaccine Confidence	Reviewers	1	1
	12. DV/Youth Only Covid-Service Delivery	Reviewers	1	1
	13. DV Only	Reviewers	5	3
	14. Youth Only	Reviewers	5	N/A
	Total		70	61
Part III: Project Interviews				
	1. Support Services	Reviewers	1	1
	2. Lived Experience	Reviewers	1	0
	3. System Performance Measurers	Reviewers	2	2
	4. Racial Representation	Reviewers	1	1
	Total		5	4

Metric	Value
Total Receivable Points	123
Total Available Points	116
Project's Unweighted Score	81
Unweighted Percentage of Available Ratio	0.698
Project's Weighted Score	85.9

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

3. Final project scores for ranked new and renewal projects (Ranking and Tiering)

(a) Ranking and Tiering PDF

2021 Rockland Ranking

Rank	Score	Applicant Name	Project Name	Final Funding Amount
1		Corporation for AIDS Research, Education and Services, Inc.	Rockland CoC HMIS	\$69,543
2		Rockland County Department of Social Services	RC DSS Coordinated Entry	\$72,500
3	193	Rockland County Department of Social Services	RC DSS-RRH program	\$234,200
4	193	Rockland County Department of Social Services	RCDSS-RCCoC PSH	\$410,059
5	166	Center for Safety & Change, Inc.	CSC DV Rapid Re-Housing	\$277,722
B1	88	Rockland County Department of Social Services	RCDSS-RCCoC PSH Expansion	\$70,463
DV1		Center for Safety & Change, Inc.	CSC DV Rapid Re-Housing Expansion	\$112,622

Annual Renewal Demand \$1,064,024

Tier 1 \$1,064,024

Tier 2 \$281,853

Planning \$42,278

UFA \$42,278

CoC Bonus \$70,463

DV Bonus \$211,390

Expansions	Applicant Name	Renewal Project	Combined Project
	Rockland County Department of Social Services	RC DSS Coordinated Entry	RCCC DSS CE 2021
	Rockland County Department of Social Services	RCDSS-RCCoC PSH	RCCC DSS PSH 2
	Center for Safety & Change, Inc.	CSC DV Rapid Re-Housing	CSC DV Rapid Re-Housing Expansion

Consolidations	Surviving Pin	Renewal Project 1	Consolidated Project Name	Consolidated Funding Request

1E-5: Projects Rejected and Reduced – Public Posting.

This attachment details the 15 Day Notification of Projects Rejected and an example reduction letter for NY-606.

It contains the following:

1. Project Rejection Letter
 - a. **Rockland Recovery Homes, Inc.**
 - i. *Paul's Place*

2. Example Reduction Letter
 - a. *Note: no projects were reduced through the FY2021 CoC Local Rank & Review Competition*

1E-5: Projects Rejected and Reduced – Public Posting.

1. Project Rejection Letter
 - a. **Rockland Recovery Homes, Inc.**
 - i. Paul's Place

October 27, 2021

Stephen Clement
Rockland Recovery Homes, Inc.
4 Timmel Ln
Stony Point, NY 10980

Dear Mr. Clement,

On behalf of the Rockland County Continuum of Care (RCCC), we would like to thank you for your application for Paul's Place bonus funding through the FY21 Continuum of Care Competition. Unfortunately, through the rank and review process for new projects, your application was not chosen to apply. Although the project was eligible, your project was ranked outside of the eligible funding amount after the combined total of accepted application. Specifically, through the Rank and Review Tool developed by RCCC, the CoC prioritized projects that will operate a Housing First model.

The CoC encourages you to apply if funding becomes available in the future CoC Competitions.

Thank you,

Kelsey Addy
Planning Unit Director, CARES, Inc.
Rockland County Continuum of Care
Collaborative Applicant

1E-5: Projects Rejected and Reduced – Public Posting.

1. Example Reduction Letter

- a. *Note: no projects were reduced through the FY2021 CoC Local Rank & Review Competition*

October 22, 2021

Nancy Harrington
CARES of NY, Inc.
200 Henry Johnson Blvd, Suite 4
Albany, NY 12210

RE: CARES – Rapid Rehousing 1 - Renewal Project Application

Dear Nancy:

On behalf of the Rockland County CoC (RCCoC), we would like to thank you for your application for the renewal of CARES Rapid Rehousing 1 under the FY21 Continuum of Care Competition. Unfortunately, through the rank and review process, your application was chosen to be reduced in the amount of XXX. Although the full project amount was eligible, it is the recommendation of the NOFO Committee to reduce funds in order to more effectively meet the unique needs of the most vulnerable.

As noted in our Rank and Review Policy you do have the right to request a debriefing of your project.

Thank you,

Kelsey Addy
Planning Unit Director, CARES, Inc.
Collaborative Applicant
Rockland County CoC (RCCoC)

1E-5a: Projects Accepted – Public Posting.

This attachment details the 15 Day Notification of Projects Accepted and Tiered for NY-606. It contains the following:

1. Email notification of Projects Accepted:
 - a. **CARES of NY, Inc.**
 - i. Rockland CoC HMIS – *Renewal Project Application*
 - b. **Rockland County DSS**
 - i. Coordinated Entry – *Renewal Project Application*
 - ii. RRH Program– *Renewal Project Application*
 - iii. RCCoC PSH – *Renewal Project Application*
 - iv. RCCoC PSH Expansion – *New Project Application*
 - c. **Center for Safety & Change Inc.**
 - i. CSC DV Rapid Re-Housing – *Renewal Project Application*
 - ii. CSC DV Bonus RRH Project Expansion - *New Project Application*
2. October 22, 2021 Email Notification of Ranking & Tiering for NY-606 Accepted Projects publicly posted on website
3. October 22, 2021 Website screenshot showing posted Ranking & Tiering for NY-606 Accepted Projects

1E-5a: Projects Accepted – Public Posting.

1. October 12, 2021 Email notification of Projects Accepted:
 - a. **CARES of NY, Inc.**
 - i. Rockland CoC HMIS – *Renewal Project Application*

From: [Samantha Barnaby](#)
To: [Allyson Thiessen](#)
Subject: Notification: Projects Accepted
Date: Tuesday, October 12, 2021 3:37:00 PM
Attachments: [image001.png](#)

Good Afternoon

As the Collaborative Applicant for the NY-606 CoC, CARES would like to congratulate you on having your project accepted within the 2021 NY-606 CoC NOFO Application. Below is a detailed list of your agency's accepted project and funding requests:

- CARES of NY, Rockland CoC HMIS, \$69,543, Ranked #1

Again, congratulation. Please feel free to contact me should you have any questions.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
<http://www.caresny.org>

Find us on [Facebook](#)



1E-5a: Projects Accepted – Public Posting.

1. October 12, 2021 Email notification of Projects Accepted:

- b. Rockland County DSS**

- i. Coordinated Entry – *Renewal Project Application*
 - ii. RRH Program– *Renewal Project Application*
 - iii. RCCoC PSH – *Renewal Project Application*
 - iv. RCCoC PSH Expansion – *New Project Application*

From: [Samantha Barnaby](#)
To: [Roedema, Deena \(DFA\) \(Deena.Roedema@dfa.state.ny.us\)](#)
Subject: Notification: Projects Accepted
Date: Tuesday, October 12, 2021 3:32:00 PM
Attachments: [image001.png](#)

Good Afternoon

As the Collaborative Applicant for the NY-606 CoC, CARES would like to congratulate you on having your projects accepted within the 2021 NY-606 CoC NOFO Application. Below is a detailed list of your agency's accepted project and funding requests:

- RC DSS Coordinated Entry - \$72,500, Ranked #2
- RC DSS RRH Program - \$234,200, Ranked #3
- RC DSS RCCoC PSH - \$410,059, Ranked #4
- RC DSS RCCoC PSH Expansion - \$70,463, Ranked #6
-

Again, congratulation. Please feel free to contact me should you have any questions.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
<http://www.caresny.org>

Find us on [Facebook](#)



1E-5a: Projects Accepted – Public Posting.

1. October 28, 2021 Email notification of Projects Accepted:

c. Center for Safety & Change Inc.

- i. CSC DV Rapid Re-Housing – *Renewal Project Application*
- ii. CSC DV Bonus RRH Project Expansion - *New Project Application*

From: [Samantha Barnaby](#)
To: [Venesia DeFrank](#); [Annette Mackey](#); [M Place](#)
Subject: Notification: Projects Accepted
Date: Thursday, October 28, 2021 1:41:00 PM
Attachments: [image001.png](#)

Good Afternoon

As the Collaborative Applicant for the NY-606 CoC, CARES would like to congratulate Center for Safety & Change, Inc. on having your project accepted within the 2021 NY-606 CoC NOFO Application. Below is a detailed list of your agency's accepted projects and funding requests:

- CSC DV Rapid Re-Housing, \$277,722, Ranked #5
- CSC DV Rapid Re-Housing Expansion, \$112,622, Ranked #7

Again, congratulations. Please feel free to contact me should you have any questions.

Thank you!

Samantha Barnaby

Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709

<http://www.caresny.org>

Find us on [Facebook](#)

CARES
OF NY, INC.
ENDING HOMELESSNESS



1E-5a: Projects Accepted – Public Posting.

2. October 22, 2021 Email Notification of Ranking & Tiering for NY-606 Accepted Projects publicly posted on website

From: [CARES Planning Team](#)
To: AHutchinson@villagespringvalley.org; [Alex Bursztein](#); [Allyson Ryan](#); [Allyson Thiessen](#); amanda@rocklandpridecenter.org; [Andrew Kohlbrenner](#); [Ann Denton Allen](#); [Anna Kobelka](#) (helpinghandsofrockland1@gmail.com); [Annette Mackey](#) (amackey@centersc.org); [Anthony Petriccione](#); [Antonio Smith](#) (asmith@lshv.org); [Barbara Swift](#) (oaswift@optimum.net); [Betsy Bostwick](#) (bbostwick@helpinghandsofrockland.org); [Brigid Pigott](#); brooke@rocklandpridecenter.org; [Bryan Messinger](#); [Cassandra Edwards](#); cnovak@westcop.org; [Constance Frazier \(FrazierC@co.rockland.ny.us\)](mailto:ConstanceFrazier@co.rockland.ny.us); [Daniel Eudene](#) (Daniel.Eudene@archny.org); [Deanna Joy](#); [Roedema, Deena \(DFA\)](#); [Dilcia Suazo](#); [Dio Dominguez](#); dwilkins@rocklandpridecenter.org; [Ebony Thompson - New Beginnings](#) (nbdsinc@aol.com); [Eva Hernandez](#) (HernandE@co.rockland.ny.us); [Gerri Levy](#); [Gregory Emili \(grq250@cs.com\)](mailto:grq250@cs.com); [Heather Burch \(heatherburch1028@yahoo.com\)](mailto:heatherburch1028@yahoo.com); [Holly Shiffman](#); [Horace Turnbull](#); [James Fraser](#) (jfraser@helpinghandsofrockland.org); [Jerry Marton](#) (jerry.marton@rocklandguild.org); [Jessica Rodriguez](#) (jrodriguez@bridgesrc.org); [Joan Facelle \(jhfac@aol.com\)](mailto:JoanFacelle@aol.com); [John Fella \(john.fella@dfa.state.ny.us\)](mailto:JohnFella@dfa.state.ny.us); [Joseph Center \(joseph.center@tsiny.org\)](mailto:Joseph.Center@tsiny.org); [Joseph Juste](#); [Judy Rosenthal](#); [Julian Palmer \(jpalmer@touch-ny.org\)](mailto:JulianPalmer@touch-ny.org); [Katelyn McDonagh \(Katelyn.McDonagh@samaritanvillage.org\)](mailto:KatelynMcDonagh@samaritanvillage.org); kkohlbrenner@loebhouse.org; [Kevin McGill \(kmcgill@westccop.org\)](mailto:KevinMcGill@westccop.org); [Kiron Dawkins \(kdawkins@westcop.org\)](mailto:KironDawkins@westcop.org); [Larry Grubler \(lgrubler@tsiny.org\)](mailto:LarryGrubler@tsiny.org); [Lillian Jimenez \(Lillian.Jimenez@wmchealth.org\)](mailto:LillianJimenez@wmchealth.org); [Lizzette Regina \(reginali@co.rockland.ny.us\)](mailto:LizzetteRegina@reginali@co.rockland.ny.us); [Lu Ann Kelly](#); [M Place](#); [Maggie Trainor](#); [Maria Frank](#); [Maria Lugo](#); [Marion Breland \(marion.e.breland@gmail.com\)](mailto:marion.e.breland@gmail.com); [Mark Woods](#); [Matthew Janeczko \(mjaneczko@schousingny.org\)](mailto:MatthewJaneczko@mjaneczko@schousingny.org); [Matthew Shelley](#); [Donoghue, Maura \(DFA\)](#); [Michael Leitzes](#); [Mike Doman](#); [Nadie Travis](#); [Nadine Dae \(ndaee@centersc.org\)](mailto:ndaee@centersc.org); [Nicole Sirignano \(nsirignano@bridgesrc.org\)](mailto:NicoleSirignano@bridgesrc.org); [Nida Sharif](#); [Phyllis Morena](#); [Phyllis Morena \(plesmark@aol.com\)](mailto:plesmark@aol.com); [Raymond Browne \(rbrown@tsiny.org\)](mailto:RaymondBrowne@tsiny.org); [Rena Finklestein](#); [Rosa Serrano-Delgado](#); [Sabrina Neptune](#); [Santana Letts](#); [Samantha Barnaby](#); [Sheeba Mathai](#); [Ssalomon \(ssalomon@schousingny.org\)](mailto:ssalomon@schousingny.org); [Stephen Clement \(sclement@rocklandrecoveryhomes.org\)](mailto:StephenClement@rocklandrecoveryhomes.org); [Sue Palmer](#); [Susan Branam](#); [Susan Daycock \(sdaycock@aol.com\)](mailto:SusanDaycock@aol.com); [Tami Schonberg \(schonbet@co.rockland.ny.us\)](mailto:TamiSchonberg@schonbet@co.rockland.ny.us); [Tammy Schwartz](#); [Tom Zimmerman](#); [Tony Earl Jr.](#); [Vanessa Rock](#); [Venesia DeFrank](#); [Wwilynn Dunn](#); [William Robson](#); [Yasmin Carrillo](#)
Cc: [Amy Lacey](#); [Erin Reale](#); [Genesis Matthey](#); [Haleigh Schmidhamer](#); [Kathy Germain](#); [Kelsey Addy](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#); [Samantha Barnaby](#); [Nancy Harrington](#); [Michelle Sandoz-Dennis](#); [Allyson Thiessen](#); [Denise Brodt](#); [Kirstin Jones](#)
Subject: RCCC Public Posting of FY21 CoC Application (Draft #5)
Date: Friday, October 22, 2021 5:46:09 PM
Attachments: [image001.png](#)
[image002.png](#)

Good Afternoon Rockland Co. CoC,

All parts of the 2021 Consolidated Application and Attachments have been posted to the [CARES Website](#) for public comment.

Specifically, you will find:

- Draft #5: Consolidated Application Narratives & Attachments
- Final Draft: Priority Listing (including project rankings), [Project Ranking & Tiering](#), and Project Descriptions, Planning Project, and UFA Project

CARES will be posting an updated application every Friday until submission to reflect our progress and allow for community input. Please send public comments to [Genesis Matthey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

Pronouns: She/Her/Hers

Director of Planning – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, 12210

518-489-4130 x704

1E-5a: Projects Accepted – Public Posting.

3. October 22, 2021 Website screenshot showing posted Ranking & Tiering for NY-606 Accepted Projects

Public Posting

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 601 DCHC

NY 606 RCCC

NY 608 UCCC

Rockland County Continuum of Care (RCCC)

CoC Project Applications

[RCCC Home Page](#)

2021 Funding Snapshot

NY-606 Rockland

ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$1,064,024	\$1,064,024	\$281,853	\$70,463	\$211,390	\$42,278	\$42,278
	<i>(100% of the amounts for all renewal projects)</i>	<i>(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus</i>				

2021 CoC Consolidated Application

Public Posting Date: 10.22.2021

DRAFT: [NY 606 CoC Consolidated Application - Narrative](#)

DRAFT: [NY 606 CoC Consolidated Application - Attachments](#)

2021 CoC Priority Listing

Public Posting Date: 10.22.2021

FINAL: [NY 606 CoC Priority Listing](#)

FINAL: [NY 606 CoC Project Descriptions](#)

FINAL: [NY 606 Project Ranking and Tiering](#)

2021 CoC UFA Project

Public Posting Date: 10.22.2021

FINAL: [NY 606 CoC UFA Project](#)

1E-6: Web Posting CoC-Approved Consolidated Application for CoC.

This attachment details the correspondence to NY-606's Membership and website postings for the CoC's draft and Approved Consolidated Application, Priority Listing, and Projects accepted, ranked, and rejected. It contains the following:

1. Public Posting of the Final Version of the CoC Consolidated Application
 - a. Screenshots of Draft & Final Public Posting
 - i. November 5, 2021 Final Draft Public Posting
 - ii. 9/24/21; 10/1/21; 10/8/21; 10/15/21; 10/22/21; 10/29/21
 - b. Emails informing CoC of Draft & Final Public Posting
 - i. November 5, 2021 Final Draft Public Posting
 - ii. 9/24/21; 10/1/21; 10/8/21; 10/15/21; 10/22/21; 10/29/21

1E-6: Web Posting CoC-Approved Consolidated Application for CoC

1. Public Posting of the Final Version of the CoC Consolidated Application
 - a. Screenshots of Public Postings
 - i. November 5, 2021 Final Public Posting



- Public Posting
- NY 501 STEPS
- NY 503 ACCH
- NY 507 HSPB
- NY 511 STHC
- NY 512 RCHSC
- NY 519 CGHC
- NY 520 FEHC
- NY 522 PNHC
- NY 523 SNC
- NY 601 DCHC
- NY 606 RCCC**
- NY 608 UCCC

Rockland County Continuum of Care (RCCC) CoC Project Applications

[RCCC Home Page](#)

2021 Funding Snapshot

NY-606 Rockland						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$1,064,024	\$1,064,024	\$281,853	\$70,463	\$211,390	\$42,278	\$42,278
	<i>(100% of the amounts for all renewal projects)</i>	<i>(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus</i>				

2021 CoC Consolidated Application

Final Public Posting Date: 11.05.2021

- DRAFT: [NY 606 CoC Consolidated Application - Narrative](#)
- DRAFT: [NY 606 CoC Consolidated Application - Attachments](#)

2021 CoC Priority Listing

Final Public Posting Date: 11.05.2021

- FINAL: [NY 606 CoC Priority Listing](#)
- FINAL: [NY 606 CoC Project Descriptions](#)
- FINAL: [NY 606 Project Ranking and Tiering](#)

2021 CoC Planning Project

Final Public Posting Date: 11.05.2021

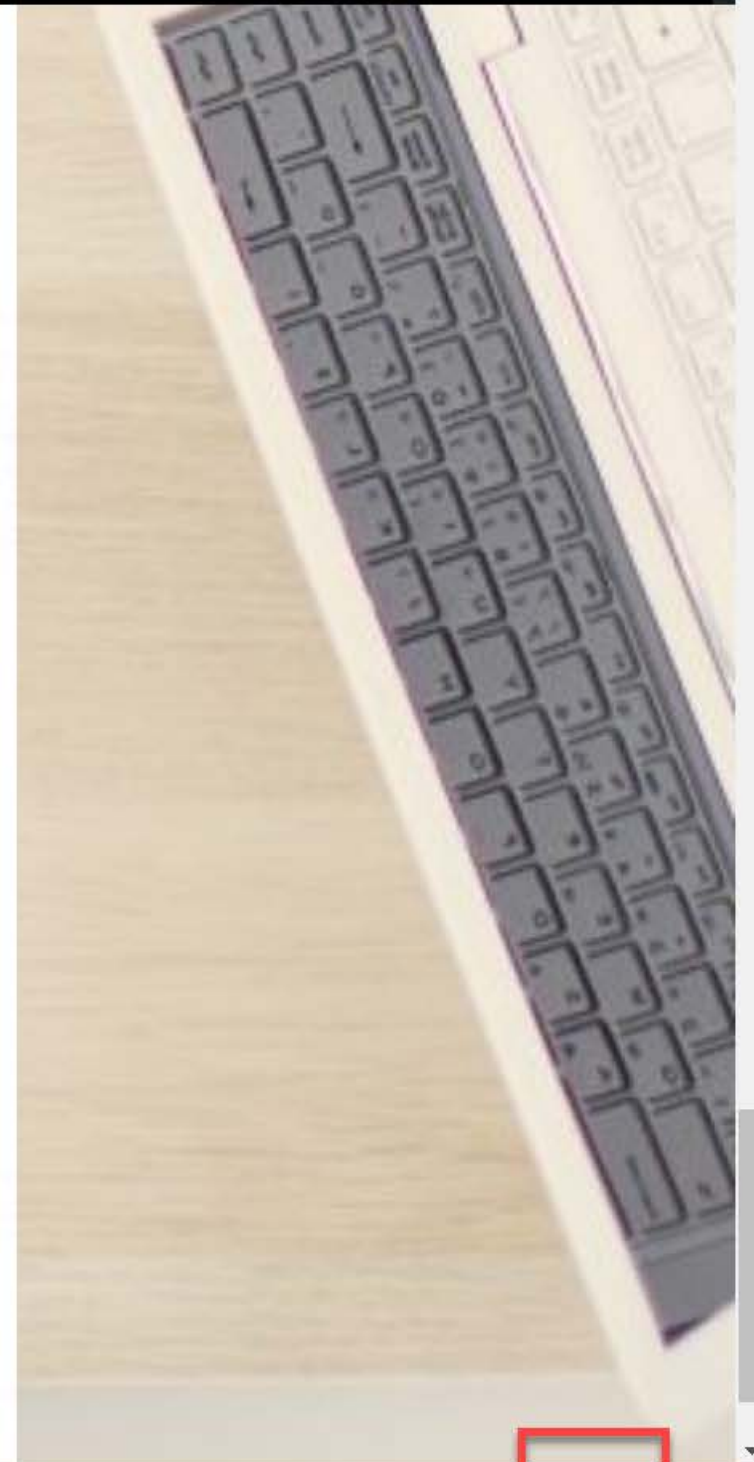
- FINAL: [NY 606 CoC Planning Project](#)

2021 CoC UFA Project

Final Public Posting Date: 11.05.2021

- FINAL: [NY 606 CoC UFA Project](#)

[View Public Posting Archives](#)



1E-6: Web Posting CoC-Approved Consolidated Application for COC.

1. Public Posting of the Final Version of the CoC Consolidated Application
 - a. Screenshots of Draft & Final Public Posting
 - i. 9/24/21; 10/1/21; 10/8/21; 10/15/21; 10/22/21; 10/29/21

CoC Public Postings

Summary

CoC's must demonstrate transparency in the local CoC competition results. Specifically, CoC's must post on their website, at least 2 days before the application submission deadline, all parts of the CoC Consolidated Application, including the CoC Application with attachments and the CoC Priority Listing with all project applications accepted and ranked, or rejected, and notify community members and key stakeholders that the CoC Consolidation Application is available.

Once a substantial portion of the Consolidated Application is completed, CARES will post an updated version of the application on Fridays. CoC community members are encouraged to review and provide comments to CARES by emailing planning_team@caresny.org.

- Public Posting
- NY 501 STEPS
- NY 503 ACCH
- NY 507 HSPB
- NY 511 STHC
- NY 512 RCHSC
- NY 519 CGHC
- NY 520 FEHC
- NY 522 PNHC
- NY 523 SNC
- NY 601 DCHC
- NY 606 RCCC**
- NY 608 UCCC

Rockland County Continuum of Care (RCCC) CoC Project Applications

[RCCC Home Page](#)

2021 Funding Snapshot

NY-606 Rockland						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$1,064,024	\$1,064,024	\$281,853	\$70,463	\$211,390	\$42,278	\$42,278
	<i>(100% of the amounts for all renewal projects)</i>	<i>(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus</i>				

2021 CoC Consolidated Application

- Public Posting Date: 9.24.2021**
- DRAFT: NY 606 CoC Consolidated Application - Narrative
- DRAFT: NY 606 CoC Consolidated Application - Attachments

View Public Posting Archives

2019 Public Postings: RCCC

Public Posting

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 601 DCHC

NY 606 RCCC

NY 608 UCCC

Rockland County Continuum of Care (RCCC)

CoC Project Applications

[RCCC Home Page](#)

2021 Funding Snapshot

NY-606 Rockland

ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$1,064,024	\$1,064,024	\$281,853	\$70,463	\$211,390	\$42,278	\$42,278
	<i>(100% of the amounts for all renewal projects)</i>	<i>(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus</i>				

2021 CoC Consolidated Application

Public Posting Date: 10.1.2021

DRAFT:  NY 606 CoC Consolidated Application – Narrative

DRAFT:  NY 606 CoC Consolidated Application – Attachments

View Public Posting Archives

+ 2019 Public Postings: RCCC

CoC's must demonstrate transparency in the local CoC competition results. Specifically, CoC's must post on their website, at least 2 days before the application submission deadline, all parts of the CoC Consolidated Application, including the CoC Application with attachments and the CoC Priority Listing with all project applications accepted and ranked, or rejected, and notify community members and key stakeholders that the CoC Consolidation Application is available.

Once a substantial portion of the Consolidated Application is completed, CARES will post an updated version of the application on Fridays. CoC community members are encouraged to review and provide comments to CARES by emailing planning_team@caresny.org.

- Public Posting
- NY 501 STEPS
- NY 503 ACCH
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- NY 511 STHC
- NY 512 RCHSC
- NY 519 CGHC
- NY 520 FEHC
- NY 522 PNHC
- NY 523 SNC
- NY 601 DCHC
- NY 606 RCCC
- NY 608 UCCC

Rockland County Continuum of Care (RCCC) CoC Project Applications

RCCC Home Page

2021 Funding Snapshot

NY-606 Rockland						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$1,064,024	\$1,064,024	\$281,853	\$70,463	\$211,390	\$42,278	\$42,278
	<i>(100% of the amounts for all renewal projects)</i>	<i>(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus</i>				

2021 CoC Consolidated Application

Public Posting Date: 10.8.2021

- DRAFT: NY 606 CoC Consolidated Application - Narrative
- DRAFT: NY 606 CoC Consolidated Application - Attachments

View Public Posting Archives

✦ 2019 Public Postings: RCCC

Public Posting

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 601 DCHC

NY 606 RCCC

NY 608 UCCC

Rockland County Continuum of Care (RCCC)

CoC Project Applications

[RCCC Home Page](#)

2021 Funding Snapshot

NY-606 Rockland

ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$1,064,024	\$1,064,024	\$281,853	\$70,463	\$211,390	\$42,278	\$42,278
	<i>(100% of the amounts for all renewal projects)</i>	<i>(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus</i>				

2021 CoC Consolidated Application

Public Posting Date: 10.15.2021

DRAFT: NY 606 CoC Consolidated Application – Narrative

DRAFT: NY 606 CoC Consolidated Application – Attachments

2021 CoC Priority Listing

Public Posting Date: 10.15.2021

DRAFT: NY 606 CoC Priority Listing

- Public Posting
- NY 501 STEPS
- NY 503 ACCH
- NY 507 HSPB
- NY 511 STHC
- NY 512 RCHSC
- NY 519 CGHC
- NY 520 FEHC
- NY 522 PNHC
- NY 523 SNC
- NY 601 DCHC
- NY 606 RCCC
- NY 608 UCCC

Rockland County Continuum of Care (RCCC) CoC Project Applications

RCCC Home Page

2021 Funding Snapshot

NY-606 Rockland						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$1,064,024	\$1,064,024	\$281,853	\$70,463	\$211,390	\$42,278	\$42,278
	(100% of the amounts for all renewal projects)	(amount for Bonus + DV Bonus) <i>*note: a portion of Tier 2 is solely for DV Bonus</i>				

2021 CoC Consolidated Application

Public Posting Date: 10.22.2021

- DRAFT: NY 606 CoC Consolidated Application – Narrative
- DRAFT: NY 606 CoC Consolidated Application – Attachments

2021 CoC Priority Listing

Public Posting Date: 10.22.2021

- FINAL: NY 606 CoC Priority Listing
- FINAL: NY 606 CoC Project Descriptions
- FINAL: NY 606 Project Ranking and Tiering

2021 CoC UFA Project

Public Posting Date: 10.22.2021

- FINAL: NY 606 CoC UFA Project

- Public Posting
- NY 501 STEPS
- NY 503 ACCH
- NY 507 HSPB
- NY 511 STHC
- NY 512 RCHSC
- NY 519 CGHC
- NY 520 FEHC
- NY 522 PNHC
- NY 523 SNC
- NY 601 DCHC
- NY 606 RCCC**
- NY 608 UCCC

Rockland County Continuum of Care (RCCC) CoC Project Applications

[RCCC Home Page](#)

2021 Funding Snapshot

NY-606 Rockland						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$1,064,024	\$1,064,024	\$281,853	\$70,463	\$211,390	\$42,278	\$42,278
	<i>(100% of the amounts for all renewal projects)</i>	<i>(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus</i>				

2021 CoC Consolidated Application

Public Posting Date: 10.29.2021

- DRAFT: NY 606 CoC Consolidated Application – Narrative
- DRAFT: NY 606 CoC Consolidated Application – Attachments

2021 CoC Priority Listing

Public Posting Date: 10.29.2021

- FINAL: NY 606 CoC Priority Listing
- FINAL: NY 606 CoC Project Descriptions
- FINAL: NY 606 Project Ranking and Tiering

2021 CoC Planning Project

Public Posting Date: 10.29.2021

- FINAL: NY 606 CoC Planning Project

2021 CoC UFA Project

Public Posting Date: 10.29.2021

- FINAL: NY 606 CoC UFA Project

[View Public Posting Archives](#)

1E-6: Web Posting CoC-Approved Consolidated Application for CoC

1. Public Posting of the Final Version of the CoC Consolidated Application
 - b. Emails informing CoC of Public Postings
 - i. November 5, 2021 Final Draft Public Posting

From: [CARES Planning Team](#)
To: AHutchinson@villagespringvalley.org; [Alex Bursztein](#); [Allyson Ryan](#); amanda@rocklandpridecenter.org; [Andrew Kohlbrenner](#); [Ann Denton Allen](#); [Anna.Kobelka \(helpinghandsofrockland1@gmail.com\)](mailto:Anna.Kobelka@helpinghandsofrockland1@gmail.com); [Annquette Mackey \(amackey@centersc.org\)](#); [Anthony Petriccione](#); [Antonio Smith \(asmith@shv.org\)](mailto:Antonio.Smith@shv.org); [Barbara Swift \(oaswift@optimum.net\)](#); [Betsy Bostwick \(bostwick@helpinghandsofrockland.org\)](mailto:Betsy.Bostwick@helpinghandsofrockland.org); ["Brigid Pigott"](#); brooke@rocklandpridecenter.org; ["Bryan Messinger"](#); [Cassandra Edwards](#); [Christina Novak \(cnovak@westcop.org\)](#); [Constance Frazier \(FrazierC@co.rockland.ny.us\)](mailto:Constance.Frazier@co.rockland.ny.us); [Daniel Eudene \(Daniel.Eudene@archny.org\)](#); ["Deanna joy"](#); [Deena Roedema](#); [Dilcia Suazo](#); [Dio Dominguez \(dwilkins@rocklandpridecenter.org\)](#); [Ebony Thompson - New Beginnings \(nbdsync@aol.com\)](#); [Eva Hernandez \(HernandE@co.rockland.ny.us\)](mailto:Eva.Hernandez@co.rockland.ny.us); [Gerri Levy](#); [Gregory Emili \(grg250@cs.com\)](mailto:Gregory.Emili@cs.com); [Heather Burch \(heatherburch1028@yahoo.com\)](mailto:Heather.Burch@yahoocom); [Holly Shiffman](#); ["Horace Turnbull"](#); [James Fraser \(jfraser@helpinghandsofrockland.org\)](#); [Jerry Marton \(jerry.marton@rocklandguild.org\)](mailto:Jerry.Marton@rocklandguild.org); [Jessica Rodriguez \(jrodriguez@bridgesrc.org\)](mailto:Jessica.Rodriguez@bridgesrc.org); [Joan Facelle \(jhfac@aol.com\)](mailto:Joan.Facelle@aol.com); [John Fella \(john.fella@dfa.state.ny.us\)](mailto:John.Fella@dfa.state.ny.us); [Joseph Center \(joseph.center@tsiny.org\)](mailto:Joseph.Center@tsiny.org); [Joseph Juste](mailto:Joseph.Juste); [Judy Rosenthal - District Attorney's office \(rosenthalj@rocklandda.org\)](mailto:Judy.Rosenthal@rocklandda.org); [Julian Palmer \(jpalmer@touch-ny.org\)](mailto:Julian.Palmer@touch-ny.org); [Katelyn McDonagh \(Katelyn.McDonagh@samaritanvillage.org\)](mailto:Katelyn.McDonagh@samaritanvillage.org); [Kelly Kohlbrenner](#); [Kevin McGill \(kmcgill@westccop.org\)](mailto:Kevin.McGill@westccop.org); [Kiron Dawkins \(kdawkins@westcop.org\)](mailto:Kiron.Dawkins@westcop.org); [Larry Grubler \(lgrubler@tsiny.org\)](mailto:Larry.Grubler@tsiny.org); [Lillian Jimenez \(Lillian.Jimenez@wmchealth.org\)](mailto:Lillian.Jimenez@wmchealth.org); [Lizzette Regina \(reginali@co.rockland.ny.us\)](mailto:Lizzette.Regina@co.rockland.ny.us); [Lu Ann Kelly](#); [M Place](#); ["Maggie Trainor"](#); ["Maria Frank"](#); ["Maria Lugo"](#); [Marion Breland \(marion.e.breland@gmail.com\)](mailto:Marion.Breland@gmail.com); ["Mark Woods"](#); [Matthew Janeczko \(mjaneczko@schousingny.org\)](mailto:Matthew.Janeczko@schousingny.org); ["Matthew Shelley"](#); [Maura Donoghue](#); [Michael Leitzes](#); ["Mike Domen"](#); [Nadie Travis](#); [Nazanin Dae \(ndaee@centersc.org\)](mailto:Nazanin.Daee@centersc.org); [Nicole Sirignano \(nsirignano@bridgesrc.org\)](mailto:Nicole.Sirignano@bridgesrc.org); ["Nida Sharif"](#); ["Phyllis Morena"](#); ["plesmark@aol.com"](mailto:plesmark@aol.com); [Raymond Browne \(rbrown@tsiny.org\)](mailto:Raymond.Browne@tsiny.org); [Rena Finklestein](#); ["Rosa Serrano-Delgado"](#); [Sabrina Neptune](#); ["Santana Letts"](#); ["sbarnaby@caresny.org"](mailto:sbarnaby@caresny.org); ["Sheeba Mathai"; ssalomon@schousingny.org](mailto:Sheeba.Mathai@schousingny.org); [Stephen Clement \(sclement@rocklandrecoveryhomes.org\)](mailto:Stephen.Clement@rocklandrecoveryhomes.org); [Sue Palmer](#); ["Susan Branam"](#); [Susan Daycock \(sdaycock@aol.com\)](mailto:Susan.Daycock@aol.com); ["Tami Schonberg \(schonbet@co.rockland.ny.us\)"](mailto:Tami.Schonberg@co.rockland.ny.us); ["Tammy Schwartz"](#); [Tom Zimmerman](#); [Tony Earl Jr.](#); ["Vanessa Rock"](#); [Venesia DeFrank](#); ["Vwilynn Dunn"](#); [William Robson](#); [Yasmin Carrillo](#)

Cc: [Amy Lacey](#); [Erin Reale](#); ["Genesis Matthey"](#); [Haleigh Schmidhamer](#); [Kathy Germain](#); [Kelsey Addy](#); [Maureen Van Deusen](#); [Samantha Barnaby](#); [Michelle Sandoz-Dennis](#); [Nancy Harrington](#); [Allyson Thiessen](#); [Denise Brodt](#); [Kirstin Jones](#)

Subject: Final Posting of Rockland CoC FY2021 CoC Consolidated Application
Date: Friday, November 5, 2021 2:14:00 PM
Attachments: [image001.png](#)

Dear Rockland County Continuum of Care (RCCC),

As the end of the 2021 Continuum of Care competition season approaches, we have some important announcements:

- The final version of the RCCC 2021 Consolidated Application with Attachments and Priority Listing are now available on [CARES webpage](#).
- Comments may be submitted to Genesis Matthey (gmatthey@caresny.org) by COB Tuesday, November 9th.
- Our submission goal is Friday, November 12th (well before HUD's November 16th deadline).

I want to thank all the funded agencies and systems partners who have worked collaboratively with CARES staff to complete the application.

We look forward to our continued partnership and coordination.

As always, please feel free to contact me directly if you have any comments or questions.

Thank you,

Kelsey Addy, MPA

Pronouns: She/Her/Hers

Director of Planning – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, 12210

518-489-4130 x704

www.caresny.org

Find us on [Facebook](#)



1E-6: Web Posting CoC-Approved Consolidated Application for COC.

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 - b. Emails informing CoC of Draft & Final Public Posting
 - i. 9/24/21; 10/1/21; 10/8/21; 10/15/21; 10/22/21; 10/29/21

From: [CARES Planning Team](#)
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Subject: Rockland CoC Public Posting of FY21 Draft Consolidated Application
Date: Friday, September 24, 2021 4:45:00 PM
Attachments: [image002.png](#)

Good Afternoon Rockland Co. CoC,

Draft version 1 of the 2021 Consolidated Application and Attachments have been posted to the [CARES Website](#) for public comment.

CARES will be posting an updated application every Friday until submission to reflect our progress and allow for community input. Please pay particular attention to question 1C-16, and let us know if you have lived experience that can be reflected in the application. Please send public comments to [Genesis Mattey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

Pronouns: She/Her/Hers

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Subject: Rockland CoC Public Posting of FY21 Draft #2 Consolidated Application
Date: Friday, October 1, 2021 3:07:06 PM
Attachments: [image002.png](#)

Good Afternoon Rockland Co. CoC,

Draft version 2 of the 2021 Consolidated Application and Attachments have been [posted to the CARES Website](#) for public comment.

CARES will be posting an updated application every Friday until submission to reflect our progress and allow for community input. Please pay particular attention to question 1C-16, and let us know if you have lived experience that can be reflected in the application. Please send public comments to [Genesis Mattey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

Pronouns: She/Her/Hers

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Subject: [Rockland CoC Public Posting of FY21 Draft #3 Consolidated Application](#)
Date: [Friday, October 8, 2021 1:44:00 PM](#)
Attachments: [image001.png](#)

Good Afternoon Rockland Co. CoC,

Draft version 3 of the 2021 Consolidated Application and Attachments have been [posted to the CARES Website](#) for public comment.

CARES will be posting an updated application every Friday until submission to reflect our progress and allow for community input. Please pay particular attention to question 1C-16, and let us know if you have lived experience that can be reflected in the application. Please send public comments to [Genesis Mattey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

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Subject: Rockland CoC Public Posting of FY21 Draft #1 Priority Listing & Draft #4 Consolidated Application
Date: Friday, October 15, 2021 2:02:12 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)

Good Afternoon Rockland Co. CoC,

Draft version 1 of the Priority Listing and Draft version 4 of the 2021 Consolidated Application and Attachments have been posted to the [CARES Website](#) for public comment.

For context, the Priority Listing notes all those renewal and new project applications that will be included in this year's CoC application to HUD.

CARES will be posting an updated application every Friday until submission to reflect our progress and allow for community input. Please pay particular attention to question 1C-16, and let us know if you have lived experience that can be reflected in the application. Please send public comments to [Genesis Matthey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

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Date: Friday, October 22, 2021 5:46:09 PM
Attachments: [image001.png](#)
[image002.png](#)

Good Afternoon Rockland Co. CoC,

All parts of the 2021 Consolidated Application and Attachments have been posted to the [CARES Website](#) for public comment.

Specifically, you will find:

- Draft #5: Consolidated Application Narratives & Attachments
- Final Draft: Priority Listing (including project rankings), Project Ranking & Tiering, and Project Descriptions, Planning Project, and UFA Project

CARES will be posting an updated application every Friday until submission to reflect our progress and allow for community input. Please send public comments to [Genesis Matthey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

Pronouns: She/Her/Hers

Director of Planning – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, 12210

518-489-4130 x704

From: [CARES Planning Team](#)
To: AHutchinson@villagespringvalley.org; [Alex Bursztein](#); [Allyson Ryan](#); [Allyson Thiessen](#); amanda@rocklandpridecenter.org; [Andrew Kohlbrenner](#); [Ann Denton Allen](#); [Anna Kobelka](#) (helpinghandsofrockland1@gmail.com); [Annette Mackey](#) (amackey@centersc.org); [Anthony Petriccione](#); [Antonio Smith](#) (asmith@lshv.org); [Barbara Swift](#) (oaswift@optimum.net); [Betsy Bostwick](#) (bbostwick@helpinghandsofrockland.org); [Brigid Pigott](#); brooke@rocklandpridecenter.org; [Bryan Messinger](#); [Cassandra Edwards](#); [Christina Novak](#) (cnovak@westcop.org); [Constance Frazier](#) (FrazierC@co.rockland.ny.us); [Daniel Eudene](#) (Daniel.Eudene@archny.org); [Deanna joy](#); [Deena Roedema](#); [Dilcia Suazo](#); [Dio Dominguez](#); dwilkins@rocklandpridecenter.org; [Ebony Thompson - New Beginnings](#) (nbdsinc@aol.com); [Eva Hernandez](#) (HernandE@co.rockland.ny.us); [Gerri Levy](#); [Gregory Emili](#) (grq250@cs.com); [Heather Burch](#) (heatherburch1028@yahoo.com); [Holly Shiffman](#); [Horace Turnbull](#); [James Fraser](#) (jfraser@helpinghandsofrockland.org); [Jerry Marton](#) (jerry.marton@rocklandguild.org); [Jessica Rodriguez](#) (jrodriguez@bridgesrc.org); [Joan Facelle](#) (jhfac@aol.com); [John Fella](#) (john.fella@dfa.state.ny.us); [Joseph Center](#) (joseph.center@tsiny.org); [Joseph Juste](#); [Judy Rosenthal - District Attorney's office](#) (rosenthalj@rocklandda.org); [Julian Palmer](#) (jpalmer@touch-ny.org); [Katelyn McDonagh](#) (Katelyn.McDonagh@samaritanvillage.org); [Kelly Kohlbrenner](#); [Kevin McGill](#) (kmcgill@westccop.org); [Kiron Dawkins](#) (kdawkins@westcop.org); [Larry Grubler](#) (lgrubler@tsiny.org); [Lillian Jimenez](#) (Lillian.Jimenez@wmchealth.org); [Lizzette Regina](#) (reginali@co.rockland.ny.us); [Lu Ann Kelly](#); [M Place](#); [Maggie Trainor](#); [Maria Frank](#); [Maria Lugo](#); [Marion Breland](#) (marion.e.breland@gmail.com); [Mark Woods](#); [Matthew Janeczko](#) (mjaneczko@schousingny.org); [Matthew Shelley](#); [Maura Donoghue](#); [Michael Leitzes](#); [Mike Domen](#); [Nadie Travis](#); [Nazanin Dae](#) (ndaee@centersc.org); [Nicole Sirignano](#) (nsirignano@bridgesrc.org); [Nida Sharif](#); [Phyllis Morena](#); plesmark@aol.com; [Raymond Browne](#) (rbrown@tsiny.org); [Rena Finklestein](#); [Rosa Serrano-Delgado](#); [Sabrina Neptune](#); [Santana Letts](#); sbarnaby@caresny.org; [Sheeba Mathai](#); ssalomon@schousingny.org; [Stephen Clement](#) (sclement@rocklandrecoveryhomes.org); [Sue Palmer](#); [Susan Branam](#); [Susan Daycock](#) (sdaycock@aol.com); [Tami Schonberg](#) (schonbet@co.rockland.ny.us); [Tammy Schwartz](#); [Tom Zimmerman](#); [Tony Earl Jr.](#); [Vanessa Rock](#); [Venesia DeFrank](#); [Vwilynn Dunn](#); [William Robson](#); [Yasmin Carrillo](#)
Cc: [Amy Lacey](#); [Erin Reale](#); [Genesis Mattey](#); [Haleigh Schmidhamer](#); [Kathy Germain](#); [Kelsey Addy](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#); [Samantha Barnaby](#); [Nancy Harrington](#); [Michelle Sandoz-Dennis](#); [Kirstin Jones](#); [Denise Brodt](#); [Allyson Thiessen](#)
Subject: RCCC Public Posting of FY21 CoC Application (Draft #6)
Date: Friday, October 29, 2021 5:22:00 PM
Attachments: [image001.png](#)
[image002.png](#)

Good Afternoon Rockland Co. CoC,

All parts of the 2021 Consolidated Application and Attachments have been posted to the [CARES Website](#) for public comment.

Specifically, you will find:

- Draft #6: Consolidated Application Narratives & Attachments
- Final Draft: Priority Listing (including project rankings), Project Ranking & Tiering, Project Descriptions, Planning Grant, and UFA Grant

CARES will be posting the Submission Posting next Friday, November 5th. Please send public comments to [Genesis Mattey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

Pronouns: She/Her/Hers

Director of Planning – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, 12210

3A-2a Healthcare Formal Agreements

This attachment details the Healthcare Formal Agreements for **NY 606**. It includes the following:

1. Signed MOU between the **Center for Safety & Change** and **VCS, Inc**, to provide services for the **CSC DV Bonus RRH Project Expansion**.



SAVING LIVES IN SO MANY WAYS

BOARD OF DIRECTORS

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President

November 2, 2021

Steven T. Breen
Treasurer

To Whom It May Concern:

John Sadowski
Secretary

On behalf of VCS Inc., I am writing to express our intent to partner with the Center for Safety & Change (“the Center”) in response to the CSC DV Bonus RRH Project Expansion. The Center is applying for this funding to secure additional units and provide housing and supportive services to victims of domestic violence.

MEMBERS

Simona Chazen, LCSW
Mimi Gelb, LMFT
Esther Guzman
Terry Knight
Jonathan Kupperman
Anita Levine
Derek Nelson
Mario Occhicone

VCS Inc. has collaborated with the Center for over four decades, helping to educate the community about men's violence against women and advocating for services and social change for victims of abuse. Since 1970, VCS has provided continuous service and programs throughout the Hudson Valley and other areas as determined by the needs of the community. The VCS mission is to provide hope and promote social justice for individuals, families, and communities through mental health counseling and community change.

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Under this agreement, VCS will provide mental health assessment, counseling, and treatment to referred victims of domestic violence in the COC program during the 2022-2023 grant year. These services will be provided as a 25% match (\$28,156) of the project.

VCS is proud to be part of this effort to increase the vital resources available to victims and survivors of domestic violence in Rockland County. Should you have any questions, please feel free to contact me at 845-634-5729 or via e-mail at sgoforth@vcs-inc.org.

Sincerely,

Sarah Goforth
Executive Director

EXECUTIVE STAFF

Sarah Goforth
Executive Director

Nancy Rosa
Chief Financial Officer

Elizabeth Alvarado
Chief Operating Officer

