Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.
1A. Continuum of Care (CoC) Identification

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
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1A-1. CoC Name and Number: MO-604 - Kansas City (MO&KS), Independence, Lee's Summit/Jackson, Wyandotte Counties CoC

1A-2. Collaborative Applicant Name: Greater Kansas City Coalition to End Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: MARC
1B. Continuum of Care (CoC) Engagement

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at:

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC’s coordinated entry system.

<table>
<thead>
<tr>
<th>Organization/Person</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including selecting CoC Board Members</th>
<th>Participates in Coordinated Entry System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>EMS/Crisis Response Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Applicant: Kansas City (MO & KS)/Independence/Lee's Summit/Jackson, Wyandotte Counties CoC
Project: MO-604 CoC Registration FY2019

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<table>
<thead>
<tr>
<th>Non-CoC Funded Youth Homeless Organizations</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Domestic Violence Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>LGBT Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Illness Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**1B-1a. CoC’s Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.**

Applicants must describe how the CoC:
1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2. communicates information during public meetings or other forums the CoC uses to solicit public information;
3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and
4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF. (limit 2,000 characters)

1B-1a 1. The Greater Kansas City Coalition to End Homelessness (GKCCEH) Board of Directors is comprised of homeless service providers, law enforcement, foundation representatives, local government officials, and those with lived experience. The board informs all major decisions and policies that impact the CoC through education, discussion and votes. All CoC committees have slated seats for those with lived-experience. The CoC ‘s CE Work Group and Youth CE Task Force formulate policies, evaluate the efficiency of the current system, and make process changes, using CoC input to guide decisions. GKCCEH has both a bi-annual CEO Leadership meeting for agency leadership to provide feedback on the work of the CoC. GKCCEH’s At-Large
Town Hall semi annual meeting is an additional opportunity for members of our community to offer candid feedback and suggestions to the Board.

2 Over 80 CoC representatives attend the monthly membership meeting, a time for committee updates and CoC announcements, which also highlights voices of the community through a variety of trainings and education offered by local staff. GKCCEH offers scholarships to community members to attend conferences and disseminate that information back within the CoC. GKCCEH’s weekly newsletter also serves to announce community updates; any community member can request to post within this newsletter.

3. Information gathered by public forums, feedback surveys, and CoC committees and meetings are used to develop GKCCEH’s strategic plan for the next 18 months. Community feedback is solicited no less than quarterly and the CoC has a specific process including multiple touchpoints for public feedback before publishing any policy and/or process.

4. Information in posted online in PDF format. GKCCEH partners with multiple agencies with expertise in serving those who are differently abled, to ensure that all community members are receiving full access to services and information at all times.

1B-2. Open Invitation for New Members.

Applicants must describe:
1. the invitation process;
2. how the CoC communicates the invitation process to solicit new members;
3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;
4. how often the CoC solicits new members; and
5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC. (limit 2,000 characters)

1B-2 1. GKCCEH employs an Engagement Coordinator (EC) for the specific purpose of actively recruiting non HUD CoC funded agencies to join the CoC membership in order participate in all local decisions that lead to ending homelessness in the CoC. GKCCEH’s EC requests one on one meetings with local executive level staff of all local homeless service providers. In 2019, GKCCEH’s EC met with over 15 non HUD CoC funded agencies; 6 of these agencies joined the CoC as a result.

2. GKCCEH’s membership meetings are the ‘entry point’ for all community members to join the CoC, therefore GKCCEH ensures that these meetings are widely publicized, including via: website, monthly emails, and verbal reminders.

3. Electronic formats of all policies, procedures, updates, etc. are provided via the GKCCEH website and email. Agendas and meeting minutes from the previous meeting are sent out electronically monthly. Power points and other supplemental viewing aids are used during membership meetings.

4. GKCCEH’s EC’s primary task is to solicit new members on a year round basis. The EC spends between 2-4 hours a week attending meetings in which new agencies might be networked with, contacting agencies not yet involved.

5. GKCCEH employs the help of its Youth Action Board (YAB), Youth 4 Change KC (Y4CKC), to help invite and incorporate homeless and formerly homeless
youth into the CoC. Y4CKC presents at each monthly meeting and is active in the Youth CE Task Force. GKCCEH’s board holds at least one slated seat for persons with lived experience.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:
1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;
2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;
3. the date(s) the CoC publicly announced it was open to proposal;
4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and
5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.

(limit 2,000 characters)

1B-3. 1. In 2019 GKCCEH shifted to a year-round model for the HUD CoC Competition process and notified renewal projects in Jan 2019 that proposals for renewal projects were to be submitted via Letter of Intent, due in early April 2019. GKCCEH notified agencies through announcements and trainings at membership meetings, weekly newsletter updates, and via press release. GKCCEH committed in 2019 to facilitate trainings focused on detailing HUD CoC funding opportunities well in advance of the HUD CoC NoFA, to allow for proper preparation for agencies not familiar with HUD CoC funding competitions. As such, GKCCEH facilitated 2 public HUD 101 trainings in May 2019. These training materials are featured prominently on GKCCEH’s website. Additionally, 2 technical trainings were provided to offer step by step instruction on how to submit project applications within ESNAPs. Proposals for all projects were submitted by Letter of Intent, as noted on GKCCEH’s HUD CoC NoFA timeline; 17 new proposals were submitted this year: a 100% increase from 2018
2. All project applications first undergo a threshold review by GKCCEH staff to ensure that all attachments are present, the application within esnaps is correct and complete, and that the cover sheet is submitted. Once the applications are deemed eligible, they progress on to the rank and review panel for scoring.
3. A press release was posted on April 05, noting that CoC MO 604 was locally opening the CoC Competition.
4. GKCCEH partners with local agencies (such as the Whole Person) whose expertise lies in working with those with disabilities, so that any possible communication gaps might easily and comfortably be bridged. Further, GKCCEH offers a multitude of ways to experience trainings and meetings: via webinar, conference call in (microphones and speakers provided for quality
audio), all materials are posted online.
5. N/A: GKCCEH is happy to open the competition to agencies new to HUD CoC funding.
1C. Continuum of Care (CoC) Coordination

Instructions:
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Resources:
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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

<table>
<thead>
<tr>
<th>Entities or Organizations the CoC coordinates planning and operation of projects</th>
<th>Coordinates with Planning and Operation of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Funding Collaboratives</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through other Federal resources</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through Local Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through private entities, including foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Kansas City (MO & KS)/Independence/Lee's Summit/Jackson,Wyandotte Counties CoC
Project: MO-604 CoC Registration FY2019

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1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.

(limit 2,000 characters)

1C-2 1. GKCCEH staff actively participate in planning and allocation of ESG funds in both Wyandotte, County KS and Jackson County, MO. GKCCEH’s Executive Director and Director of Programs review and vote yearly for ESG funding requests funneling through the City of Kansas City, Missouri (KCMO). Additionally, GKCCCEH staff meets directly with the Unified Government of Wyandotte (UGW) to assist in determining the most efficient ways to allocate ESG funding in Wyandotte County.
2. While reviewing ESG applications for both Wyandotte and Jackson counties, GKCCEH staff are asked to offer specific evaluations of any programs receiving CoC funding, with a particular focus on cost effectiveness and housing outcomes.
3. GKCCEH has very open lines of communication with both the UGW and the City of KCMO. GKCCEH staff communicate via email weekly with contacts from each jurisdiction and regularly offer local housing outcomes, performance measures, and internal strategic planning updates that influence/guide Consolidated Plan updates. Additionally, both jurisdictions regularly attend and engage in GKCCEH membership meetings as well as gather necessary information and disseminate said information to GKCCEH and the Missouri Housing Development Commission (MHDC) as needed.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions.

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it
can be addressed in Consolidated Plan updates.

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

Applicants must describe:
1. the CoC’s protocols, including protocols for coordinated entry and the CoC’s emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and
2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)

1C-3. 1. Domestic Violence (DV) service providers have long-participated in CoC-planning to ensure trauma-informed, victim-centered services are kept at the forefront. This includes continuing to stay compliant with the Violence Against Women Act (VAWA) despite its expiration. One DV agency, Rose Brooks, has volunteered for over 10 years in CoC leadership positions. Today, representatives from three DV agencies serve on the Coordinated Entry (CE) Workgroup. DV agencies’ expertise guided the GKCCEH’s CE process to include screening every household for DV, sexual assault, and stalking and to use the research-based Lethality Assessment Protocol with those who disclose abuse. CE Assessors are trained in trauma-informed methods to administer the assessments and immediately offer victim-centered safety planning and connection to DV resources. Victims fleeing abuse and/or at high-risk for murder receive prioritization points. GKCCEH’s Emergency Transfer Policy details eligibility, needed documentation, confidentiality protections, safety guidance, and the process to request and obtain an emergency transfer when individuals fear imminent harm from violence if they remain in their current unit.
2. DV agencies and GKCCEH maximize client choice by ensuring survivors may participate fully in CE, rather than maintaining a separate, concurrent CE system for survivors. Furthermore, survivors connected with DV services may either be assessed at the DV agency or a mainstream hub. All CE Assessors are trained in trauma-informed, victim-centered methods, including safety planning, confidentiality, and local resources. Survivors presenting at any CE site are given the choice to continue with the housing assessment, connect with DV-specific resources, or both. The CE assessment includes questions regarding geographic and school district preferences, i.e., considering survivors’ safety concerns. DV survivors may be referred to DV or to mainstream housing service providers.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:
1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and
2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving
survivors of domestic violence.
(limit 2,000 characters)

1C-3a. 1. GKCCEH coordinates with victim service providers to provide project staff with training that addresses safety and planning protocols as well as the best practices of trauma-informed, victim-centered service models. All CE Assessors participate in annual training on these topics, initially and during recertification. By nature of their missions, DV service providers maintain safety as their focus when working with survivors and measure outcomes related to this priority. Additionally, four DV programs in GKCCEH reported training over 8,000 individuals, including staff from at least two dozen GKCCEH agencies, over the course of 346 trainings in 2018. Training topics included DV 101, Safety Planning, Safety Planning with Survivors with Disabilities, Trauma Informed Care and Universal Design for Accessibility, From 911 to Court: The Path of a Criminal DV Case, Housing First, Voluntary Services, and Confidentiality. Complementing these trainings are those provided by GKCCEH’s primary safety net hospital, Truman Medical Center. Its Center for Trauma Informed Innovation facilitated trainings with homeless services organizations, healthcare providers, school districts, and law enforcement officers.

2. CE staff rely on DV agency representatives serving on key GKCCEH workgroups who offer expertise, consultation, and technical assistance around policies and protocols that relate to safety planning, DV survivors, and trauma-informed, victim-centered best practices. For example, the GKCCEH adopted the research-based Lethality Assessment Protocol for use during the CE assessment process and partners with a leading local DV agency to train all assessors to use tool and consequent safety planning. As the bi-weekly CE workgroup continues to refine its prioritization methods and overall processes, trauma-informed care remains at the forefront of discussions, and members look to the DV agency representatives for direction to ensure victim confidentiality.

1C-3b. Domestic Violence—Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.
(limit 2,000 characters)

1C-3b. GKCCEH is committed to maintaining confidentiality of DV, dating violence, sexual assault, and stalking survivors and strives to integrate data available from victim service providers into GKCCEH’s planning and evaluation processes. All DV agencies participate in the annual Point-in-Time (PIT) count to ensure an accurate count of persons fleeing DV. Additionally, DV agencies helped craft the process to enter non-identifying data into CE’s by-name list and to connect survivors with housing services once referred. Four DV agencies shared the following 2018 data from their comparable databases:
266 shelter beds available
2,381 persons sheltered
23 persons used hotel vouchers
9,493 callers turned away from shelter due to lack of space
22,937 hotline calls answered;
25% of one agency’s 9,986 hotline calls were
from police officers with victims who they had screened to be at high-risk of being killed
38 households with 118 individuals were permanently housed by the CoC-funded
DV agency
Over 50% of households entering DV emergency shelter are single-person households
It is important to understand this data in the context of CoC-funded agencies, e.g., only one DV agency has an active housing program at the time of this application, though a 2nd is scheduled to open 10/1/19. The active program is funded to serve families, but the majority of survivors presenting at DV emergency shelters and on the CE by-name list are single-persons, not families. Finally, both CoC-funded programs are rapid re-housing, with no DV-specific permanent supportive housing available.
This data helps GKCCEH understand the breadth of DV locally and inform funding priorities for local projects. There is a need for RRH programs which accept households regardless of composition or size and increased supports for survivors who need a higher level of intervention and duration than RRH provides.

*1C-4. PHAs within CoC. Attachments Required.

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
<th>PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence Housing Authority</td>
<td>64.00%</td>
<td>Yes-Both</td>
<td>Yes-Public Housing</td>
</tr>
<tr>
<td>Housing Authority of Kansas City</td>
<td>17.00%</td>
<td>Yes-Both</td>
<td>Yes-Both</td>
</tr>
</tbody>
</table>

1C-4a. PHAs’ Written Policies on Homeless Admission Preferences.

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC’s geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

1C-4a. 1. GKCCEH shares a particularly close working relationship with Independence Housing Authority (IHA) and the Housing Authority of Kansas City, MO (HAKC). Both of these PHAs have homeless admission preferences within their administration plans. In fact, the 3 largest PHAs within CoC MO 604 do have homeless preference admission policies. Additionally, in 2019 both IHA and HAKC began exploring adding language to their administration plans.
regarding a ‘moving on’ style approach for clients who have successfully navigated permanent supportive housing placement and can move on to a lighter intervention housing model within a local PHA. HAKC has already updated the HAKC administration plan, and IHA has drafted a proposal to be submitted to the IHA board by fall of 2019.

2. N/A: GKCCEH does work closely with local PHAs.

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

If “Yes” is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs.

(limit 1,000 characters)

1C-4b. GKCCEH has worked diligently with the Independence, Missouri Housing Authority (IHA) to initiate a “Moving On Strategy” whereby persons who are ready to leave a high intensity CoC funded project (PSH, RRH, or TH), but are not yet economically prepared for market rent, will receive preference for housing authority openings and vouchers. GKCCEH staff have met with the IHA and its Board of Commissioners to introduce the “Moving On Strategy” concept. Both IHA executive leadership and its Commissioners have enthusiastically agreed to consider revising IHA policies to include “Moving On” as an admission preference. We have secured a memorandum of understanding to this effect and expect to have the official policy in place in 2020. The IHA has also agreed to “set-aside” one unit in 2019 and another in 2020 for use by GKCCEH to house homeless or formerly homeless individuals and families.

In addition, GKCCEH staff have met with executive leadership of Preservation of Affordable Housing (POAH), owner and operator of our area’s largest affordable housing property, Hawthorne Place Apartments. Hawthorne Place Apartments is a 745 unit multi-family income based housing property located in the Kansas City Metro area. POAH has agreed to consider including a “Moving On” admission preference in its admission policy. We have secured a memorandum of understanding to this effect and expect to have official policy in place in 2020.

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

(limit 2,000 characters)

1C-5. GKCCEH takes seriously its role in ensuring CoC processes and funded agencies prevent and, when necessary, address all forms discrimination, including discrimination of those in protected classes. To this end, GKCCEH
staff:
Works closely with housing providers to understand the impact of systemic oppression. For example, the May 2019 monthly membership meeting focused on the present impact of historic housing laws locally. These issues continue to be discussed, and related research and resources are posted on the GKCCEH website.
Reviews CoC-funded agency policies during annual monitoring visits to ensure they are inclusive and do not discriminate against potential or existing clients. Connects CoC-funded agencies with multiple trainings on these topics. Among the trainings held in 2019 are: Race, Equity and Inclusion (Sophic Solutions), 2 Fair Housing trainings, Race, Power, and Identity (Pakou Her), Be’Yond the Basics Anti Racism (Reale Justice Network)
Requires new and renewal projects to address equity and inclusion in the local NOFA competition. These responses are scored, thus playing a role in the rank and review process.
Maintain, uphold, and improve upon its existing Anti-Discrimination policy. In fact, the GKCCEH Community Standards Committee is currently strengthening the policy to be more inclusive; to more clearly reference relevant local, state, and national regulations; and to include process forms, e.g., acknowledgement forms for CoC-funded agencies, methods to file grievances, etc. The revised draft is expected to be distributed for public comment by the end of September 2019, with the finalized, board-approved policy in effect by November 2019.
Investigate accusations of discrimination committed by CoC-funded agencies. The investigation process includes speaking to involved parties, offering guidance regarding law and regulation, seeking out legal advice, and/or connecting agencies to HUD.

**1C-5a. Anti-Discrimination Policy and Training.**

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**1C-6. Criminalization of Homelessness.**

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Engaged/educated local policymakers:</td>
<td>X</td>
</tr>
<tr>
<td>2. Engaged/educated law enforcement:</td>
<td>X</td>
</tr>
</tbody>
</table>
3. Engaged/educated local business leaders:  

4. Implemented communitywide plans:  

5. No strategies have been implemented:  

6. Other: (limit 50 characters)  

Engaged/educated municipal courts  

---

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:
1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)

1C-7 1. In 2017, 5 Hub, CE access points, locations were selected by a CE workgroup to ensure that the locations cover the entire geographic area of MO 604. Since their inception, the effectiveness of these Hub locations are evaluated at least annually. In 2019, it was determined that the existing 5 Hubs were struggling to meet client need. To address this gap, 1 additional Hub was added, hours were increased at an existing Hub, and a 7th Hub will come online in late fall of 2019. GKCCEH's mobile assessor program helps cover gaps in low coverage areas and are accessed regularly by outreach staff.

2. GKCCEH's mobile assessor process allows clients with multiple barriers accessing Hub locations to be provided with a VAT assessment at the location of their choice, within 48 hours of initial contact. GKCCEH sustains a close relationship with local street outreach workers, police departments and libraries that assist in reaching the least accessible individuals. Once reached, support and assessments are offered to those clients unable to present at Hubs.

3. In September 2019, the GKCCEH board of directors passed an updated By Name List (BNL) prioritization tool that has been tested for efficacy during two in-depth Case Conferencing simulations. This enables GKCCEH to more accurately and equitably identify what each client's level of need is as well as what housing and other supportive interventions would be a good fit to address them. This updated tool includes prioritization of persons experiencing DV, medically fragile persons, families with children under 5, and other factors of high vulnerability. The new process involves prioritization by group consensus allowing for a more objective and transparent means of targeting program resources to those with the most urgent needs. Weekly placement team
meetings now focus on prioritizing persons before entering the waitlist, which contributes to persons receiving timely intervention and assistance.
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1D-1. Discharge Planning Coordination.

Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

<table>
<thead>
<tr>
<th>Foster Care:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td></td>
</tr>
<tr>
<td>Correctional Facilities:</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>
1E. Local CoC Competition

Instructions
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

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*1E-1. Local CoC Competition—Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition; Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline; Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline. Yes


Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served); Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served. Yes

 Applicant: Kansas City (MO & KS)/Independence/Lee’s Summit/Jackson, Wyandotte Counties CoC
 Project: MO-604 CoC Registration FY2019

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.

(limit 2,000 characters)

1E-3. 1. For the 2019 HUD CoC competition, GKCCEH published a document noting prioritized populations to guide the rank and review team. This document serves to identify some of the higher need and more vulnerable groups in our local CoC, including households with a disability, households needing more than 3 bedrooms and youth as head of household. Additionally, GKCCEH prioritizes chronically homeless individuals and individuals with long-term homelessness who do not have a disability. GKCCEH is also intentional about educating our rank and review members on populations that not only fall under the categories listed, but also those that are most underserved within those categories (i.e. Youth, LGBTQIA youth and adults, chronically homeless affected by HIV/AIDS, etc.).

2. Rank and review members place a very high value on any projects with a focus on underserved populations. This year, the rank and review team prioritized a project that proposes to serve the local LGBTQIA population, as this is currently a severely underserved group in our area, in regard to housing. When scoring and ranking projects, severity of needs is second in priority to project performance only. Severity of needs is taken so seriously by the rank and review team that projects working with underserved populations can sometimes rank higher than other, higher scoring projects. The higher ranking given to projects serving these populations is done deliberately to ensure that we not only talk about the severity of needs and vulnerabilities in our community, but in fact take action to prioritize lessening the barriers for those most effected.


Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application–including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.
1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC’s ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 12%


Applicants must:
1. describe the CoC written process for reallocation;
2. indicate whether the CoC approved the reallocation process;
3. describe how the CoC communicated to all applicants the reallocation process;
4. describe how the CoC identified projects that were low performing or for which there is less need; and
5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.

( limit 2,000 characters)

1E-5a 1. GKCCEH’s written Reallocation Policy defines the reallocation process, lists guiding principles of reallocation, and clearly explains the rank and review process. Projects eligible for involuntary reallocation include those ranked in the lowest 20th percentile of eligible renewal projects. Performance outcomes considered are CE compliance, PSH dedication, low barrier projects, and bed utilization.

2. Formal annual approval of the reallocation process is given through a vote by the GKCCEH board of directors and the CoC Administration and Finance Committee after an annual review. This document remains posted on our website throughout the year.

3. Applicants are made aware of the reallocation process through: a mandatory training held after the HUD CoC NoFA is published, the policy published prominently on our website, and at multiple (April, May, July 2019) membership
meetings during NoFA updates.

4. GKCCEH contracted with a local technology company to create scoresheets auto-populated from CoC-wide ARP data from HMIS. This eliminates the need for hand manipulation, decreasing the likelihood of human error. This scorecard allows the CoC to evaluate performance objectively and identify low performers. Low performing programs receive the opportunity to present solutions within the various narrative questions in the project application coversheet. Rank and Review members read the applications and narratives to determine if projects have a strong enough corrective action plan to warrant not being reallocated.

5. Lower performing projects are discussed as a group by the Rank and Review team, once all have been individually reviewed and scored. The team discusses which projects seem least able to be able to correct their outcomes, as evidenced by poor performance on score cards, weak application narrative and any other visible issues. Therefore, it is by consensus (after using a clearly defined scoring tool and process) that projects are reallocated.
DV Bonus

Instructions
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1F-1  DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing:

<table>
<thead>
<tr>
<th>Type of Project</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PH-RRH</td>
<td>X</td>
</tr>
<tr>
<td>2. Joint TH/RRH</td>
<td>X</td>
</tr>
<tr>
<td>3. SSO Coordinated Entry</td>
<td>X</td>
</tr>
</tbody>
</table>

*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

Applicants must report the number of DV survivors in the CoC’s geographic area that:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need Housing or Services</td>
<td>12,500.00</td>
</tr>
<tr>
<td>the CoC is Currently Serving</td>
<td>2,154.00</td>
</tr>
</tbody>
</table>
1F-2a. Local Need for DV Projects.

Applicants must describe:
1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).
(limit 500 characters)

1F-2a.1. The number of DV survivors needing housing or services was calculated through data collection from our local DV shelters as well as HMIS data from local non-dv providers. Data collected was for total number of requests for housing or services.

2. The data was retrieved from local DV shelters as well as HMIS data from local non-DV providers.

1F-3. : SSO-CE Project–CoC including an SSO-CE project for DV Bonus funding in their CoC Priority Listing must provide information in the chart below about the project applicant and respond to Question 1F-3a.

<table>
<thead>
<tr>
<th>DUNS Number</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name</td>
<td>N/A</td>
</tr>
</tbody>
</table>

1F-3a. Addressing Coordinated Entry Inadequacy.

Applicants must describe how:
1. the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, or stalking; and
2. the proposed project addresses inadequacies identified in 1. above.
(limit 2,000 characters)

N/A

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing–using the list feature below.

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>DUNS Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hope House, Inc.</td>
<td>948450614</td>
</tr>
<tr>
<td>Rose Brooks Center</td>
<td>134954437</td>
</tr>
<tr>
<td>Friends of Yates</td>
<td>858756984</td>
</tr>
<tr>
<td>Community Service...</td>
<td>171556681</td>
</tr>
</tbody>
</table>
1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

<table>
<thead>
<tr>
<th>DUNS Number:</th>
<th>948450614</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td>Hope House, Inc.</td>
</tr>
<tr>
<td>Rate of Housing Placement of DV Survivors–Percentage:</td>
<td>100.00%</td>
</tr>
<tr>
<td>Rate of Housing Retention of DV Survivors–Percentage:</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

Rates were calculated from data collected in Hope House’s Transitional Housing (TH) program in calendar year 2018, which exclusively served survivors of DV. “Housing placement” includes TH participants placed into scattered-site transitional housing who exited to permanent housing. “Housing retention” includes survivors who remained in permanent housing for at least six months after departure from the TH program. As a victim service provider, Hope House utilizes a comparable data base.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

Hope House maintains personnel who are trained to administer the community’s chosen assessment tool (Vulnerability Assessment Tool) with survivors who are accessing emergency shelter services, so as to ensure timely addition to the community’s by-name list for housing placement. In addition, Hope House employs personnel who are skilled at safety planning with survivors and work with survivors to locate safe housing options. After survivors believe their immediate safety needs have been addressed, they are assisted with gathering required documentation such as birth certificates, social security cards, documentation of homelessness, etc. Agency staff assist survivors in their search for housing immediately, without preconditions or participation requirements. Personnel also work to maintain and grow relationships with housing providers and landlords in our community so as to expand the number of safe housing options available to survivors. Hope House also maintains a Client Assistance Fund that helps remove financial barriers, such as past due rent or utilities, which can often get in the way of moving quickly into permanent housing. The fund is flexible and can be tailored to the needs of each survivor. The flexibility of the fund allows Hope House to meet the needs of each survivor, remove barriers to housing, and help
ensure housing stability going forward.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

All Hope House personnel receive training on the dynamics of domestic violence and methods of safety planning. Hope House maintains a Training Coordinator who offers this training in-house to all Hope House employees at new hire and on and on-going basis. In 2018, Hope House served more than 4,000 men, women and children. In that same year, staff documented almost 7,000 instances of formal safety planning with survivors, and 90% of clients surveyed stated that they had more ways to plan for their safety after their interaction with Hope House. Staff are provided with an office to conduct intakes, and the agency also maintains several private multi-purpose rooms that can be used for this purpose. Because Hope House is a victim service provider who serves persons who have fled domestic violence, persons are “uncoupled” at the time they are referred for services. Hope House allows survivors to choose their own housing and housing location, taking into consideration any unique needs for safety and confidentiality. Staff work alongside survivors during their stay in services to offer various housing options and resources as well as ongoing safety planning as it relates to each survivor. Hope House operates two residential shelter facilities for survivors. Hope House’s residential facilities are maintained by the agency’s full-time facilities staff who conduct monthly walk-throughs of all agency owned buildings to ensure all living spaces are safe and hygienic for survivors and their dependents. The agency’s physical address of both residential facility locations, and any scattered site transitional housing units, are kept confidential. On-going safety planning, client satisfaction surveys, and tracking the completion of goals are utilized to measure Hope House’s ability to ensure the safety of survivors. Results of these measurement tools are analyzed quarterly and annually by program staff, management, and the agency’s Continuous Quality Improvement team.

1F-4d. Trauma-Informed, Victim-Centered Approaches.
Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
   (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
   (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
   (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
   (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
   (g) offering support for parenting, e.g., parenting classes, childcare.

Providing trauma-informed, client centered interventions has been the cornerstone of Hope House’s mission and philosophy since its inception more than 35 years ago. In fact, providing culturally competent and trauma-informed care is part of the agency’s vision statement. The Hope House service philosophy states the following:
• Every survivor has the right to safety;
• Every survivor is the expert on her/his own life;
• Every survivor has the right to self-determination; and
• Every survivor has the capacity to change.

Hope House requires all new employees to complete 20 hours of trauma-informed care training; existing staff complete additional on-going trainings on trauma-informed care as well. Hope House maintains in-house staff to provide these trainings on an on-going basis. In 2018, Hope House staff participated in more than 150 hours of trauma-informed care training.

Hope House utilizes an individualized and flexible approach to case management. Survivors are not required to meet with project staff any certain number of times or on a definite timeline. Rather, project staff engage in discussions with each survivor to determine the level and type of service the survivor feels they need, as well as the frequency and schedule that best meets the survivor’s needs. Project staff offer survivor-driven, mobile advocacy that focuses on addressing the needs identified by survivors, rather than on predetermined needs. Mobile advocacy means that staff can meet survivors where and when it is safe and convenient for them, and can also accompany survivors to appointments as needed. It also includes safety planning and centers not just on housing, but on other aspects of the survivor’s life such as employment, immigration, health, education, and connection to community.

Hope House allows survivors to choose their own housing and housing location, taking into consideration any unique needs for safety and confidentiality.

Survivors are not obligated to participate in supportive services such as therapy.
or other forms of treatment as a condition of receiving services. Staff utilize assertive outreach and progressive engagement practices to offer voluntary supportive services that emphasize client-driven service plans; however, survivors may choose whether or not to engage in those services. Supportive services emphasize engagement and problem-solving, strengths-based case management, and safety planning.

All Hope House staff must also complete an initial training on cultural competence, and Hope House offers regular on-going training on issues of trauma, domestic violence, and diversity and inclusion, including a bi-monthly Developing Diversity Discussion. All staff are required to complete at least six hours of training in these topics each calendar year; staff are evaluated on this requirement during annual performance reviews. The agency also maintains a Committee on Agency Culture and Inclusion that meets monthly to discuss issues around diversity and inclusion. In 2018, Hope House staff participated in more than 250 hours of training related to cultural competence, including topics such as current issues facing Latino families, gender equality, effects of implicit bias, culturally specific healing modalities, supporting male victims of domestic violence, and services for LGBTQ victims.

Hope House will form a Client Advisory Group made up of survivors who are participating in its transitional and permanent housing programs. The formation of this group will allow Hope House to directly solicit feedback from survivors who have utilized services. Additionally, it will give survivors a chance to connect with one another. All Hope House clients also have access to all Hope House services, including support groups, individual therapy, parenting groups, civil legal assistance, and supervised visitation and safe exchange of custody services.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

Survivors have access to all of the comprehensive services offered at Hope House, including attorneys who provide free civil legal services in the areas of child custody, divorce, orders of protection, divorce or custody modifications, etc. Hope House also maintains a safe exchange of custody and supervised visitation program. Staff assist participants in obtaining a credit report and
taking steps to clear any poor credit histories; the agency’s flexible Client Assistance Fund can also be used for this purpose. Staff also work to create relationships with other community service providers, particularly in the areas of education, job training, and employment and directly assist survivors with employment needs such as creating a resume, searching for job openings, completing job applications, or practicing interview skills. Hope House also maintains MOUs with two local community mental health centers who provide behavioral health and substance use services. The agency’s Client Assistance Fund can also be used to help with the costs of childcare, education classes, vocational classes, prescription medications or other physical health needs, and/or employment-related needs such as work uniforms.

1F-4. PH-RRH and Joint TH and PH-RRH Project

### Applicant Capacity

<table>
<thead>
<tr>
<th>DUNS Number:</th>
<th>134954437</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td>Rose Brooks Center</td>
</tr>
<tr>
<td>Rate of Housing Placement of DV Survivors–Percentage:</td>
<td>100.00%</td>
</tr>
<tr>
<td>Rate of Housing Retention of DV Survivors–Percentage:</td>
<td>90.00%</td>
</tr>
</tbody>
</table>

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1. Rose Brooks Center (RBC) is a DV-dedicated agency providing 72 rapid re-housing (RRH) beds and a comprehensive array of trauma-informed services. Placement: RBC’s RRH program receives its referrals from the Coordinated Entry System, 100% of whom are fleeing DV. 100% of eligible referrals were placed in housing. Retention: In 2018, 20 households exited RBC’s RRH program. 18 of 20 (90%) reported retaining permanent housing.
2. RBC gathered data from its comparable database, Osnium.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

To ensure DV survivors experiencing homelessness are assisted to quickly move into permanent housing, RBC practices Housing First philosophies by operating from the complementary voluntary services, low barrier, harm
reduction, and trauma informed care models. RBC mirrors the HUD target of moving people into permanent housing within 30 of initial client contact. Survivors are supported in choosing where they reside, and once housed, case managers assertively engage survivors with individualized support. To ensure long-term housing outcomes for survivors upon completion of the program, the program strives for affordable units that are accessible to transportation and other daily living amenities not to exceed Fair Market Rent. In addition, participants sign leases themselves, with rent subsidies paid directly to the landlord. Overall, this process improves credit and rental histories and enhances the viability of survivors’ permanent housing plans, making the goal of permanent housing very achievable for residents beyond the term of the rent subsidy.

Because survivors have experienced the trauma of domestic violence and have been dramatically impacted by the power and control tactics of their abuser, RBC’s services are voluntary and client-driven, thereby supporting clients’ ability to freely choose on issues critical to their family. In order to secure employment, retain housing, increase education, and focus on other client-identified goals, RBC offers wrap-around services for survivors to use as they determine. Participants engage with services based on their unique needs and plans assessed in their initial intake and revisited throughout their time in the program.

Additionally, this new project responds to a local need expanding services to serve single adults who are fleeing domestic violence. As it will be an expansion to an existing project, RBC feels confident it can quickly employ additional requested staff and engage potential clients.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
   (limit 2,000 characters)

1a. RBC requires all agency direct staff members to complete 40-hours of training (including specific training on safety planning) before providing direct services, as outlined by Missouri Coalition Against Domestic and Sexual Violence. Additionally, RBC offers training and materials on safety planning to community partners.
1b. As a DV service agency, RBC keeps survivor safety at the forefront of all activities. Initial communication includes safety considerations which help in selecting a mutually safe first meeting location when meeting in the community, and meetings are always available at RBC’s secure campus, including
availability of a private intake room to ensure client confidentiality and emotional safety.

1c. Due to the nature of domestic violence, and the role of power and coercion, RBC recognizes the importance of conducting separate interviews with each member of a couple, when interviewing both parties is necessary (however, it is rare that both partners are interviewed by RBC). RBC also routinely trains community partners of the importance of this issue in community settings (such as hospitals, and on the scene of a DV investigation).

1d. RBC offers financial assistance at client-chosen scattered site units. Clients determine what geographic area is safest and supports their goals, and staff assist in safety planning around desired and selected location.

1e. N/A–RBC’s scattered-site program does not operate congregate living spaces. RBC informs property owners/managers when maintenance issues have the potential to impact safety.

1f. N/A–RBC’s scattered-site program does not maintain dedicated units or congregate living spaces. RBC proactively addresses safety and confidentiality with clients and with property owners/managers.

2. Safety risk assessment and planning begins with the initial contact and continues throughout program engagement. Safety planning interventions are recorded throughout the process and measured formally at file closing.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
   (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
   (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
   (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
   (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
   (g) offering support for parenting, e.g., parenting classes, childcare.

   (limit 4,000 characters)

1. RBC is committed to being a trauma-informed, victim-centered organization and has long been incorporating trauma-informed care principles at all levels of the agency. We assume that individuals and organizations may have experienced and been affected by trauma. This includes people we serve, all
staff and those we encounter while serving our community. The trauma-informed, victim-centered approach has three key elements: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) responding by putting this knowledge into policies, procedures, practices, and settings.

2a. To improve survivors’ residential stability, the program considers survivors’ unique needs and institutes low-barrier eligibility requirements to screen participants in (not out). RBC ensures prioritizing participant choice, rapid placement, and stabilization within their program model which uses a scattered-site model, with survivors self-selecting their own unit and leasing it in their name.

2b. RBC utilizes a Housing-First, voluntary service model, which prioritizes survivor autonomy and ability to choose services which best align with their goals for safety. This model also supports an environment of mutual respect and minimize power differential as staff are available to support the goals of the participant without having to enforce strict program requirements that dictate goals for participants.

2c. RBC is dedicated to trauma-informed practices and policies. Staff at all levels of the organization are trained in the Trauma-Informed Care practice and principles, which provides a conceptual framework for helping us align our thinking and culture with principles of trauma-informed care and recovery from trauma. Client education related to domestic violence and the impact of trauma is woven into all aspects of RBC’s programs and service delivery.

2d. Participant strengths and capacity for resiliency provide the foundation for all services provided by RBC. RBC utilized a strength-based approach across all programing, ensuring questionnaires, intakes, and goal plans are participant driven and build upon the strengths and self-determination of clients. For example, when setting goals with clients, Case Managers encourage clients to pull from strengths and previous experiences to move forward towards self-identified goals.

2e. RBC operates with a service philosophy, derived from our mission-driven commitment to end the cycle of domestic violence, that ALL survivors deserve the right to access shelter and support services in an environment that is both safe and welcoming. In order to ensure our ongoing commitment, RBC operates with an active Diversity Connections committee which oversees the implementation of the Equity and Inclusion Plan. Training is required of all staff to ensure Equity and Inclusion are incorporated through all levels of the agency.

2f. Isolation is a tool of abuse in situations of domestic violence. Oftentimes, abusers have purposefully isolated the survivor from their support system of friends, family and others in their community. That is why RBC offers opportunities to for social connections, through a wide variety of therapeutic groups, as well as agency activities and celebrations which support the development of positive social relationships among participants. Case Managers also offer a supportive connection to clients, as they are available throughout the duration of the program.

2g. RBC knows that being a parent can be very stressful, especially when this role is compounded by the trauma of DV. The Children’s Program provides a wide range of parent support that includes one-on-one meetings and group settings. Additionally, RBC’s Kid Zone offers child care and is equipped with toys, art supplies, computers and stations for children of all ages to utilize while their parents are receiving support.
1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

RBC’s Service Planning and Delivery policy dictates expectations for meeting survivors’ needs and assisting them quickly to move into permanent housing while addressing safety needs:

Child Custody – Safety plans may include protection orders, paternity cases, visitation arrangements, and securing a “Good Cause” waiver to avoid child support enforcement when applying for public benefits when dangerous to do so.

Legal Services – RBC’s formal partnership with Legal Aid includes offers multiple open legal clinics each month at RBC for survivors to gain legal advice from an attorney. RBC also employs legal advocates in the municipal, protection order, and family courts and the police department.

Criminal History – RBC works with a warrant relief program for traffic tickets and periodically with pro bono attorneys for felony expungement. RBC also develops relationships with property managers/owners. These relationships help secure housing more quickly, even when clients have criminal convictions.

Bad Credit History – Relationship-building with property managers/owners includes education on the impact of financial abuse on survivors’ credit and rental histories.

Education – Using a Housing First approach, education is addressed after securing housing. If a client is in school, a safety plan is developed.

Job Training / Employment – RBC maintains a full-time Employment Advocate to assist survivors in the job searching process and/or to connect with job training agencies. If a client is working, a safety plan is developed.

Physical/Mental Healthcare – Survivors often neglect their physical and mental health, due to abusers’ control and/or due to prioritizing safety. RBC connects clients to healthcare.

Drug and Alcohol Treatment – RBC follows a harm reduction model. Those seeking intervention are connected with RBC’s Substance Abuse Counselor or external resources.

Childcare – Securing childcare happens once housed. Safety planning with and for children is offered.
1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

<table>
<thead>
<tr>
<th>DUNS Number:</th>
<th>858756984</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td>Friends of Yates</td>
</tr>
<tr>
<td>Rate of Housing Placement of DV Survivors–Percentage:</td>
<td>100.00%</td>
</tr>
<tr>
<td>Rate of Housing Retention of DV Survivors–Percentage:</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

Oznium database, October 1, 2017- September 30, 2018 ESG RRH CAPER Report

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

For over 39 years Friends of Yates has provided the first and only safe haven and comprehensive Shelter and Transitional Housing program services for survivors fleeing domestic and sexual violence in Wyandotte County. Using a housing first approach, the Housing Stabilization Advocate works with survivors participating in services to quickly assess barriers to obtaining permanent housing. This is done by ensuring survivor has all legal documents and identification such as State identification, birth certificates and social security cards for all members in the family. The Housing Advocate also checks for any past evictions or utilities that would delay survivor in qualifying of Public Housing or private housing. Our agency has a partnership the local Housing Authority to prioritize housing assistance for survivors participating in our program that qualify for public housing. During the previous program reporting period the Housing Stabilization Advocate assisted 308 survivors in obtaining or maintaining safe permanent housing. The proposed funding of the Transitional Housing and Rapid Rehousing program will allow us to expand our current housing program options for survivors of domestic violence and assist them to become economically and emotionally self-sufficient to obtain and maintain permanent housing.

1F-4c. DV Survivor Safety.
Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

The Della Gill/Joyce H. Williams Center DG/JHWC provides housing options to survivors fleeing abuse for the purpose of safety. The safety of the survivor experiencing homelessness is ensured through ongoing staff training provided by the Kansas Coalition for Domestic and Sexual Violence on the dynamics of domestic and sexual abuse, crisis intervention and providing trauma-informed and client-centered and driven services. DG/JHWC has a trauma-informed service settings of providing separate intake areas to ensure the privacy and confidentiality of survivors’ information. Advocates work with survivors to assist in having them to identify what is safe for them in terms of their current housing needs and goals for permanent housing. The current Transitional Housing facility is located at an undisclosed location and has security doors and monitors around the perimeter and throughout the common areas of the building to ensure survivor safety. Survivors participating in housing and program services are given the opportunity to provide feedback on housing services and safety by completing program surveys during follow-up meetings with Case managers and at time of program exit. These surveys allow us to evaluate and make adjustments or enhance housing and program services as needed.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
   (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
   (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based
measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.

(limit 4,000 characters)

Our program utilizes trauma-informed, victim-centered approaches to meet needs of DV survivors by providing voluntary confidential and comprehensive services. Individual and group intervention for survivors who’ve experienced trauma and have co-occurring substance and/or mental health conditions are offered using Cognitive -Behavioral Approaches to understanding trauma utilizing the SAMHSA evidence based Trauma Recovery and Empowerment Model (TREM) curriculum. In groups, techniques such as: development of coping skills, ways to establish safe physical, emotional boundaries, communication style, decision making and regulating overwhelming feelings are taught to address recovery and healing from physical, sexual and emotional abuse. In addition, using the housing first approach and prioritizing participant choice of Transitional or rapid rehousing placement and stabilization in permanent housing consistent with participants’ preferences and current housing needs. Our goal is to reduce the level of trauma experienced as a result of domestic violence by assisting all survivors and secondary victims to strengthen their coping skills through empathetic response. DV survivors served through our program are treated with the utmost respect, dignity and compassion. Survivors are offered voluntary participation in Case management services which uses the Strength-based model for goal completion. In addition, services are to be provided in a trauma-informed and survivor-centered manner. Individual survivor experiences, including the impact(s) of trauma and any barriers faced by that survivor, must be taken into account. Further, all services are provided in a culturally relevant manner, meaning that they are informed by the traditions, customs and beliefs of the survivor and the communities being served. Parenting classes and Family Support is provided our Family Support Advocate. Also, on-site Child care is provided during certain hours to provide parents an opportunity to participate in support and educational groups.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

DV survivors experiencing homelessness needs were met through offering supportive services that increases housing stabilization. The Housing Advocate ensures barriers to survivors obtaining permanent housing are addressed quickly such as obtaining identification, outstanding utilities or past evictions. Survivors are assisted with applying for local public or income-based housing through the Kansas City, KS Housing Authority or private landlords. The Economic Advocate provides education and services that include, employment readiness services resume development, saving, budgeting, debt reduction, credit repair and other services to obtain financial sustainability and avoid returning to homelessness. In addition, DV survivors are offered life skills education as well as shopping on a budget, cooking, nutrition, housekeeping, and using public transportation. To ensure DV survivors are moved into permanent housing, a trained advocate assist in providing transportation to survivors for medical, mental health, court and housing appointments to address immediate health and safety concerns. Court Advocacy is available to assist survivors with legal concerns regarding their safety which may include but are not limited to: warrants, protection orders, civil or criminal pending cases, child custody/welfare concerns, immigration concerns, and/or safety concerns. Court Advocacy involves notifying survivors of their legal rights, legal aid referrals, and Crime Victims Compensation claim filing. In addition, on-site mental health and substance use services are provided by the Trauma Recovery Specialist and Social Worker, the program also partners with other community health organizations and service providers such as Wyandotte County Health Department, Wyandotte Mental health to meet the physical and mental needs of survivors.

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

| DUNS Number: | 171556681 |
| Applicant Name: | Community Services League |
| Rate of Housing Placement of DV Survivors–Percentage: | 36.00% |
| Rate of Housing Retention of DV Survivors–Percentage: | 100.00% |

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1. The rate of housing placement was calculated by taking the total number of
DV beds divided by the total number of program beds. The rate of housing retention was calculated by the number of DV survivors retaining housing divided by the total number of DV survivors in the program. The data source was the CoC HMIS system. Date range was 06/01/2018-7/30/2019.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.

(limit 2,000 characters)

All referrals to Community Services League’s (CSL’s) dedicated DV Permanent Supportive Housing project will come directly from the CoC’s Coordinated Entry System. The average length of time from the point of referral to housing placement for our program is less than 30 days. We are able to move quickly from the point of referral to housed because our team of Housing Case Managers are active in the homeless community and heavily involved in street outreach. This is important because the sooner we can connect with a survivor after receiving a referral, the more rapidly we can get them housed. Our team is also well versed in assisting participants in obtaining all of the documentation that will be required by landlords in order to get into a lease. In addition, CSL maintains relationships with landlords throughout the CoC geographic area so we are aware of available housing stock and can move quickly to get survivors into their new home. Having relationships with multiple landlords is also important because it lends to client housing choice. As CSL uses scattered site housing and while we assist with housing search, the actual unit is 100% up to the survivor and having numerous options to choose from allows the survivor to choose a type of housing and geographic mobility that they can feel safe and secure in their housing choice.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

1a: All CSL Housing Case Managers receive ongoing training on safety planning and implementation. In addition, staff are trained on completing and understanding Lethality Assessments Program and work closely with DV shelters to stay up to date on best practices. Staff utilize DV hotline resources.
as well as local police departments if needed. b: Intake spaces are designed and set up to be trauma informed and trauma centered. Meetings are held in private secured locations to ensure private conversations are kept confidential. c: During initial intake each adult in the household has the option to complete an intake separate. d: Survivors safety outcomes are met by placing no geographic limitations on housing choice to ensure participants can choose where to live and are safe in their own home. e: CSL utilizes scattered site housing. Each property has a habitability inspection ensuring the property is safe, secure and meets the survivors accessibility needs: f: Units are de-identified from databases including the local HMIS system. Survivors are provided a resource known as Safe At Home, an address confidentially program. 2. Staff prioritize safety, privacy and well-being of the victim. CSL helps survivors meet safety outcomes by placing no geographic limitations on housing choice to ensure participants can choose where to live and are safe in their own home. Safety plans include rapidly relocating participants and immediately rehousing if their safety is compromised. Using the Housing First Approach for survivors of domestic violence equips and empowers them to, essentially, start over and begin to heal without the turmoil and trauma of abuse in the home. In order to measure our ability to ensure safety, we use HUD Systems Performance Measures as evidenced by HMIS reports. Throughout CSL’s housing portfolio, 36% of our PSH participants are DV survivors. Of those survivors, we have a 100% housing retention rate and no re-victimization.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   a: prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   b: establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
   c: providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
   d: placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
   e: centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
   f: delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
   g: offering support for parenting, e.g., parenting classes, childcare.
   (limit 4,000 characters)

1. Program staff are trained from a trauma informed care approach with specific emphasis on victims of domestic violence. Staff prioritizes safety, privacy and
well-being of the victim with the understanding that trauma affects how survivors think, act, and feel. CSL follows trauma informed best practices including: a commitment to non-violence; an understanding that each survivor is unique and his/her experience is unique; an understanding that healing and recovery is a personal journey; understanding that relationships are based on respect and are strength-based; understanding that domestic violence violates physical safety and security; understanding that emotional safety is important; knowing that healing and recovery cannot occur in isolation; and that the survivor must have choice and control over their recovery. 2a: Survivors are able to select housing with no geographical barriers allowing survivor to ensure safety and privacy is met. All landlords are required to sign the VAWA lease addendum. 

b: CSL follows the Coactive Coaching Model wherein all services are client-centered and client led. We believe that all survivors are creative, resourceful, and whole, and furthermore, they are the experts in their own lives. Coaching, versus case management or counseling, completely shifts the power to the coaching participant rather than the coach. CSL’s staff walk alongside the client for strength and guidance, but we do not dictate service direction. 

c: Program staff are trained from a trauma informed care approach with specific emphasis on victims of domestic violence. Survivors are connected to aftercare services provided by DV shelter located near their residence. In addition, through coaching and case management, CSL staff provide survivors with information about stress responses, identifying triggers, the relationship between trauma and substance use and abuse, and how past trauma impacts decision making.

d: CSL follows the Coactive Coaching where all services are client centered and client led. Our staff use motivational interviewing techniques and strength based approaches. Our staff work with survivors on goal setting and planning and celebrate all victories, whether small or large. Through the coactive coaching model, our staff are trained to coach to the survivor’s dreams and desires and to only provide guidance and support, but never dictates. 

e: Our program is designed to be 100% client choice/client voice. From the time we get a referral, we strive to "meet participants where they are". We operate a scattered-site project and participants always choose where they want to live (we help with housing searches, but they tell us what area/neighborhood they want to live in). We believe this is important so participants can live in an area that is culturally and racially comfortable for them and is located close to amenities and services they are comfortable accessing. All CSL staff are required to attend annual cultural competency training. 

f: Our program is client centered and trauma informed, and our coaches are not there to tell clients what to do, rather we walk alongside with them for coaching and connections to resources. CSL has also helped connect participants to volunteer opportunities. We believe volunteerism gives program participants a sense of purpose and worth to give back to their communities.

g: Our program staff partner with local agencies and school districts that provide parenting classes and other parental supports. We actively connect parents with referrals and resources for children and youth ages birth to 18. Through other grant opportunities, CSL can assist with childcare costs when needed.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety
needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

Each survivor is assigned a Housing Case Manager, an Employment Coach and a Financial Coach. In addition all participants have unlimited access to all of CSL’s services and programs. Evidence shows that once a survivor is in stable and safely housed, the issues and barriers that have contributed to their homelessness can be best addressed. Program staff are trained from a trauma informed approach with specific emphasis on victims of domestic violence. We recognize that survivors escaping domestic violence face new and unfamiliar situations and having access to the right people at the right time can make all the difference in the world. CSL follows an Integrated Service Delivery Model, focusing on three main areas of Income Supports, Employment Coaching, and Financial Coaching. Employment Coaches connect survivors to employment opportunities and education/training opportunities. CSL operates training programs in the fields of nursing and welding. The program has a homeless preference for interested participants. Financial Coaches assist with household budgeting, asset building, and credit repair. Case Managers and Coaches work together to address the various needs specific to their unique needs. Although participation in any supportive service is not required, they are continuously offered. CSL staff connect survivors to healthcare and mental healthcare providers for physical and emotional needs. Our staff don’t simply make referrals – rather, they often provide transportation, and when requested, will accompany survivors to appointments for support. Similarly, CSL assists survivors with connection to resources for legal needs such as child custody, divorce, and criminal history. CSL staff are well versed in navigating mainstream benefits and assist participants in receiving all benefits for which they are eligible including childcare benefits. CSL also has grant funding to assist with childcare costs.
2A. Homeless Management Information System (HMIS) Implementation

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

2A-1. HMIS Vendor Identification.  Caseworthy

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Number of Beds in 2019 HIC</th>
<th>Total Beds Dedicated for DV in 2019 HIC</th>
<th>Total Number of 2019 HIC Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) beds</td>
<td>1,260</td>
<td>296</td>
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<td>96.47%</td>
</tr>
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<td>Safe Haven (SH) beds</td>
<td>25</td>
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<td>25</td>
<td>100.00%</td>
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<tr>
<td>Transitional Housing (TH) beds</td>
<td>685</td>
<td>42</td>
<td>440</td>
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<td>Rapid Re-Housing (RRH) beds</td>
<td>537</td>
<td>0</td>
<td>472</td>
<td>87.90%</td>
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<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>1,922</td>
<td>65</td>
<td>1,462</td>
<td>78.73%</td>
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<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:

| FY2019 CoC Application | Page 41 | 09/26/2019 |
1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

2A-2a. 1. While the Transition Housing (TH) beds are currently at at 69% HMIS bed coverage rate, GKCCEH already has implemented a plan to onboard these TH programs into HMIS. 2 local agencies with TH programs totaling 32 beds have requested access to HMIS in 2019 and are currently collaborating with the CoC’s HMIS Lead Agency in order to be trained on data entry. GKCCEH and the local HMIS Lead Agency have approached an additional program with 75 TH beds to create a timeline for entering those client beds into HMIS. Those beds would bring GKCCEH to approximately 86% HMIS bed coverage. Currently, Permanent Supportive Housing beds are also under-represented in HMIS, due to the local VA being unable to enter VASH (PSH) clients into HMIS. After substantial research, GKCCEH found that the VA’s firewalls are one of the barriers the VA PSH programs are facing. Additionally, several VA programs have not been allowed to enter client data into HMIS due to administrative restrictions. Over the next 12 months GKCCEH will continue to work with local and national level VA administration to address these problems.

2. GKCCEH is currently working on the HMIS data entry issue with the U.S. Government Accountability Office after meeting to discuss several topics surrounding Federal Homeless Assistance Programs for Veterans. In this meeting, GKCCEH stressed the significance of having VA client data entered into HMIS and how it can negatively impact the programs if a solution is not achieved. Until a solution is determined GKCCEH, HMIS LA, and the local VA will continue to meet in person monthly in order to ensure that VA PSH data is being disseminated to GKCCEH for proper reporting and for a clear understanding of local data. GKCCEH will continue to address this issue with both local and national VA administration until their concerns surrounding VA data entry into HMIS are eased and a solution that meets both entities’ needs is established.


Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0. Yes

*2A-4. HIC HDX Submission Date.

Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).

04/30/2019
2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

2B-1. PIT Count Date. 01/30/2019
Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/30/2019
Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).


Applicants must describe:
1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC’s sheltered PIT count results; or
3. state “Not Applicable” if there were no changes.
(limit 2,000 characters)

2B-3 1. In 2018, the CoC trained and implemented more than 150 volunteers to visit area shelters, transitional housing programs, and Safe Haven programs to personally survey each available person staying in the programs on the night of the PIT Count. While the data that came back gave us a deeper understanding of what each person was experiencing in their unique homelessness experience, the effort was a huge undertaking and exhausted a lot of resources, e.g., volunteers, donations, and planning time. In 2019, the CoC relied heavily on HMIS data reported by area agencies for the sheltered count, in accordance
with HUD recommendations, in hopes that volunteers could be used more in our coordinated street outreach unsheltered count. Additionally, a more thorough strategic planning process was used for the Wyandotte County, Kansas side of this CoC. This allowed for more stakeholders to be involved in the entire process allowing us to rely less on volunteers and more so on trained service professionals in our community.

2. The changes in methodology reflected a significant difference in the results from the unsheltered and sheltered count, in Wyandotte County, which in 2018 only represented 7.78% of total PIT data, reported a booming 33.79% (8.2% of which was sheltered) of total PIT data in 2019. This marked a notable 434% increase of counting persons experiencing homelessness. The methodologies in Jackson County resulted in comprehensive count for the 2019 Point-In-Time. Through these changes in methodology, the CoC was able to record 154 more homeless persons and families than in 2018, while exhausting less resources.

*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.

Applicants must select whether the CoC added or removed emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC’s 2019 sheltered PIT count.

No

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC’s unsheltered PIT count results; or
3. state “Not Applicable” if there were no changes.
(limit 2,000 characters)

2B-5. There were several methodology changes that came into effect in this year’s unsheltered count. In 2019, the CoC relied heavily on HMIS data reported by area agencies for the sheltered count, in accordance with HUD recommendations, in hopes that volunteers could be used more in our coordinated street outreach unsheltered count. Perhaps the biggest change had to do with a more strategic planning process in the Wyandotte County, Kansas side of this CoC. Meetings to plan a more elaborate and efficient counting strategy began in October 2018. These meetings included more stakeholders than ever before; several entities such as homeless service providers, police officers, street outreach specialists, churches, and local government employees were incorporated.

In Jackson County, Missouri, similar methodologies were used in 2019 that were used in 2018. The CoC again partnered with many of the same agencies and police units, a similar home base system of providing meeting places for volunteers was utilized. Due to the incredibly cold temperatures this year,
volunteers and those being surveyed were equipped with hand warmers, gloves, and other weather-related items.
The changes in methodology reflected remarkably well in the results from the unsheltered and sheltered count, in Wyandotte County, which in 2018 only represented 7.78% of total PIT data, reported a booming 33.79% (25.59% of which was unsheltered) of total PIT data in 2019. This marked a 434% increase in counting persons experiencing homelessness! The methodologies in Jackson County resulted in comprehensive count for the 2019 Point-In-Time, despite the frigid temperatures.

*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.

Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:
1. plan the 2019 PIT count;
2. select locations where youth experiencing homelessness are most likely to be identified; and
3. involve youth in counting during the 2019 PIT count.

(limit 2,000 characters)

2B-6a 1. For the 2019 PIT count, GKKCEH recruited 3 youth serving agencies in particular to be active partners in the PIT count. These agencies attended monthly PIT planning meetings, and implemented youth count questions to be incorporated into an online survey. Utilizing the three-agency street outreach partnership program allowed the CoC to count youth who were both street homeless and ‘couch surfing’ in order to inform decisions on how to serve both populations through a variety of programming.
2. GKCCEH met multiple times with local youth homeless service providers to determine as a group which locations had the highest likelihood of encountering homeless youth. The group reviewed client data of a variety of local service providers, as well as relied on anecdotal information to come to a decision. Some programs, like 2 local drop in centers for youth were a clear choice. Additionally, a local street outreach program, and a local anti-violence center with a focus on LGBTQIA youth as the highest traffic areas for homeless youth.
3. GKCCEH’s Youth Action Board (YAB) facilitated all aspects of the count that focused on finding and engaging with homeless youth. Members of the YAB consulted with multiple staff from local youth service providers to better understand how to overcome a variety of communication barriers specific to youth when engaging with volunteer interviewers and how to better access youth living in places not meant for human habitation. YAB members carefully disseminated PIT count information through social media, monthly meeting updates, and informal discussion in their peer groups. Four members of YAB
volunteered in 8-12 hours shifts to count and survey homeless youth at a local event created specifically to bring in LGBTQ-identifying homeless youth. This event provided VAT screenings, medical services, STI tests, a warm meal, and emergency hotel vouchers to homeless youth.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC’s actions implemented in its 2019 PIT count to better count:
1. individuals and families experiencing chronic homelessness;
2. families with children experiencing homelessness; and
3. Veterans experiencing homelessness.

(limit 2,000 characters)

2B-7 1. GKCCEH made several changes in PIT implementation in 2019. The CoC spent weeks extensively planning outreach groups to target homeless camps where agency staff have long been encountering people experiencing homelessness to better target chronically homeless persons (particularly individuals) who are living on the fringes of society.

2. The CoC also teamed up specifically with Community Services League and the Independence Police Department to count chronically homeless people in Independence as well as other parts of Eastern Jackson County.

3. The Veterans’ Administration and the KCMO Police Department were vital allies in counting homeless Veterans in the area. Through donations of tablets and miniature laptops, VA workers were able to access the online survey for the first time ever. Cutting down on paper surveys with these volunteers helped us get better data in a timely fashion. The data gathered shows a continued drop in Veterans experiencing homelessness that was first seen in 2017.
3A. Continuum of Care (CoC) System Performance

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

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*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX. 1,833


Applicants must:
1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
2. describe the CoC’s strategy to address individuals and families at risk of becoming homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

3A-1a 1. First, through an intensive, month long process, the GKCCEH CE workgroup developed a system map depicting the first stages of clients entering homelessness. The workgroup then compared the system map to client data pulled from the By Name List (BNL), Point in Time (PIT) and HMIS. Next, the workgroup used data from individual agencies to identify the primary factors most commonly noted by clients as contributing to their first time homelessness. This process led the committee to a list of specific risk factors, specific to this community.
2. The primary risk factors determined by this process were low income,
missing mainstream benefits, and exploitative relationships. As a result of these findings GKCCEH has begun to target diversion efforts toward the most at risk populations. A Homeless Diversion train-the-trainer event was held in 2019, open to all community service providers, that highlighted the Cleveland Mediation Center model of shelter diversion. This model identifies four ways to divert up to 20% of homeless or at-risk individuals into permanent housing. GKCCEH has developed a model designed to identify clients most likely to benefit from diversion, and works with those clients to find sustainable housing solutions before assigning the client to the BNL. This strategy focuses on using the lightest intervention first and connecting clients to services and financial assistance to allow a quick return to sustainable housing. GKCCEH partners closely with an innovative local tenant group that mitigates pending evictions through landlord education and accountability and client advocacy. GKCCEH also partners with school districts, who are typically the first to identify transiency or risk of transiency of its students/families, through MOUs to develop ongoing programming with local agencies, and to provide access to resources for those at risk. 3. GKCCEH’s Director of Programs and the Coordinated Entry Workgroup are responsible for this metric.

*3A-2. Length of Time Homeless as Reported in HDX.

Applicants must:

| Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX. | 193 |


Applicants must:
1. describe the CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

3A-2a 1. In January 2019, GKCCEH conducted a careful review of the various ‘bottlenecks’ on the local BNL and identified non-disabled individuals with long term homelessness, families requiring more than 3 bedrooms, and singles as those experiencing the longest episodes of homelessness. Next, GKCCEH created targeted solutions to address each bottleneck. As of April 2019, GKCCEH is now financially supporting two Coordinated Entry Navigators (CEN) who actively move clients quickly through the system. Each CEN engages with clients daily to assist in procuring IDs, processing application paperwork, and finding affordable housing options, etc. After identifying critical gaps in workflow, GKCCEH created the specialized position of Entry Systems Coordinator (ESC) in July 2019. This position provides additional capacity by facilitating daily management of the BNL to strategically minimize lengths of time homeless. GKCCEH recognizes that landlord engagement and education is an important
part of being able to quickly house individuals and encourages agencies to provide innovative ways to engage with landlords, including quarterly summits, regular landlord lunch and learns, and troubleshooting and mediation sessions to help landlords combat any barriers to quickly moving clients into units.

2. The CE workgroup carefully reviewed the BNL and updated the prioritization process to initiate faster placement into housing for those on the list. GKCCEH’s community assessment documents length of time homeless, which is then prioritized as noted. This process honed in on populations with the longest time on the list and incorporated those into the new prioritization more carefully and deliberately, in order to help ensure faster movement for those populations. This new prioritization was voted into action by the GKCCEH board in Sept 2019.

3. GKCCEH’s Entry Systems Coordinator and Director of Programs are primarily responsible for the oversight of this metric.

*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.

Applicants must:

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.</td>
</tr>
<tr>
<td><strong>2.</strong> Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.</td>
</tr>
</tbody>
</table>

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:

1. describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

3A-3a.1. After review of national best practices, reviewing local programs with the lowest exits to housing, GKCCEH now prioritizes the use of diversion in shelter programs as a primary tool to address exits to permanent housing. GKCCEH is currently exploring a variety of trainings and ‘scripts’ for shelter staff...
to use to help determine best ways to assist clients into sustainable housing. Additionally, GKCCEH has prioritized RRH beds in the community for the last 2 HUD CoC funding cycles. Offering clients quick access to RRH, often in the form of bridge housing, is a proven way to reduce lengths of time homeless. Lastly, 2 CE navigators (CEN), employed by GKCCEH, provide one on one assistance particularly to those clients who don't fit RRH programs and need more intensive services. 2. GKCCEH's Director of Programs and 2 CE Navigators provide oversight of this measure. 3. GKCCEH holds close working relationships with the 3 largest Public Housing Authorities (PHA) in the CoC, and these strong relationships have increased housing retention rates in 2019. Moving On strategies, MOUs designed to fill empty mainstream voucher units, and Homeless Preference policies, written into the administration plans of the local PHAs are successfully increasing housing retention. The Housing Retention Committee (HRC) reviews cases of clients struggling to stay in housing, and invites those clients to their meetings in order to advocate for themselves and to accept local resources to help them stay housed. The HRC drafts relevant policies and process, using client feedback, that improve client housing retention. GKCCEH created a formal transfer policy and process in 2019 that includes an oversight panel to review all agency requested transfers of clients from program to program to ensure that client needs were being put first in the process. 4. The Director of Programs and Housing Retention Committee are responsible for the oversight of this measure.

*3A-4. Returns to Homelessness as Reported in HDX.

Applicants must:

1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.  
   
<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>11%</td>
</tr>
</tbody>
</table>

2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.  
   
<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18%</td>
</tr>
</tbody>
</table>

3A-4a. Returns to Homelessness—CoC Strategy to Reduce Rate.

Applicants must:
1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;  
2. describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and  
3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.  
(limit 2,000 characters)

3A-4a.1. GKCCEH’s has consistently adapted to changing economic realities and housing availability and affordability issues as contributing factors to client challenges with housing retention and subsequent returns to homelessness. GKCCEH uses the same strategies to retain clients in permanent housing as it does to avoid exits to homelessness. To identify characteristics of clients vulnerable to episodic homelessness, GKCCEH program staff rely on HMIS

| FY2019 CoC Application | Page 50 | 09/26/2019 |
data, agency staff reports, and review of client-level data during monitoring visits. Agency staff, particularly those employed at the hubs for our CE system, indicate patterns in client behavioral characteristics rather than personal demographics. Most notable among these are clients presenting with severe mental illness and acute health problems, and those engaged in chronic substance misuse. There does seem to be evidence of a significant number of returns after clients have been housed for nearly 2 years. Further research is being done on this occurrence; however, it appears there is a need for long-term retention programs to divert clients from returning to homelessness after being stably housed. GKCCEH is working to confirm and address this development through case consultation. 2. During program monitoring, agency staff are asked to indicate what policies are in place to continue to engage with clients post-exit. Most programs do not have specific policies in place and while they do maintain contact with clients post-exit, the majority do so for approximately 6 months or less. GKCCEH has compiled this information and is using this to inform system-wide strategies, being created by the Progress and Evaluation committee, for increased long-term engagement with clients. 3. GKCCEH is responsible for implementing strategies to reduce returns to homelessness.

*3A-5. Cash Income Changes as Reported in HDX.

Applicants must:

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.</td>
</tr>
<tr>
<td>2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.</td>
</tr>
</tbody>
</table>


Applicants must:
1. describe the CoC's strategy to increase employment income;
2. describe the CoC’s strategy to increase access to employment;
3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
4. provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase jobs and income from employment.

(limit 2,000 characters)

3A-5a. 1. GKCCEH works with Community Services League (CSL), a HUD funded housing provider, that offers job training services in the fields of obtaining Certified Nursing Assistant certificates as well as Welding certificates. These certification programs work to increase the wages of individuals from minimum to well over $15/hour. Both programs involve an application process with prioritization of homeless clients, whether they have been homeless in the
past or are currently homeless. GKCCEH partners with Empower MO to advocate for higher wages for the Kansas City Metro Area. Specifically, Empower MO leads the effort to pass laws to increase the minimum wage in Missouri to $15/hour.

2. GKCCEH also partners with the KC EARN Workforce Committee that provides opportunities for this community and targets re-entry populations, low income households, and formerly homeless clients. EARN hosts bimonthly job fairs, employer events, workforce discussion panels, and resume workshops to help the unemployed, build relationships and empathy among employers. Most recently, on 8/20/19, EARN hosted a “Fair Chance Job Fair” that helped those in the job market build a better resume and provided education on effective interviews, wage negotiation, and more.

3. GKCCEH partners with Workforce Partnership (WP), an entity that operates throughout the state of Kansas (KS). WP’s offices each contain computer labs, classes on building resumes and interview skills, and other opportunities for job seekers who wish to increase their income. Since joining the Coalition WP has become an integral part of the workforce conversation, participating in both EARN and the GKCCEH Supportive Services Committee. WP and GKCCEH signed an MOA in 2019 to help connect RRH and PSH clients to their workforce services. Also, employment specialists are embedded into most member agencies’ programs.

4. GKCCEH is responsible for overseeing the strategy to increase jobs and income from employment.


Applicants must:
1. describe the CoC’s strategy to increase non-employment cash income;
2. describe the CoC's strategy to increase access to non-employment cash sources;
3. provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase non-employment cash income.

3A-5b.1. One of GKCCEH’s focuses is to ensure that all individuals that qualify for non-employment cash income have the ability to acquire them. Thus, the GKCCEH created the Supportive Services committee and tasked it with improving access to these necessary benefits. Over the last year, the committee has continued to focus on ensuring that all projects and homeless serving agencies have training and resources to support an initiative known as SOAR (SSI/SSDI Outreach, Access, and Recovery). GKCCEH’s involvement with the SOAR initiative is increasing access to SSI/SSDI for individuals who are eligible by training area providers on the application process for SSI/SSDI—ultimately growing individuals’ non-employment cash income. This strategy led to monthly sub-committee meetings with Disability Determination Services (DDS), Social Security Administration (SSA), along with multiple SOAR cohort trainings in the area. It is also important to note, that state SOAR leads in both Kansas and Missouri are directly involved in the strategy through connections with GKCCEH staff, board members, and GKCCEH member agencies.

2. GKCCEH’s primary focus has been to increase SOAR expertise of area providers. This focus works to address the MO and KS “benefit cliff” that prevents individuals sustaining long-term, non-employment cash benefits. The
Supportive Services committee has supported regular monthly meetings and collaborations with the local DDS office as well as all the local SSA offices. SOAR local leads have supported a bevy of local trainings through cohort style trainings. This has led to several agencies and even local funders increasing their interest in supporting the SOAR process and considering a funding tool to support the process. Empower MO is also engaged in efforts to make local access to non-employment cash sources more sustainable.

3. Greater Kansas City Coalition to End Homelessness is responsible for overseeing strategy to increase non-employment cash income.


Applicants must describe how the CoC:

1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and

2. is working with public and private organizations to provide meaningful education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.

(limit 2,000 characters)

3A-5c. 1. GKCCEH has a strong relationship with the Kansas City EARN Workforce Committee (EARN). EARN provides opportunities for this community and targets re-entry populations, low income households, and formerly homeless clients. Every two months EARN hosts job fairs, employer events, workforce discussion panels, and resume workshops. EARN works to help the unemployed, build relationships and empathy among employers, and help those who may be initially “unattractive” to employers, whether due to a criminal background, housing instability, or language gap. Most recently, EARN hosted a “Fair Chance Job Fair” that included a job seeker workshop and had interviews on the spot with employers who were open to hiring EARN’s target client population.

2. GKCCEH partnership with WP offers job seekers access to several offices, each of which contain computer labs, classes on building resumes and interview skills, and other opportunities for job seekers. WP and GKCCEH’s MOA, ensures RRH and PSH clients access to their workforce services. GKCCEH’s relationship with CSL also provides job training services for clients to obtain Certified Nursing Assistant and Welding certificates. Both programs involve an application process with prioritization of homeless clients, whether they have been homeless in the past or are currently homeless. CSL ensures clients receive wrap around services that are dependent on their specific needs to ensure they can focus on getting the certificate they desire. Clients can also receive employment services such as resume building, coaching, and interview preparation, financial literacy training, exposure to employers and job leads. CSL and MLM are also official Financial Opportunity Centers (FOC). These FCOs provide support for those seeking new or improved employment, re-entry assistance, or financial literacy education.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC’s geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.

2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).

3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.

4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.

5. The CoC works with organizations to create volunteer opportunities for program participants.

6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).

7. Provider organizations within the CoC have incentives for employment.

8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.

3A-6. System Performance Measures 05/29/2019

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

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3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

<table>
<thead>
<tr>
<th>Factor</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td></td>
</tr>
<tr>
<td>2. Number of previous homeless episodes</td>
<td>X</td>
</tr>
<tr>
<td>3. Unsheltered homelessness</td>
<td>X</td>
</tr>
<tr>
<td>4. Criminal History</td>
<td></td>
</tr>
<tr>
<td>5. Bad credit or rental history</td>
<td></td>
</tr>
<tr>
<td>6. Head of Household with Mental/Physical Disability</td>
<td>X</td>
</tr>
</tbody>
</table>

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:
1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;
2. describe how the CoC addresses both housing and service needs to
ensure families with children successfully maintain their housing once assistance ends; and
3. provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of them becoming homeless.
(limit 2,000 characters)

3B-1a.1.GKCCEH works to rehouse every household of families with children within 30 days of becoming homeless. To do this GKCCEH has increased the number of RRH units that can serve both families and individuals—families with children ultimately being prioritized when RRH units become available. GKCCEH also works to ensure that families have the opportunity to engage in services across the CoC’s network of providers, through the use of case managers.

2. GKCCEH CoC utilizes case managers to educate, advise, and encourage the individuals engaged in services. Case managers assist those receiving services by building relationships that let individuals to access services in a way that feels more empowering and allows them to open up in ways that they might not normally. Case managers are then able to get a better idea of the potential barriers that families may face once services cease. This also makes communication of resources and opportunities for education on life skills, etc. less forced and leads to individuals feeling empowered with the skills and knowledge of resources to maintain their household beyond the length of services provided.

3. Director of Programs

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.</td>
<td></td>
</tr>
<tr>
<td>2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.</td>
<td>X</td>
</tr>
<tr>
<td>3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.</td>
<td>X</td>
</tr>
<tr>
<td>4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.</td>
<td></td>
</tr>
</tbody>
</table>

3B-1c. Unaccompanied Youth Experiencing Homelessness—Addressing Needs.
Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unsheltered homelessness</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Human trafficking and other forms of exploitation</td>
<td>Yes</td>
</tr>
<tr>
<td>3. LGBT youth homelessness</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Exits from foster care into homelessness</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Family reunification and community engagement</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs</td>
<td>Yes</td>
</tr>
</tbody>
</table>

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>2. Number of Previous Homeless Episodes</td>
<td>X</td>
</tr>
<tr>
<td>3. Unsheltered Homelessness</td>
<td>X</td>
</tr>
<tr>
<td>4. Criminal History</td>
<td>X</td>
</tr>
<tr>
<td>5. Bad Credit or Rental History</td>
<td></td>
</tr>
</tbody>
</table>

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:

1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.

(limit 3,000 characters)

3B-1d. 1. In 2019, GKCCEH’s Coordinated Entry Workgroup (CEW) carefully reviewed the community’s local assessment tool and are updating the language of the entire assessment to be more youth-focused and assessible. Through weeks of deliberation, research, and meetings, the CEW carefully weighed issues particular to youth, to ensure that the updated by name list (BNL)
prioritization framework includes weighted scoring for youth to help move them into sustainable housing as quickly as possible.

In 2018 a large agency with a focus on housing individuals with HIV/AIDS and LGBTQ youth was awarded HUD CoC funding to bring 15 new beds for youth who identify as LGBTQ, a 15% percent increase to youth dedicated beds in the community. In September 2019, this same organization broke ground on a 50 unit complex that is dedicating at least 12 of those units to homeless youth diagnosed with HIV/AIDS. In the 2019 HUD CoC competition, a new (approximately) 25 bed project with an emphasis on LGBTQ youth, is being recommended for funding. This program will include a financial opportunity center to connect youth to financial planning and literacy programs. These community efforts, combined with others noted below, will lead to over 70 new beds in this CoC in 2020 that are either dedicated to, or focused on, youth. Each year, for the last 3 years, GKCCEH has applied for Youth Homeless Demonstration Program (YHDP) grant funds for this CoC. GKCCEH convenes leaders in the community to create a 10-14 person committee that works together to submit a competitive YHDP grant application.

2. A newly formed youth coordinated entry (CE) task force now works to create solutions to barriers more likely to be experienced by youth undergoing homelessness. An innovative local youth housing program recently joined the GKCCEH street outreach partnership, greatly increasing the geographic outreach footprint/coverage focused primarily on youth. This youth housing program serves children in foster care who live on campus in homes with professionally trained foster parents, many who also have college degrees in social work, child development or education. These adults, often with their own biological and/or adopted children, provide family-style homes and professional parenting, serving approximately 60 - 65 children and youth at any given time. This agency has also just expanded to include 20 apartments for youth aging out of foster care, in order to keep these youth from exiting programs and going back into homelessness.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:
1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;
2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and
3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)

3B-1d.1. GKCCEH’s Entry Systems coordinator (ESC) offers careful weekly review of the by name list (BNL) to examine gaps between services and youth on the list waiting for housing. GKCCEH staff, in conjunction with the Youth CE Task Force, examines the root causes behind the disproportionately high amount of youth on the BNL. The Youth Task Force then informs GKCCEH’s bi-annual monitoring visits with data updates from the BNL. This information is used to determine if the changes being made at an agency level are moving youth more quickly through the BNL and into sustainable housing. The ESC,
Youth CE Task Force and GKCCEH staff also use the information provided from their weekly reviews, research, and monitoring to determine if the changes made to increase housing and services for youth are doing as intended. If gaps in housing and services are identified, the strategy used to address the gap is reevaluated. One instance of this is the use of the local assessment tool. This tool was designed to assess both youth and adults who are homeless. After utilizing the assessment, it was determined that updates were needed to better understand what youth were needing as well as making the assessment’s language more accessible to youth. GKCCEH is now updating the assessment and once tested if the assessment continues to be ineffective it will go through additional rounds of editing until it is meeting the needs of the youth in our community.

GKCCEH reviews the number of beds dedicated to youth (both parenting and non) annually by using the HIC to ensure that numbers of beds for youth are increasing each year. Additionally, when reviewing HUD CoC Project applications, GKCCEH prioritizes programs with an emphasis on youth.

2. The Youth CE Task Force team was created with the specific purpose of developing measures to calculate and evaluate the effectiveness of all local strategies designed to increase housing and services for youth. The Task Force is currently determining best measures to use for this evaluation. Some of those measures include programs with strong youth focused policies, programs with written process that ensure youth voices are a part of all programmatic decisions being made, and programs with non-restrictive policies, that offer creative solutions to youth specific housing barriers.

3. GKCCEH believes the measures used are effective because they were and continue to be created and evaluated by a team of youth and youth providers. By utilizing a team of youth with lived experience and providers dedicated to ending youth homelessness, GKCCEH is able to get feedback directly from those who are effected by the strategies implemented and adjusted.

3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:
   a. youth education providers;
   b. McKinney-Vento LEA or SEA; and
   c. school districts; and

2. how the CoC collaborates with:
   a. youth education providers;
   b. McKinney-Vento Local LEA or SEA; and
   c. school districts.

(limit 2,000 characters)

3B-1e.1. Over the last 2 years, GKCCEH has built and strengthened many important relationships with local entities focused on youth education. These relationships have expanded into 5 formal partnerships, clearly spelled out in active Memorandums of Agreement (MOA’s) with each agency. These agreements are between GKCCEH and: a local school district, an agency providing educational opportunities to families experiencing poverty, the Circuit Court of the Family Services Division, a local women’s center for pregnant and
parenting youth and adults. GKCCEH also has a formal MOA with a local domestic violence shelter that houses an accredited elementary school on-site. These written agreements are in place to show mutual commitment to providing a variety of assistance to youth experiencing or at risk of homelessness. Of particular emphasis in these agreements are: commitments to coordinated entry when applicable, attendance at all relevant community meetings, agency board meetings, and other opportunities for collaboration, and access to resource navigation for clients.

2. GKCCEH’s Engagement Coordinator (EC) focuses a considerable amount of time on youth services in the community and strengthening relationships with a variety of services providers designed to help homeless, or at risk youth continue to have access to every educational opportunity. Many of the MOA’s discussed above came to fruition through the relationship and collaboration the EC established. Several of GKCCEH’s member agencies also have independent agreements and collaborations with their local: school districts, McKinney-Vento LEAs/SEAs and other youth education providers based on their youth population’s specific needs.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)

3B-1e.1. GKCCEH ensures that all local agencies connect families with school-aged children and unaccompanied youth to all educational opportunities available to them based on each household’s particular circumstances. All new HUD CoC competition project applicants are required to read, review and commit to follow the CoC Program Interim Rule including section 578.23: which articulates the stipulations within the McKinney-Vento Act, that the educational requirements of the students be addressed with the program. Compliance with this specific section of the Interim Rule must be committed to and confirmed by applicants.

GKCCEH continues to participate in active MOUs with local organizations in order to establish the “co-creation of strategic interventions.” Many such local organizations offer services in multiple languages, to allow for clear understanding of local educational services by all homeless families. These local organizations, and education providers participate in GKCCEH’s monthly membership meetings and other relevant planning and service-related activities.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.
3B-2. Active List of Veterans Experiencing Homelessness.
Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC. Yes

3B-2a. VA Coordination—Ending Veterans Homelessness.
Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness. Yes

3B-2b. Housing First for Veterans.
Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach. Yes

Applicants must:
1. select all that apply to indicate the findings from the CoC’s Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance. X
2. People of different races or ethnicities are less likely to receive homeless assistance. 
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance. 

Applicant: Kansas City (MO & KS)/Independence/Lee’s Summit/Jackson,Wyandotte Counties CoC
Project: MO-604 CoC Registration FY2019
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4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance. □

5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance. □

6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance. □

7. The CoC did not conduct a racial disparity assessment. □

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC’s strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC. □

2. The CoC has identified the cause(s) of racial disparities in their homeless system. □

3. The CoC has identified strategies to reduce disparities in their homeless system. □

4. The CoC has implemented strategies to reduce disparities in their homeless system. □

5. The CoC has identified resources available to reduce disparities in their homeless system. □

6. The CoC did not conduct a racial disparity assessment. □
4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare–Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

<table>
<thead>
<tr>
<th>Type of Health Care</th>
<th>Assist with Enrollment</th>
<th>Assist with Utilization of Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Care Benefits</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>(State or Federal benefits, Medicaid, Indian Health Services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Insurers:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Profit, Philanthropic:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>


Applicants must:
1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

Applicant: Kansas City (MO & KS)/Independence/Lee's Summit/Jackson, Wyandotte Counties CoC
Project: MO-604 CoC Registration FY2019
health insurance;
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits.

(limit 2,000 characters)

4A-1a.1. GKCCEH created a Supportive Service (SS) committee that is designed to update, follow and collaborate with mainstream resources. Members of that committee have extensive knowledge of the available mainstream benefits in the community. GKCCEH also holds a monthly all member meeting which includes updates from the SS committee as well as information about said resources. In addition, GKCCEH maintains regular updates on its website and weekly newsletter which provides links to mainstream resources in the community.

2. GKCCEH updates and provides information about mainstream benefits to its stakeholders through its SS committee, monthly meetings, weekly newsletter, website, and training. The SS committee is tasked with gathering information and resource updates monthly. Those resources in turn are systematically disseminated through GKCCEH’s monthly meetings, newsletter and website. GKCCEH also provides special training opportunities as well as monthly spotlights speakers at monthly meetings that present on available mainstream resources.

3. Through collaboration with local healthcare organizations, including the largest safety-net hospital in the area, and insurance agencies, enrollment, in mainstream health insurance and locally funded medical insurance, is more accessible by increasing provider awareness on collaborating agencies’ programs. Employees of the collaborating organizations also actively participate on the SS committee and throughout GKCCEH itself.

4. GKCCEH operates as a resource for mainstream benefit agencies in the area by highlighting and promoting agencies and projects that are known for their outstanding outcomes concerning mainstream benefits. The processes leading to said outcomes, are made known through project monitoring, website updates, monthly and committee meetings, and email updates. The goal is to ensure that all agencies have the necessary information to effectively connect individuals to the resources they need.

5. GKCCEH

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition. 43

2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing. 43

| Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing. | 100% |

Applicant: Kansas City (MO & KS)/Independence/Lee’s Summit/Jackson, Wyandotte Counties CoC
Project: MO-604 CoC Registration FY2019

COC_REG_2019_170636

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Applicants must:
1. describe the CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2. state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3. describe how often the CoC conducts street outreach; and
4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
(limit 2,000 characters)

4A-3.1 GKCCEH’s Youth Street Outreach Program (YSOP) is operated through a partnership between Synergy Services, Inc. (Synergy), reStart, Inc. and Drumm Center for Children (Drumm). GKCCEH also partners with the KCVA, KCMOPD, Truman Behavioral Health, Frank Williams Outreach Center, and more to assess, care for, and keep in touch with clients of all ages on the BNL and those who may be eligible for the BNL.
2. GKCCEH’s YSOP covers 100% of the CoC’s geographic area. Truman ACO PATH covers the majority of urban KCMO. The KCMOPD outreach unit covers all of KCMO. Frank Williams covers the entirety of Wyandotte County.
3. Street Outreach is conducted daily throughout the community by different agencies listed.
4. SO has been tailored to access those least likely to request assistance by agencies’ discretion. The professional expertise of these agency staff members is utilized fully to report on the state of homelessness in the community, collaborate with our Placement Team meetings, as well as in Outreach meetings to get in contact with clients. GKCCEH’s mobile assessor program was also created to help ensure all individuals have the opportunity to access services, regardless of where they are located. GKCCEH has found in research and in conversation with youth who have experienced homelessness, that youth often lack knowledge of resources and breadth of understanding to identify when in fact they are experiencing homelessness. Identifying as a youth experiencing homelessness can also be a detriment to relationships among peers and is therefore a barrier to youth reaching out when help is needed. The YSOP partnership between the above-mentioned agencies is tailored to eliminate barriers, educate and advocate on behalf of homeless youth, and provide immediate access to available resources.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH beds available to serve all populations in the HIC</td>
<td>734</td>
<td>545</td>
<td>-189</td>
</tr>
</tbody>
</table>

4A-5. Rehabilitation/Construction Costs–New No
Projects.

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting $200,000 or more in funding for housing rehabilitation or new construction.


No

Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.
# 4B. Attachments

**Instructions:**

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C-4. PHA Administrative Plan Homeless Preference.</td>
<td>No</td>
<td>PHA Administrative Plan Homeless Preference</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>1C-7. Centralized or Coordinated Assessment System.</td>
<td>Yes</td>
<td>GKCCEH CE Assessment System</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.</td>
<td>Yes</td>
<td>Projects Accepted</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–30-Day Local Competition Deadline.</td>
<td>Yes</td>
<td>Local Competition</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–Local Competition Announcement.</td>
<td>Yes</td>
<td>Local Competition</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>1E-4. Public Posting–CoC-Approved Consolidated Application</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3A. Written Agreement with Local Education or Training Organization.</td>
<td>No</td>
<td>Local Education or Training Organization</td>
<td>09/24/2019</td>
</tr>
<tr>
<td>3A. Written Agreement with State or Local Workforce Development Board.</td>
<td>No</td>
<td>Local Workforce Development Board</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>3B-3. Summary of Racial Disparity Assessment.</td>
<td>Yes</td>
<td>Racial Disparity ...</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>4A-7a. Project List-Homeless under Other Federal Statutes.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: FY 2019 CoC Competition Report

Attachment Details

Document Description: Moving On MultiFamily Preference

Attachment Details

Document Description: PHA Administration Plan Preference

Attachment Details

Document Description: GKCCEH CE Assessment Tool

Attachment Details

Document Description: Projects Accepted Notification
Document Description: Project Rejected/Reduced Notification

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Public Announcement

Attachment Details

Document Description: Local Education or Training Organization Agreement

Attachment Details

Document Description: Local Workforce Agreement

Attachment Details
Document Description:  Racial Disparity Assessment

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
Submission Summary

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

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Identification</td>
<td>09/13/2019</td>
</tr>
<tr>
<td>1B. Engagement</td>
<td>Please Complete</td>
</tr>
<tr>
<td>1C. Coordination</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>1D. Discharge Planning</td>
<td>No Input Required</td>
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<tr>
<td>1E. Local CoC Competition</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>1F. DV Bonus</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>2A. HMIS Implementation</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>2B. PIT Count</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>3A. System Performance</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>3B. Performance and Strategic Planning</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>4A. Mainstream Benefits and Additional Policies</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>4B. Attachments</td>
<td>Please Complete</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Submission Summary</td>
<td>No Input Required</td>
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</tbody>
</table>

**Notes:**

By selecting "other" you must identify what "other" is.
### Total Population PIT Count Data

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count</td>
<td>1452</td>
<td>1482</td>
<td>1649</td>
<td>1877</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>794</td>
<td>819</td>
<td>997</td>
<td>1189</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>14</td>
<td>7</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>460</td>
<td>468</td>
<td>354</td>
<td>431</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>1268</td>
<td>1294</td>
<td>1364</td>
<td>1634</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>184</td>
<td>188</td>
<td>285</td>
<td>243</td>
</tr>
</tbody>
</table>

### Chronically Homeless PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of Chronically Homeless Persons</td>
<td>431</td>
<td>285</td>
<td>391</td>
<td>282</td>
</tr>
<tr>
<td>Sheltered Count of Chronically Homeless Persons</td>
<td>384</td>
<td>208</td>
<td>234</td>
<td>165</td>
</tr>
<tr>
<td>Unsheltered Count of Chronically Homeless Persons</td>
<td>47</td>
<td>77</td>
<td>157</td>
<td>117</td>
</tr>
</tbody>
</table>
### Homeless Households with Children PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children</td>
<td>142</td>
<td>147</td>
<td>174</td>
<td>197</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Households with Children</td>
<td>139</td>
<td>147</td>
<td>171</td>
<td>196</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Households with Children</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

### Homeless Veteran PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Veterans</td>
<td>315</td>
<td>157</td>
<td>146</td>
<td>127</td>
<td>112</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Veterans</td>
<td>186</td>
<td>142</td>
<td>124</td>
<td>97</td>
<td>71</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Veterans</td>
<td>129</td>
<td>15</td>
<td>22</td>
<td>30</td>
<td>41</td>
</tr>
</tbody>
</table>
## HMIS Bed Coverage Rate

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2019 HIC</th>
<th>Total Beds in 2019 HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) Beds</td>
<td>1260</td>
<td>296</td>
<td>842</td>
<td>87.34%</td>
</tr>
<tr>
<td>Safe Haven (SH) Beds</td>
<td>25</td>
<td>0</td>
<td>25</td>
<td>100.00%</td>
</tr>
<tr>
<td>Transitional Housing (TH) Beds</td>
<td>671</td>
<td>42</td>
<td>413</td>
<td>65.66%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) Beds</td>
<td>537</td>
<td>65</td>
<td>472</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) Beds</td>
<td>1922</td>
<td>0</td>
<td>1462</td>
<td>76.07%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) Beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Total Beds</strong></td>
<td><strong>4,415</strong></td>
<td><strong>403</strong></td>
<td><strong>3214</strong></td>
<td><strong>80.11%</strong></td>
</tr>
</tbody>
</table>
# 2019 HDX Competition Report

**HIC Data for MO-604M - Kansas City/Independence/Lee’s Summit/Jackson County CoC**

## PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

<table>
<thead>
<tr>
<th>Chronically Homeless Bed Counts</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC</td>
<td>524</td>
<td>888</td>
<td>1623</td>
<td>1685</td>
</tr>
</tbody>
</table>

## Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

<table>
<thead>
<tr>
<th>Households with Children</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH units available to serve families on the HIC</td>
<td>122</td>
<td>82</td>
<td>152</td>
<td>105</td>
</tr>
</tbody>
</table>

## Rapid Rehousing Beds Dedicated to All Persons

<table>
<thead>
<tr>
<th>All Household Types</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH beds available to serve all populations on the HIC</td>
<td>610</td>
<td>433</td>
<td>734</td>
<td>537</td>
</tr>
</tbody>
</table>
Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless</th>
<th>Median LOT Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Persons</td>
<td>657</td>
<td>1188</td>
<td>86</td>
</tr>
<tr>
<td>in ES and SH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Persons</td>
<td>1574</td>
<td>2170</td>
<td>207</td>
</tr>
<tr>
<td>in ES, SH,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and TH</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. This measure is based on data element 3.17.

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

The construction of this measure changed, per HUD’s specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.
<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submitted FY 2017</td>
<td>FY 2018</td>
<td>Submitted FY 2017</td>
</tr>
<tr>
<td>1.1 Persons in ES, SH, and PH (prior to &quot;housing move in&quot;)</td>
<td>1626</td>
<td>1550</td>
<td>367</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, TH, and PH (prior to &quot;housing move in&quot;)</td>
<td>2517</td>
<td>2515</td>
<td>354</td>
</tr>
</tbody>
</table>
Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

<table>
<thead>
<tr>
<th>Exit was from SO</th>
<th>Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)</th>
<th>Returns to Homelessness in Less than 6 Months</th>
<th>Returns to Homelessness from 6 to 12 Months</th>
<th>Returns to Homelessness from 13 to 24 Months</th>
<th>Number of Returns in 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit was from ES</td>
<td>364</td>
<td>65</td>
<td>40</td>
<td>17</td>
<td>122</td>
</tr>
<tr>
<td>Exit was from TH</td>
<td>187</td>
<td>26</td>
<td>13</td>
<td>22</td>
<td>61</td>
</tr>
<tr>
<td>Exit was from SH</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Exit was from PH</td>
<td>612</td>
<td>28</td>
<td>31</td>
<td>34</td>
<td>93</td>
</tr>
<tr>
<td>TOTAL Returns to Homelessness</td>
<td>1263</td>
<td>133</td>
<td>99</td>
<td>309</td>
<td>24%</td>
</tr>
</tbody>
</table>

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts
2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

<table>
<thead>
<tr>
<th>Category</th>
<th>January 2017 PIT Count</th>
<th>January 2018 PIT Count</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>1671</td>
<td>1798</td>
<td>127</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>896</td>
<td>1026</td>
<td>130</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>7</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>539</td>
<td>435</td>
<td>-104</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>1442</td>
<td>1474</td>
<td>32</td>
</tr>
<tr>
<td>Unsheltered Count</td>
<td>229</td>
<td>324</td>
<td>95</td>
</tr>
</tbody>
</table>

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

<table>
<thead>
<tr>
<th>Category</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>1574</td>
<td>2170</td>
<td>596</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>598</td>
<td>1156</td>
<td>558</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>61</td>
<td>34</td>
<td>-27</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>949</td>
<td>1046</td>
<td>97</td>
</tr>
</tbody>
</table>
Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults</td>
<td>792</td>
<td>1034</td>
<td>242</td>
</tr>
<tr>
<td>(system stayers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with</td>
<td>56</td>
<td>80</td>
<td>24</td>
</tr>
<tr>
<td>increased earned income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who</td>
<td>7%</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>increased earned income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults</td>
<td>792</td>
<td>1034</td>
<td>242</td>
</tr>
<tr>
<td>(system stayers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with</td>
<td>210</td>
<td>330</td>
<td>120</td>
</tr>
<tr>
<td>increased non-employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cash income</td>
<td>27%</td>
<td>32%</td>
<td>5%</td>
</tr>
<tr>
<td>Percentage of adults who</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>increased non-employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cash income</td>
<td>32%</td>
<td>37%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Metric 4.3 – Change in total income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults</td>
<td>792</td>
<td>1034</td>
<td>242</td>
</tr>
<tr>
<td>(system stayers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with</td>
<td>251</td>
<td>387</td>
<td>136</td>
</tr>
<tr>
<td>increased total income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who</td>
<td>32%</td>
<td>37%</td>
<td>5%</td>
</tr>
<tr>
<td>increased total income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Metric 4.4 – Change in earned income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>1103</td>
<td>867</td>
<td>-236</td>
</tr>
<tr>
<td>Number of adults who exited with increased earned income</td>
<td>155</td>
<td>137</td>
<td>-18</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>14%</td>
<td>16%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Metric 4.5 – Change in non-employment cash income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>1103</td>
<td>867</td>
<td>-236</td>
</tr>
<tr>
<td>Number of adults who exited with increased non-employment cash income</td>
<td>86</td>
<td>130</td>
<td>44</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>8%</td>
<td>15%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Metric 4.6 – Change in total income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>1103</td>
<td>867</td>
<td>-236</td>
</tr>
<tr>
<td>Number of adults who exited with increased total income</td>
<td>208</td>
<td>238</td>
<td>30</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>19%</td>
<td>27%</td>
<td>8%</td>
</tr>
</tbody>
</table>
Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th>Universe: Person with entries into ES, SH or TH during the reporting period.</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1727</td>
<td>1723</td>
<td>-4</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>714</td>
<td>537</td>
<td>-177</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)</td>
<td>1013</td>
<td>1186</td>
<td>173</td>
</tr>
</tbody>
</table>

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th>Universe: Person with entries into ES, SH, TH or PH during the reporting period.</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3010</td>
<td>2784</td>
<td>-226</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>1222</td>
<td>951</td>
<td>-271</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)</td>
<td>1788</td>
<td>1833</td>
<td>45</td>
</tr>
</tbody>
</table>
Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2018 (Oct 1, 2017 - Sept 30, 2018) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons who exit Street Outreach</td>
<td>14</td>
<td>131</td>
<td>117</td>
</tr>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td>5</td>
<td>39</td>
<td>34</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>6</td>
<td>31</td>
<td>25</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>79%</td>
<td>53%</td>
<td>-26%</td>
</tr>
</tbody>
</table>

Metric 7b.1 – Change in exits to permanent housing destinations
### Metric 7b.2 – Change in exit to or retention of permanent housing

<table>
<thead>
<tr>
<th>Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>1555</td>
<td>1995</td>
<td>440</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>61%</td>
<td>68%</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Universe: Persons in all PH projects except PH-RRH</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
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<tr>
<td>Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations</td>
<td>1128</td>
<td>1872</td>
<td>744</td>
</tr>
<tr>
<td>% Successful exits/retention</td>
<td>91%</td>
<td>95%</td>
<td>4%</td>
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This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.
### 2019 HDX Competition Report
**FY2018 - SysPM Data Quality**

<table>
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<tr>
<th></th>
<th>All ES, SH</th>
<th>All TH</th>
<th>All PSH, OPH</th>
<th>All RRH</th>
<th>All Street Outreach</th>
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<tr>
<td><strong>1. Number of non-DV Beds on HIC</strong></td>
<td>846</td>
<td>858</td>
<td>817</td>
<td>654</td>
<td>654</td>
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<tr>
<td></td>
<td>823</td>
<td>641</td>
<td>1929</td>
<td>1826</td>
<td></td>
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<tr>
<td></td>
<td>868</td>
<td>617</td>
<td>1829</td>
<td>641</td>
<td>654</td>
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<td><strong>2. Number of HMIS Beds</strong></td>
<td>794</td>
<td>854</td>
<td>841</td>
<td>514</td>
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<td>775</td>
<td>540</td>
<td>1236</td>
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<td>841</td>
<td>443</td>
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<td><strong>3. HMIS Participation Rate from HIC (%)</strong></td>
<td>93.85</td>
<td>98.02</td>
<td>98.39</td>
<td>78.59</td>
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<td></td>
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<td>78.13</td>
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<td>100.00</td>
<td>100.00</td>
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<td><strong>4. Unduplicated Persons Served (HMIS)</strong></td>
<td>2957</td>
<td>5830</td>
<td>1265</td>
<td>3118</td>
<td>1446</td>
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<tr>
<td></td>
<td>4686</td>
<td>1138</td>
<td>1121</td>
<td>1811</td>
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<td></td>
<td>1265</td>
<td>1121</td>
<td>1121</td>
<td>1811</td>
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<td><strong>5. Total Leavers (HMIS)</strong></td>
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<td>3118</td>
<td>1121</td>
<td>1811</td>
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<td><strong>6. Destination of Don't Know, Refused, or Missing (HMIS)</strong></td>
<td>162</td>
<td>20</td>
<td>82</td>
<td>10</td>
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<td></td>
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<td>6</td>
<td>54</td>
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<td><strong>7. Destination Error Rate (%)</strong></td>
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## 2019 HDX Competition Report

**Submission and Count Dates for MO-604M - Kansas City/Independence/Lee's Summit/Jackson County CoC**

### Date of PIT Count

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>Received HUD Waiver</th>
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<tr>
<td>Date CoC Conducted 2019 PIT Count</td>
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### Report Submission Date in HDX

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<th>Met Deadline</th>
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<tbody>
<tr>
<td>2019 PIT Count Submittal Date</td>
<td>Yes</td>
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<tr>
<td>2019 HIC Count Submittal Date</td>
<td>Yes</td>
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<tr>
<td>2018 System PM Submittal Date</td>
<td>Yes</td>
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</table>
PART IV. Mainstream and Non-Elderly Disabled HCV Programs

4-IV.A. OVERVIEW [24 CFR 982.204]
The Mainstream and Non-Elderly Disabled (NED) HCV programs are used to assist a family using targeted funding as prescribed by HUD. A family assisted under this option will be required to meet the eligibility requirements as outlined below.

4-IV.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]
HUD may award funding for specifically targeted programs for non-elderly disabled families known as Mainstream vouchers and NED vouchers. HAKC must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]
HUD may award an HAKC funding for a specified category of families on the waiting list. The HAKC must use this funding only to assist the families within the specified category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-IV.C.

4-IV.C. Order of Selection

When selecting families from the waiting list HAKC will use targeted funding to assist only those families who meet the specified criteria, and HAKC is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

HAKC Policy
Families will be selected from the waiting list based on the targeted funding referral process from the Lead Referral Agencies (LRA). Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the HAKC. Documentation will be maintained by the HAKC as to whether families referred by the LRA, qualify for and are interested in targeted funding.

SELECTION METHOD

For purposes of selecting families who would utilize the Mainstream and/or NED HCV vouchers, Missouri Department of Mental Health (DMH) or other Shelter Plus Care program provider, Kansas City Health Department, Truman Medical Center and The Whole Person will be the Lead Referral Agencies (LRA). The LRA will designate a point of contact to receive and process referrals from service providers regarding their special needs consumers who are interested in and meet the requirements to apply for available targeted vouchers.
All interested families must complete an application and will be screened in accordance with the eligibility requirements for the HCV program.

4-IV.D. SELECTION OF FAMILIES [24 CFR 982.204]
Unless otherwise provided, the HAKC will limit assistance to participant families for purposes defined by the HAKC. If the HAKC limits the number of families that may participate in the Mainstream and NED HCV assistance, the HAKC must follow the established policies for selecting participants.

HAKC Policy
Based on the targeted funding, the HAKC has designated a specific number of Vouchers to the Mainstream and NED HCV programs, however, the HAKC will adjust the programs to the number of vouchers available in the market, qualified families, need, and administrative resources.

All families must meet eligibility requirements as defined in the regulations and HAKC’s local conditions.

4-IV.E. ELIGIBLE UNITS [24 CFR 982.352]
In order for a unit to be eligible, the HAKC must determine that the unit satisfies all of the following requirements:

- The unit must meet HUD’s “eligible housing” requirements. The unit may not be any of the following:
  - A current public housing or Indian housing rental unit;
  - A unit receiving Section 8 project-based assistance;
  - A nursing home, board and care home, or facility providing continual psychiatric, medical or nursing services;
  - A college or other school dormitory;
  - On the grounds of penal, reformatory, medical, mental, or similar public or private institutions.

4-IV.F. MOVING WITH CONTINUED ASSISTANCE [24 CFR 982.354]
A family receiving Mainstream or NED HCV assistance may move with continued tenant-based assistance.

The HAKC will deny permission to move to a new unit with continued voucher assistance as follows:

- Lack of funding to provide continued assistance.
- At any time, the HAKC may deny permission to move with continued assistance in accordance with 24 CFR 982.552, regarding denial or termination of assistance.
In accordance with the HAKC policy regarding number of moves within a 12-month period.

HAKC Policy

For families participating in the Mainstream or NED HCV assistance, requests to move will be approved and/or denied in accordance with the HAKC policies. The HAKC will not require additional counseling of any families who move with continued assistance.

4-IV.G. DENIAL OR TERMINATION OF ASSISTANCE [24 CFR 982.552]

A family’s assistance may be terminated if a family fails to comply with its obligations under the HCV Program.

At any time, the HAKC may deny or terminate assistance in accordance with HCV program requirements in 24 CFR 982.552 (Grounds for denial or termination of assistance) or 24 CFR 982.553 (Crime by family members).

The HAKC may also deny or terminate assistance for violation of participant obligations described in 24 CFR Parts 982.551

HAKC Policy

The HAKC may terminate a family’s assistance if the family violates any of the family obligations.

In making its decision to terminate Mainstream or NED HCV assistance, the HAKC will consider alternatives as described in Section 12-II.C. and other factors described in Section 12-II.D. Upon consideration of such alternatives and factors, the HAKC may, on a case-by-case basis, choose not to terminate assistance.

Termination notices will be sent in accordance with the requirements and policies set forth in Section 12-II.E.

4-IV.H. INFORMAL HEARING [24 CFR 982.555]

An informal hearing will be provided for participants who are being terminated from the Program because of the family's action or failure to act as provided in 24 CFR 982.552. The rules and procedures set forth in the Administrative Plan, entitled “Informal Hearings,” will apply.
Chapter 3

APPLYING FOR ADMISSION

INTRODUCTION

The policy of IHA is to ensure that all families who express an interest in housing assistance are given an equal opportunity to apply, and are treated in a fair and consistent manner. This Chapter describes the policies and procedures for completing an initial application for assistance, placement and denial of placement on the waiting list, and limitations on who may apply. The primary purpose of the intake function is to gather information about the family, but IHA will also utilize this process to provide information to the family so that an accurate and timely decision of eligibility can be made. Applicants will be placed on the waiting list in accordance with this Policy.

A. HOW TO APPLY

Families who wish to apply for any of IHA’s programs must complete a written on-line pre-application form when the application process is open. Pre-applications will be made available in an accessible format upon request from a person with a disability. Persons with disabilities who require a reasonable accommodation in completing an application may call the IHA to make special arrangements. The TTY telephone number is 711 and all communications with the hearing impaired will go through this service.

Pre-applications are taken on-line only at the Independence Housing Authority, via www.independenceha.org with a link to apply for all waiting lists that are open.

The application process will involve a multi-phase.

The IHA ensures that verification of all HUD, State, local, and IHA eligibility factors as pursuant to the program are current and in order to determine the family’s eligibility for an offer of a suitable unit.

B. APPLICATION PROCEDURES

IHA will utilize a pre-application form. The pre-application will be taken on-line or if a reasonable accommodation is required, through other methods, whenever the Waiting List is open.

Applications may be mailed for the purpose of reasonable accommodations.
Translation of the application is available upon request for non-English speaking applicants.

At a minimum, the application will contain questions designed to obtain the following information:

- Names of head of household, spouse/co-head
- Names of all members and age of all members
- Number of family members (used to estimate bedroom size needed)
- Street address, phone numbers, and email addresses, if applicable
- Mailing address (If PO Box or other permanent address)
- Annual income
- Source(s) of income received by household members
- Information regarding request for reasonable accommodation or for accessible unit
- Social Security Numbers
- Birth Certificates or Other Supporting Materials
- Picture ID- if applicable
- Race/ethnicity
- Arrests/Convictions for Drug Related or Violent Criminal Activity
- Lifetime Sex Offender Status
- Manufacture of Methamphetamine
- If any family member has received an Earned Income Disallowance
- Emergency contact person and address and phone number
- Questions regarding previous participation in HUD programs
Applicants will be asked to fill out the following documents when selected for final eligibility determination or full application:

A Personal Declaration Form prior to the interview

Sign Release of Information Forms including authorization form for criminal background checks of all adult household members, and consent for verification of immigration status;

Participate in an interview with an IHA representative during which the applicant will be required to furnish complete and accurate information as requested by the interview. The Applicant will complete the entire application form and will sign and certify that information is complete and accurate.

Duplicate applications, including applications from a segment of an applicant household, will not be accepted and removed from the software system.

Applications will require an interview and information on the application will be verified prior to admission. Final eligibility will be determined when the full application process is completed and all information is verified when selected from the pre-application waiting list.

Applicants are required to inform IHA in verbally or in writing of changes in family composition, income, and address. Applicants are also required to respond to requests from IHA to update information on their application, or to determine their continued interest in assistance. IHA will be looking to the future and moving towards offering an Applicant Portal via IHA’s housing software vendor so that the applicants can create a login and update their own changes to their application.

Corrections, updates, or changes on applications will be documented. Obsolete information on paper forms of applications shall be lined through and documented as to its obsolescence, initialized and dated by the employee making such changes, or by the applicant, if such change is made by the applicant him/herself. All changes are required to be in writing until said time that the Applicant Portal is obtained and offered to self-update by the applicant themselves.

Failure to provide information or to respond to mailings will result in the applicant being removed from the waiting list.

C. PREFERENCES DEFINED

At this time, the preferences recognized by IHA are that of 1.) Emergency/Displaced by Natural Disaster, 2) Veteran and 3) Homeless. The preferences will be verified prior to admission.
Emergency/Displaced by Natural Disaster
The IHA shall grant preferences to families of federally declared disasters who are public housing residents from another jurisdiction and other eligible disaster-affected families who are income eligible. These persons will receive preferences over other waiting list placeholders. This preference will remain in place until the emergency no longer exists. The displacement cannot be at fault by the person or family requesting the preference.

Veteran
An applicant’s head, spouse or co-head was discharged under honorable conditions from the U.S. Military. An applicant’s head, spouse or co-head has served in a branch of the United States armed forces 180 days of regular active duty service and a last discharge or release under honorable conditions. Such member does not need to have any wartime service; or 90 days of active duty service, one (1) day of which is during "wartime", and a last discharge or release under honorable conditions.

Homeless
A Head of Household or family who have been declared homeless or living in substandard housing based upon the definitions met for either Homeless Family or Substandard Housing. An individual or family has to meet the definition of homeless without any fault of their own, such as causing a fire or failing to pay rent and evicted, as examples. This will be verified by a letter from a Non-Profit Agency or Shelter assisting said HOH or Family with temporary housing or letter from City, County or organization that can show the current dwelling of the HOH or Family is living in substandard housing and has to leave the premises due to the property being condemned.

Other Provisions for Preferences
The qualification for preference must exist at the time the preference is verified regardless of the length of time an applicant has been on the Waiting List. The preference is based on current status of the family at the time of admission.

The IHA will have all preferences as equal in weight. Therefore, a family either has a preference or a family does not have a preference. All families with a preference will be housed before families that do not have a preference, except when the criteria is for filling accessible units.

Not withstanding all the above preferences, families who are elderly, disabled or displaced will be offered housing before other single persons.

Buildings Designed for the Elderly and Disabled
Preference will be given to elderly and disabled families for buildings or units that are specifically designed for the elderly or disabled. If there are no elderly or disabled families on the list, preference will be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using the above priorities.
Accessible Units (PIH 2010-26)
Qualified families will be offered an accessible unit, upon request by the family, when an accessible unit is available. Due to the limited number of accessible units, IHA will offer vacant accessible units with features for person with disabilities as follows:

- First, to a current occupant of another unit of the same development who requires the accessible features of the vacant, accessible unit and is occupying a unit not having the features;

- If there is no current resident in the same development that requires the accessible features of the vacant unit, then it will be offered to a resident with disabilities residing in another development under IHA’s control, who has a disability that requires the special features of the vacant accessible unit;

- If there is no current resident who requires the accessible features of the vacant, accessible unit, then the vacant accessible unit will be offered to an eligible qualified applicant with disabilities on the waiting list who can benefit from the accessible features of the available, vacant, accessible unit;

- If there is not an eligible qualified resident or applicant with disabilities, needing the features of the vacant available unit on the waiting list who wishes to reside in the available accessible unit, then it will be offered to an applicant on the waiting list who does not need the accessible features of the unit. See 24 CFR 8.27. However, the IHA will require the applicant to execute the IHA public housing lease that requires to the resident to relocate to a vacant non-accessible unit within thirty (30) days of notice by the IHA that there is an eligible applicant or existing resident with disabilities who requires the accessible features of the unit. IHA will pay for the cost of transfer in this case.

Requirement to Attend Interview

IHA utilizes the application interview to discuss the family’s circumstances in greater detail, to clarify information that has been provided by the family, and to ensure that the information is complete. The interview is also used as a vehicle to meet the informational needs of the family by providing information about the application and verification process, as well as to advise the family of other IHA services or programs that may be available.

All adults must attend the interview and sign the housing application.

It is the applicant’s responsibility to reschedule the interview if s/he misses the appointment. If an applicant fails to appear for a scheduled appointment, IHA will automatically schedule a second appointment. If the applicant fails to appear or contact IHA for the second appointment, then the application will be denied and a letter sent out to the applicant explaining their rights for an
informal review with a specific timeline. If the denial letter comes back as Returned Mail with a Forwarding Address, then a new letter with the correct address will be mailed again with a new set of days to request an Informal Hearing.

Reasonable accommodations will be made for persons with a disability who requires an advocate or accessible offices. A designee will be allowed to provide some information, but only with permission of the person with a disability.

If an applicant is denied due to failure to attend the full application interview, the applicant will be notified in writing and offered an opportunity to request an informal hearing. (See Chapter on Complaints, Grievances and Appeals)

All adult members must sign form HUD-9886, "Release of Information”; the declarations and consents related to citizenship/immigration status; and any other documents required by IHA. Applicants will be required to sign specific verification forms for information that are not covered by the HUD-9886. Failure to do so will be cause for denial of the application for failure to provide necessary certifications and release as required by IHA. All adults will be further required to sign all local IHA release forms.

Information provided by the applicant will be verified, including information related to family composition, income, allowances and deductions, assets, eligible immigration status, full time student status and other factors related to preferences, eligibility and rent calculation.

If IHA determines at or after the interview that additional information or document(s) are needed, IHA will request the document(s) or information in writing. The family will be given ten (10) working days to supply the information; however extensions may be given for extenuating circumstances such as information that must be obtained from out of state.

If the information is not supplied in this time period, IHA will provide the family a notification of denial for assistance. (See Chapter on Complaints, Grievances and Appeals.)

D. PROCESSING APPLICATIONS

At the time of application, the following items will be verified to determine qualification for admission:

- Preference verification
- Family composition and type (elderly/non elderly), inclusive of family status, familial/marital status when needed for Head or spouse definition, or for inclusion in the household of a minor who is not yet born to or adopted by the assisted family, or legal guardianship, or right to custody, including temporary right to custody.
• Annual Income* inclusive of tips and meals, including income that is expressly excluded by regulation where the IHA is required verify.

• Assets and Asset Income*

• Deductions from Annual Income including but not limited to full-time student status, including students who are 18 or over, childcare expenses for children under 13 where such expenses allow an adult family member to be employed or to further his/her education or seek employment, total medical expenses of all family members in households whose Head or spouse is elderly or disabled, disability assistance expenses to include only those costs associated with attendant care or auxiliary apparatus which allow an adult family member to be employed, disability for determination of allowance or deductions.

• Social Security Numbers (SSN) of all eligible family members when they have a SSN Certification. Members that do not declare eligibility will be required to execute a document that member does not have Social Security Number.

• Non-economic selection criteria used in applicant screening, inclusive of criminal history report, past landlord reports, credit reports, rent payment history.

• Citizenship or eligible immigration status, including date and place of birth.

• Criminal background checks on all members over 18 years of age.

*If needed, in the event that the family appears to be eligible for income that is not reported to be received (i.e. TANF, unemployment compensation, child support, etc.), the absence of such income will be verified. Family members will not be required to contact the local SSA office for verification that they do not receive SS benefits. EIV will be further reviewed.

Timeliness of Verifications
All verifications will be obtained prior to initial lease date to ensure that current and accurate data is being used in calculating rents and eligibility.

Certification by the appropriate staff member will be made when verification of all necessary items for each application is completed.

Verifications for the public housing program must be dated within 60 days from the date of the interview and not exceed 120 days in age, prior to admission to the unit. The family will be questioned prior to admission in regard to any change in status. If changes are reported, they will be verified to determine their effect on eligibility, preference rating (if any), rent, and unit size required.

The applicant file shall contain documentation of all verifications.
Systems of Verification

Upfront Income Verification (UIV): The verification of income at admission or before or during a family reexamination, through an independent source that systematically and uniformly maintains income information in computerized form for a large number of individuals. HUD’s Enterprise Income Verification System (EIV) is considered to be this method.

To assure that the data upon which determinations of eligibility, preference status (if any), rent to be paid, and size of dwelling unit required are based on full, true, and complete information to the best of staff’s ability, the data on each applicant shall be verified and consist of the following types and systems of verification:

IHA will consult the EIV system on all applicants. The EIV will be used to determine if the applicant is in the HUD system, determine if they are being assisted by other programs in the HUD data-base, and determine if they were previously being assisted by another PHA.

IHA shall use the streamlined verification system allowed by HUD. The income verification process is as follows:

- Tenant reports income and provides current documents
- IHA consults EIV system, and prints income details report.
- If additional information is not needed, the IHA uses the current tenant-provided documents to calculate anticipated annual income
- $3^{rd}$ party verification is only required if:
  - The tenant disputes the EIV data
  - Additional information is required as determined by the IHA, such as
    - Effective dates of employment
    - Pay rate, number of hours worked, pay frequency for new jobs
    - Confirmation of changes in circumstances (reduced hours, reduces rates of pay, etc.)
  - The IHA will use current tenant-provided documents or most current information to calculate anticipated annual income

If third party verification is not received directly from the source, IHA staff will document the file as to why third party verification was impossible to obtain and another method was used (such as reviewing documents families provide.)

The IHA will not delay the processing of an application beyond 10 working days because a third party information provider does not return the verification in a timely manner and may rely on alternative forms of verification as allowed by HUD.

For applicants, verifications used to determine adjusted income may not be more than 60 days.
old at the time of the original lease. For residents, they are valid for 120 days from date of receipt. All tenant supplied documents supplied should be dated within the last 60 days of the interview or reexamination. Pay stubs should be at least the last two current and consecutive pay stubs.

Regardless of these timeframes, Criminal History Reports will be useable as a valid verification for no longer than 120 calendar days.

E. FINAL DETERMINATION AND NOTIFICATION OF ELIGIBILITY

After the verification process is completed, IHA will make a final determination of eligibility. This decision is based upon information provided by the family, the verification completed by IHA, and the tenant suitability determination (see Chapter on Eligibility for Admission).

Because HUD can make changes in rules or regulations and family circumstances may have changed during the review process that affect an applicant’s eligibility, it is necessary to make final eligibility determination.

The household is not actually eligible for a unit offer until this final determination has been made, even though they may have been listed on the waiting list.
Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive Section 8 HCV assistance, the family must submit an application that provides the HAKC with the information needed to determine the family’s eligibility. HUD requires the HAKC to place all families that apply for assistance on a waiting list. When HCV assistance becomes available, the HAKC must select families from the waiting list in accordance with HUD requirements and HAKC policies as stated in the Administrative Plan and the Annual Plan.

The HAKC is required to adopt a clear approach to accepting applications, placing families on the waiting list, selecting families from the waiting list and must follow this approach consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the HAKC to receive preferential treatment. Funding earmarked exclusively for families with particular characteristics may also alter the order in which families are served.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance, and that the HAKC affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that the HAKC will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and HAKC policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how the HAKC will handle the applications it receives.

Part II: Managing the Waiting List. This part presents the policies that govern how the HAKC’s waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for assistance. It also discusses the process the HAKC will use to keep the waiting list current.

Part III: Selection for HCV Assistance. This part describes the policies that guide the HAKC in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that the HAKC has the information needed to make a final eligibility determination.
PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the policies that guide the HAKC’s efforts to distribute and accept applications, and to make preliminary determinations of applicant family eligibility that affect placement of the family on the waiting list. This part also describes the HAKC’s obligation to ensure the accessibility of the application process to elderly persons, people with disabilities, and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits the HAKC to determine the format and content of HCV applications, as well how such applications will be made available to interested families and how applications will be accepted by the HAKC.

HAKC Policy

HAKC will utilize a preapplication process and then a full application. The preapplication and full application information is to be filled out by the applicant whenever possible. If physical, mental or geographical limitations prohibit the applicant from applying in person, applications may be taken by phone. Once established by HAKC, the pre-application will be taken on HAKC’s website at www.hakc.org. Submission of the preapplication and any priority will determine the applicant’s position on the waiting list.

The purpose of the application is to permit HAKC to assess family eligibility or ineligibility and to determine final selection for placement into the program. Duplicate applications, including applications from a segment of an applicant household, will not be accepted.

The application requires the provision of the following information:

➢ Names of adult members and age of all members;
➢ Sex and relationship of all members;
➢ Street Address and phone numbers;
➢ Mailing Address
➢ Amount(s) and source(s) of income received by household members;
➢ Information related to qualification for preference or special admissions;
➢ Social Security Numbers of all household members;
➢ Race/ethnicity;
➢ Citizenship/eligible immigration status;
➢ Request for Specific Accommodation if needed;
➢ Release for a criminal background check.
The information on the application will not be verified until the applicant has been selected for final eligibility determination. Final eligibility will be determined when the full application process is completed and all information is verified.

4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]

The HAKC will take a variety of steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard HAKC application process. This could include people with disabilities, certain elderly individuals, as well as persons with limited English proficiency (LEP). The HAKC will provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible, or the HAKC must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of the HAKC’s policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

HAKC is required to take reasonable steps to ensure meaningful access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on the HAKC’s policies related to ensuring access to people with limited English proficiency (LEP).

4-I.D. PLACEMENT ON THE WAITING LIST

The HAKC will review each application received and make a preliminary assessment of the family’s eligibility. The HAKC will accept applications from families for whom the list is open unless there is good cause for not accepting the application (such as denial of assistance) for the grounds stated in the regulations [24 CFR 982.206(b)(2)]. Where the family is determined to be ineligible, the HAKC will notify the family in writing [24 CFR 982.201(f)]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list [24 CFR 982.202(c)].

Ineligible for Placement on the Waiting List

HAKC Policy

If the HAKC determines that information on criminal activity would be a reason for denial, then prior to the denial letter, the HAKC will notify the applicant that they have the right to review the information for 10 days prior to the letter of denial and final
determination. In all other cases, if the HAKC can determine from the information provided that a family is ineligible, the family will not be placed on the waiting list. Where a family is determined to be ineligible, the HAKC will send written notification of the ineligibility determination within 20 business days of receiving a complete application. The notice will specify the reasons for ineligibility and will inform the family of its right to request an informal review and explain the process for doing so (see Chapter 16).

Eligible for Placement on the Waiting List

HAKC Policy

Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list and before issuance of the voucher.

Applicants will be placed on the waiting list according to any preference(s) for which they claim, and the date and time their complete application is received by the HAKC. Final preference for selection will be made only after verification of the preference claimed.

PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

The HAKC must have policies regarding various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for assistance, as well as conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how an HAKC may structure its waiting list and how families must be treated if they apply for assistance from an HAKC that administers more than one assisted housing program.

In the case of disputes on eligibility/ineligibility criteria that are pending the outcome of legal proceedings (i.e., currently under appeal in a court of law), the HAKC will determine the family to be ineligible at that time. If the legal decision is rendered that the person did meet the eligible factors, the HAKC shall restore the application to the original date and time, and reinstate the applicant to any other preference factors that the HAKC has adopted. If the legal decision is rendered that the person did not meet the eligibility factors, the HAKC shall only provide the applicant with access to the grievance process in accordance with applicable requirements.
4-II.B. ORGANIZATION OF THE WAITING LIST [24 CFR 982.204 and 205]

The HAKC’s HCV waiting list is organized in such a manner to allow the HAKC to accurately identify and select families for assistance in the proper order, according to the admissions policies described in this plan.

The waiting list contains the following information for each applicant listed:

- Applicant name;
- Family unit size;
- Date and time of application;
- Qualification for any local preference claimed;
- Racial or ethnic designation of the head of household.

HUD requires the HAKC to maintain a single waiting list for the HCV program unless it serves more than one county or municipality. As such HAKC is permitted, but not required, to maintain a separate waiting list for each county or municipality served.

HAKC Policy

The HAKC will maintain a single waiting list for the HCV TBV program. The HAKC will maintain a separate waiting list for the PBV Program and the list will be maintained by development.

HUD directs that a family that applies for assistance from the HCV program must be offered the opportunity to be placed on the waiting list for any public housing, project-based voucher or moderate rehabilitation program the HAKC operates if 1) the other programs’ waiting lists are open, and 2) the family is qualified for the other programs.

A family’s decision to apply for, receive, or refuse other housing assistance must not affect the family’s placement on the HCV waiting list, or any preferences for which the family may qualify.

HAKC Policy

The HAKC will not merge the HCV waiting list with the waiting list for any other program the HAKC operates.

4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

An HAKC is permitted to close the waiting list if it has an adequate pool of families to use its available HCV assistance. Alternatively, the HAKC may elect to continue to accept applications only from certain categories of families that meet particular preferences or funding criteria.

HAKC Policy

HAKC may close the HCV waiting list
Reopening the Waiting List

If the waiting list has been closed, it cannot be reopened until the HAKC publishes a notice in local newspapers of general circulation, minority media, and other suitable media outlets. The notice must comply with HUD fair housing requirements and must specify who may apply, and where and when applications will be received.

HAKC Policy

HAKC may close the HCV waiting list

4-11.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

HAKC publicizes and disseminates information concerning the availability and nature of housing assistance for low-income and very low-income families. Depending on the size of the waiting list, HAKC disseminates information to the public through publication in newspapers of general circulation, minority media, and other suitable means about the availability and nature of housing assistance.

Upon request the HAKC will communicate the status of housing availability to other service providers in the community, advise them of housing eligibility facts and guidelines in order that they can make proper referrals for housing assistance.

Notice Requirements

The notice will:

a. Advise families that applications will be taken at a designated location;

b. Briefly describe the low-rent housing program and HCV programs;

c. State that whenever an applicant applies for any type of housing, his or her name will be placed on both waiting lists and the applicant will be offered each type of housing as it becomes available.

Newspapers typically used include the *Kansas City Star, The Call, Globe*, and *Dos Mundos*. To reach persons who cannot read newspapers, HAKC will distribute fact sheets to broadcast media representing a wide variety of listening audiences. Personal contacts and other public service announcements will be made through community service personnel within the HAKC and among governmental, non-profit, and for-profit service entities.

Non-minority Outreach

HAKC will conduct outreach to prospective non-minority applicants in order to attract them to public housing and HCV Program. Such outreach will include:
1. Dissemination of information about modernization, maintenance, and resident initiatives at all public housing developments; security and recreational programs; other programs for residents designed to improve the quality of life in public housing; changes and developments in Section 8 regulations and policies that encourage participation by owners and applicants.

2. HAKC will cooperate with local police and other law enforcement authorities to provide security and safety for all tenant families, especially for those who move into developments in which their race does not predominate.

3. HAKC will to market its programs to families of the race that is least likely to apply for any of the housing programs administered by HAKC.

The HAKC will conduct outreach as necessary to ensure that the HAKC has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires the HAKC to serve a specified percentage of extremely low-income families (see Chapter 4, Part III), the HAKC may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21].

HAKC outreach efforts must comply with fair housing requirements. This includes:

- Analyzing the housing market area and the populations currently being served to identify underserved populations
- Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program
- Avoiding outreach efforts that prefer or exclude people who are members of a protected class

HAKC outreach efforts are designed to inform qualified families about the availability of assistance under the program. These efforts may include, as needed, any of the following activities:

- Submitting press releases to local newspapers, including minority newspapers
- Developing informational materials and flyers to distribute to other agencies
- Providing application forms to other public and private agencies that serve the low-income population
- Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

**HAKC Policy**

The HAKC will monitor the characteristics of the population being served and the characteristics of the population as a whole in the HAKC’s jurisdiction. Targeted
outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

4-I.I.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

HAKC Policy

While the family is on the waiting list, the family must inform the HAKC of changes in contact information, including current residence, mailing address, and phone number, within 10 days of the change. The family must additionally report any changes that might occur in their preference eligibility. The changes must be submitted in writing. Once established on the HAKC website, the applicant may make changes to the preapplication on the website.

4-I.I.F. UPDATING THE WAITING LIST [24 CFR 982.204]

HUD requires the HAKC to establish policies to use when removing applicant names from the waiting list.

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to an HAKC request for information or updates because of the family member’s disability, the HAKC must reinstate the applicant family to their former position on the waiting list after receipt of verification. [24 CFR 982.204(c)(2)].

HAKC Policy

The waiting list will be updated periodically to ensure that all applicants and applicant information is current and timely.

To update the waiting list, the HAKC will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that the HAKC has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant’s name being removed from the waiting list.

The family’s response must be in writing and may be delivered in person, by mail, or by fax. Responses should be postmarked or received by the HAKC not later than 30 days from the date of the HAKC letter.

If the family fails to respond within 30 days, the family’s application will be removed from the waiting list without further notice.
If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.

If the notice is returned by the post office with a forwarding address, the notice will be resent to the address indicated. The family will have 30 days to respond from the date the letter was originally sent.

If a family is removed from the waiting list for failure to respond, the Director of Housing Assistance Operations may reinstate the family if s/he determines the lack of response was due to HAKC error, or to circumstances beyond the family’s control.

Removal from the Waiting List

HAKC Policy

If at any time an applicant family is on the waiting list, the HAKC determines that the family is not eligible for assistance (see Chapter 3), the family will be removed from the waiting list.

If a family is removed from the waiting list because the HAKC has determined the family is not eligible for assistance, a notice will be sent to the family’s address of record provided on the initial application. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding the HAKC’s decision (see Chapter 16) [24 CFR 982.201(f)].

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families receive assistance from the waiting list depends on the selection method chosen by the HAKC and is impacted in part by any selection preferences that the family qualifies for. The source of HCV funding also may affect the order in which families are selected from the waiting list.

The HAKC must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the HAKC’s selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the HAKC may admit families that are not on the waiting
list, or without considering the family’s position on the waiting list. The HAKC must maintain records showing that such families were admitted with special program funding. The following are examples of types of program funding that may be targeted for a family living in a specified unit:

- A family displaced because of demolition or disposition of a public housing project;
- A family residing in a multifamily rental housing project when HUD sells, forecloses or demolishes the project;
- A family residing in a project covered by a project-based Section 8 HAP contract at or near the end of the HAP contract term;
- Mainstream Vouchers
- Family Unification Program (FUP)
- Veterans Assistance of Supportive Housing (VASH)
- Project-based Assistance
- A non-purchasing family residing in a HOPE 1 or HOPE 2 project.

For housing covered by the Low Income Housing Preservation and Resident Homeownership Act of 1990 (41 U.S.C. 4101 et seq.):

- A non-purchasing family residing in a project subject to a homeownership program (under 24 CFR 248.173); or
- A family displaced because of mortgage prepayment or voluntary termination of a mortgage insurance contract (as provided in 24 CFR 248.165);

Targeted Funding [24 CFR 982.204(e)]

HUD may award an HAKC funding for a specified category of families on the waiting list. The HAKC must use this funding only to assist the families within the specified category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

HAKC Policy

The HAKC currently administers the following types of targeted funding:

- Family Unification Program
- Mainstream Vouchers
- VASH
- Designated Housing Vouchers

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.
OTHER ADMISSIONS

Supportive Service Referral Process:

HAKC does not provide a set-aside for special services vouchers.

HAKC does provide for a reasonable accommodation and prioritize families that are currently on HAKC programs that may need a reasonable accommodation that cannot be addressed in the program they are under. As a final alternative, for participants in HAKC programs that require a reasonable accommodation that cannot be served through the existing program they participate in, the family will be prioritized for another program where the accommodation may be provided.

4-III.C. SELECTION METHOD

HAKC must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the HAKC will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

HAKC is permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the HAKC to establish other local preferences, at its discretion. Any local preferences established must be consistent with the HAKC plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

HAKC Policy

The HAKC uses the following Local Preference system effective January 1, 2016:

(a) **Preference #1:** Veteran or Homeless- - An application in which the head of household, spouse or cohead has an honorable discharge or an honorable condition in the U.S. Military, or a family that lacks a fixed, regular, and adequate nighttime residence.

(b) **Preference #2:** Non-Preference - Applicants who do not qualify for categories #1. Date and time of application will prioritize applicants from this category.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the HAKC’s fiscal year. ELI families are those with annual incomes at or below 30% of the area median income or the poverty rate for the area as defined by HHS. To ensure this requirement is met, HAKC may skip non-ELI families on the waiting list in order to select an ELI family.
Low income families admitted to the program that are “continuously assisted” under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

**HAKC Policy**

The HAKC will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income-targeting requirement is met. If there are not enough ELI families on the waiting list, HAKC shall conduct special outreach to attract ELI families to the program to meet the statutory requirements.

**Order of Selection**

The HAKC system of preferences may select families either according to the date and time of application, or by a random selection process [24 CFR 982.207(c)]. When selecting families from the waiting list HAKC is required to use targeted funding to assist only those families who meet the specified criteria, and HAKC is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

**HAKC Policy**

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the HAKC’s hierarchy of preferences. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the HAKC. Documentation will be maintained by the HAKC as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the HAKC does not have to ask higher placed families each time targeted selections are made.

**4-I.I.D. NOTIFICATION OF SELECTION**

When a family has been selected from the waiting list, the HAKC will notify the family.

**HAKC Policy**

The HAKC will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:

- Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview;
- Who is required to attend the interview;
Documents that must be provided at the interview to document the legal identity of household members, including information about what constitutes acceptable documentation; and

Other documents and information that should be brought to the interview.

4-III.E. THE APPLICATION INTERVIEW

HUD recommends that the HAKC obtain the information and documentation needed to make an eligibility determination though a private interview [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

HAKC Policy

Families selected from the waiting list are required to participate in an eligibility interview.

The head of household and the spouse/cohead will be strongly encouraged to attend the interview together. However, either the head of household or the spouse/cohead may attend the interview on behalf of the family. Verification of information pertaining to adult members of the household not present at the interview will not begin until signed release forms are returned to the HAKC.

The interview will be conducted only if the head of household or spouse/cohead provides appropriate documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity). If the family representative does not provide the required documentation, the appointment may be rescheduled when the proper documents have been obtained.

The family must provide the information necessary to establish the family’s eligibility and determine the appropriate level of assistance, as well as completing required forms, providing required signatures, and submitting required documentation. If any materials are missing, the HAKC will provide the family with a written list of items that must be submitted.

Any required documents or information that the family is unable to provide at the interview must be provided within 5 days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of Social Security numbers and eligible noncitizen status). If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (See Chapter 3).

An advocate, interpreter, or other assistant may assist the family with the application and the interview process.

In all circumstances, if a family does not attend a scheduled interview, the HAKC will send another notification letter with a new interview appointment time. Applicants who fail to attend two scheduled interviews without HAKC approval, or if the second
notification letter is returned to the HAKC with no forwarding address, the family will be removed from the waiting list.

4-III.F. COMPLETING THE APPLICATION PROCESS

The HAKC must verify all information provided by the family (see Chapter 7). Based on verified information, the HAKC must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted admission, or selection preference that affected the order in which the family was selected from the waiting list.

HAKC Policy

If the HAKC determines the family is ineligible, the HAKC will send written notification of the ineligibility determination within 30 business days of the determination. The notice will specify the reasons for ineligibility and will inform the family of its right to request an informal review (Chapter 16).

If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list (e.g. targeted funding, extremely low-income, preferences), the family will be returned to the proper position on the waiting list. The HAKC will notify the family in writing that it has been returned to the waiting list and will specify the reasons for it.

If the HAKC determines that the family is eligible to receive assistance, the HAKC will invite the family to attend a briefing in accordance with the policies in Chapter 5.
KC HOMELESS ASSESSMENT INTRODUCTION

“I’m going to ask you some questions today about your history of homelessness. I’m also going to ask you questions that will help me understand how you get things that you need and what you do when you need help.

I want you to give me the best answers that you can. If you don’t know the answer to a question, just say so. Some of the questions may feel like I am asking for personal information. I don’t mean to make you feel uncomfortable. The more information you give me, the better we are able to understand your situation and help you with what your needs are.

We ask everyone who participates in this interview the same questions, so please don’t think we are singling you out. If you need help understanding a question, let me know. When I am not asking you questions, I will be writing down what you tell me.

This information will be used to place you on the community eligibility list for housing resources. Today is an assessment only, no services or program enrollment will occur today. The specific information you provide will not be reported back to any agency that you are currently working with. Do you have any questions? Is it okay if we start now? Thanks.”

Do you currently have a child or children in State custody with an active reunification plan in place? Can you please tell us your case manager name and what agency they work for?

If unaccompanied youth is 18-21, are exiting the foster care system?

1. What kind of services do you need help with?

○ Are you fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against you or a family member?
  
  • If “No” → Do not call DV hotline or complete LAP assessment
  • If “Yes” → Are you interested in DV services, housing or both?
  
  • DV only → Complete Lethality Program Assessment (LAP) and offer the DV hotline at 816-861-6100 or 816-468-5463 to obtain other safety information and/or refer to DV specific services.
  
  • Housing only → complete VAT.
  
  • Both → Complete Lethality Program Assessment (LAP) and offer the DV hotline at 816-861-6100 or 816-468-5463 to obtain other safety information and/or refer to DV specific services AND Complete VAT.
### CLIENT INFORMATION

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<table>
<thead>
<tr>
<th>Pronouns</th>
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<table>
<thead>
<tr>
<th>Identification</th>
<th>SSN (Last 4)</th>
<th>____________</th>
</tr>
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<tbody>
<tr>
<td>CaseWorthy ID#</td>
<td>____________</td>
<td></td>
</tr>
<tr>
<td>VA ID#</td>
<td>____________</td>
<td></td>
</tr>
<tr>
<td>DV System ID #</td>
<td>____________</td>
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<table>
<thead>
<tr>
<th>Race</th>
<th>American Indian or Alaska Native</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Native/Hawaiian Pacific Islander</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td>Multi-Racial</td>
<td>Does not know</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>Black/African-American</td>
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<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Hispanic/Latino</th>
<th>Non-Hispanic/Latino</th>
<th>Refused/Does not know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health Provider Information</th>
<th>Mental Health Agency, Case Worker/Therapist Name and Ph #/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where would you like to live?</th>
<th>List where individual/family wants to live: Jackson Co, Wyandotte Co, Independence, Lee’s Summit, Blue Springs, South KC, or No Preference Stated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you a veteran?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a copy of your DD-214?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

| Have you registered at any V.A.? | Yes | NO |
| Where?                           |     |    |

<table>
<thead>
<tr>
<th>Family (has children)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family (adults only)</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Information</th>
<th>If a Family with Children, list School District or Specific Schools Children are attending.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many people are in the household?</th>
<th>List, including names and ages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you pregnant?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Youth (Age 18–24)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

| Senior (Age 60 and over) | YES | NO |

<table>
<thead>
<tr>
<th>HIV/AIDs Diagnosis</th>
<th>YES</th>
<th>NO</th>
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</table>

<p>| VAT SCORE ____________ |</p>
<table>
<thead>
<tr>
<th>Domain</th>
<th>Score</th>
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<tbody>
<tr>
<td>Survival Skills</td>
<td></td>
</tr>
<tr>
<td>Basic Needs</td>
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</tr>
<tr>
<td>Indicated Mortality Risks</td>
<td></td>
</tr>
<tr>
<td>Medical Risks</td>
<td></td>
</tr>
<tr>
<td>Organization &amp; Orientation</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>Substance Use</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>Social Behaviors</td>
<td></td>
</tr>
<tr>
<td>Homelessness</td>
<td></td>
</tr>
</tbody>
</table>
Skilled Assessor Household Vulnerability Checklist

Please indicate whether any household member demonstrated or reported the following at the time of the assessment (check all that apply):

<table>
<thead>
<tr>
<th>Points</th>
<th>Vulnerability Factors (Note: Each section has an assigned point value and is only scored once regardless of the number of boxes checked per section.)</th>
<th>Narrative- Please write a brief justification for each vulnerability factor.</th>
</tr>
</thead>
</table>
| 3      | □ Sleeping in "unsafe conditions" i.e., high-risk unsheltered conditions, including during deadly weather conditions such as extreme hot or cold temperatures  
□ Inability to make sound decisions due to poor mental health  
□ Severe substance use/ misuse  
□ Frequent fighting/ aggressive behaviors  
□ Is a member of a 'targeted' group (i.e., assoc. w/ hate crimes or sex work)) |                                                                   |
| 3      | □ High Lethality Assessment Protocol (LAP) score or actively fleeing/ attempting to flee an abusive intimate partner  
□ Actively fleeing/ attempting to flee an abusive intimate partner  
□ Recent experience of sexual assault, stalking, trafficking while homeless (or is cause of homelessness) |                                                                   |
| 2      | □ 24+ continuous months of literal homelessness |                                                                   |
| 2      | □ Trading sex for housing and/or other resources  
□ Using drugs to stay awake (for safety)  
□ Living in ‘trap’ houses (ex. house where illegal drugs are sold/used)  
□ Boosting/ stealing to meet daily needs |                                                                   |
| 2      | □ Head of household is age 60+  
□ Head of household is age 18-24 |                                                                   |
| 2      | □ High medical needs that could be fatal if unmanaged or chronic illness that is not easily managed while homeless  
□ Pregnancy |                                                                   |
| 2      | □ Person is not otherwise vulnerable, but has a close relationship with a person/ family member who is unsafe (emotional and/or physically)  
□ Extreme power differential in a close relationship  
□ Daily activities, and/or access to food, money, or other resources under control of another person |                                                                   |
| 1      | □ Utilizes ER/ emergency services meet daily needs rather than medical ones  
□ Frequent encounters with police  
□ Frequent encounters with EMTs |                                                                   |
| 1      | □ Household has child(ren) under the age of 5 |                                                                   |
| 1      | □ Household requires a unit larger than 3 BR |                                                                   |
| 1      | □ Severe and persistent mental illness (SPMI) If person presents as highly symptomatic, but SPMI was not captured on assessment |                                                                   |
VAT Assessment Interview Questions

1. To start, how did you hear about this interview?

2. What kind of services do you need help with?
   o Offer some suggestions: Housing, Employment, Mental Health, Medical, etc.

3. How long (in months) have you been experiencing homelessness? Can you tell me what originally happened that led to you being without a place to live?

4. Can you tell me about your last stable housing situation? When was this, and where was it? How long had you been there for?

5. (You may refer to previous answers to appropriately tailor this one- paraphrase so the individual knows you were listening). In the past month, where have you been staying? How about in the past year? And the past 3 years? Gather history for the last 3 years using the chart below to record their responses.

<table>
<thead>
<tr>
<th>Approx. Start Date (Month/Year)</th>
<th>Location (i.e. shelter, apartment, streets, couch surfing) Did you have a lease in your name?</th>
<th>How long were you there?</th>
<th>Can you tell me what happened that caused you to leave/move? This could determine common patterns of problematic behaviors.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Episodes (past 3 years)</td>
<td>Total Months combined</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reminder: Breaks between episodes should be 7 days or more.

IMPORTANT: Capture Total # of Months Homeless in Last 3 Years: ______________

6. Can you tell me about where you grew up? If not from local area, what brought you here, and when? (If any mention of being born outside of the country, ask about immigration status, but make it clear their information about this will remain protected if need be).

7. Do you ever sleep in shelters? If so, which ones? How about outside? Do you have a preference for where you sleep?

8. Where do you typically spend your day?
9. Do you have any concerns for your health or safety related to where you're sleeping? Any concerns for your safety during the rest of the day? If yes, can you tell me more about this?

10. Do you currently have any source of income?
If yes,
   a. What is the source of that income? (if related to disability ask about what that disability is).
   b. Do you have any concerns about managing your money? Do you have a protective payee, or think one would be useful to you?
If no income,
   a. How do you typically get the things you need?

11. Where do you typically get food? Do you think you're eating enough?

12. Where do you go for showers or laundry? Are you able to do these things as often as you need?

13. How many personal belongings do you have with you? Any concerns about your belongings?

For the next series of questions non-verbal cues are very important to pay attention to here; be careful of the tone you use in these questions.

14. Do you have any friends or family in the area? If yes, are you in contact with them?
   ○ In general, how much time do you spend with other people?
   ○ How do you feel being around large numbers of people?
   ○ How do you feel when spending time alone?
   ○ If someone started yelling at you for no obvious reason, how would you respond?
   ○ Would you say that would be your normal reaction?
   ○ Have you ever been in a relationship where you've been scared of the other person? If yes, can you tell me what that was like?
   ○ Has anyone ever been scared of you, that you know of? If yes, what happened in those situations?

Indicate that you are now about to switch topics to medical related questions.
15. Do you have any health concerns or medical conditions? If yes, what are they?

- How long have you been dealing with this?

- Do you have a doctor you see regularly?
  
  If yes, Who? Where?

- When was the last time you saw a doctor for medical reasons?

- Have you stayed overnight in the hospital in the last year?
  
  How many different occasions?
  
  How about before that?
  
  If yes, can you tell me why?

- Have you gone to the emergency room at all in the past three months?
  
  If yes, how many times, and what for?

- Have you ever been diagnosed with any of the following: cirrhosis of the liver, kidney disease, diabetes, or heart disease?

- Are you taking any medications right now? If yes, what for? Are you prescribed any medications you are not taking? If yes, What for?

**Indicate that you are now about to switch topics to drug and alcohol related questions**

16. In the past 30 days have you had any alcohol or used any other substances? If no, skip below to questions a through e.

If yes, what kinds?

- How do you usually use (i.e. inject, smoke, bump)?

- How often do you use or drink?

- When did you start using?

If yes to injecting, follow up with: do you ever have to reuse needles, or share with another person? Do you know how to properly inject yourself? Do you ever use by yourself?
Now move ahead to questions a through e.

a. Have alcohol or other substances ever caused you problems in your life? If yes, can you tell me more about that?

b. Has anyone else ever said they are worried about your alcohol or other substance use?

c. Have you ever had to go to the hospital for overdose, withdrawals or other health complications related to substances? If yes, when and what happened?

d. Are you currently working with any program or a counselor to help you with substance use? If yes, who and where? If no, is this something you're interested in?

e. Have you ever been to inpatient or outpatient treatment? If yes, when and where?

Indicate that you are now about to switch topics to mental health related questions

17. Are you currently experiencing any mental health concerns or conditions? If yes, can you tell me more about this?

If no, Have you had mental health issues in the past?

a. Have you ever been given a formal mental health related diagnosis?

If yes, do you agree with it? When did this first begin?

b. Do you ever experience any symptoms you might relate to mental health concerns?

If yes, can you tell me about them?

How long have you been feeling this way?

c. Do you currently work with anyone like a counselor, case manager or doctor for mental health?

If yes, who and where?

If no, are you interested in working with anyone about your mental health?

d. Have you ever been to the emergency room or hospital for mental health reasons? If yes, can you tell me how long ago, and what happened?
Indicate you are now switching topics to criminal justice and legal questions.

18. Do you have any current legal issues?

If yes, can you tell me about them?

○ Have you ever been to jail? What about prison?

○ If yes to either, when and what for? Do you need to check in with anyone like a probation or parole officer?

○ Do any of your legal issues have housing/living restrictions?

○ Has the criminal justice system had any kind of impact on your life? If yes, can you please tell me more about this?

○ Do you currently owe anyone money, like previous landlords, or have other kinds of debts?

Indicate there are just a few final questions.

19. What are your plans for housing? Is anyone helping you apply for housing or other benefits?

20. What do you think your biggest barriers have been to finding a safe and stable place to live?

21. Are there any other goals you are working towards that we haven't talked about?

22. Is there anything else you would like me to know?

That’s it for my questions. Thank you so much for your time today. Do you have any questions for me?

After the interview, explain the following:
This assessment allows the person to be placed on a community list for possible housing. This isn't the only way people can get housing, and this won't be the answer for all persons/families. They should explore other options, such as low-income housing available through the Housing Authority, exploring options for living with friends and family for longer term positive solutions, and services to assist with income and case management to help them find housing using their own resources.

This assessment is good for one year.

It is very important they keep their contact information up-to-date and can contact GKCCEH staff at 816-924-7997 with any changes.

If they are referred for a program 3 times and are not able to be found/located or contacted they will be removed from the Community List.

If they are referred to a program and cannot be contacted, they will be returned to the list and placed in an "inactive" status until they make contact.
## Tier 1

<table>
<thead>
<tr>
<th>Rank</th>
<th>Agency</th>
<th>Project Name</th>
<th>Type</th>
<th>Grant Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GKCCEH</td>
<td>CE Project</td>
<td>SS0-CE</td>
<td>$167,000.00</td>
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<tr>
<td>2</td>
<td>MARC</td>
<td>Rental Assistance</td>
<td>HHS</td>
<td>$249,616.00</td>
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<tr>
<td>3</td>
<td>Community Services League</td>
<td>My Way Home</td>
<td>PSH</td>
<td>$238,291.00</td>
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<tr>
<td>4</td>
<td>Kim Wilson Housing, Inc.</td>
<td>Wyandot Rental Assistance Program</td>
<td>RH</td>
<td>$174,088.00</td>
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<tr>
<td>5</td>
<td>SAVS, Inc.</td>
<td>Youth Rapid Re-housing Program</td>
<td>RH</td>
<td>$140,968.00</td>
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<tr>
<td>6</td>
<td>Hope House, Inc.</td>
<td>Permanent Housing Program for Survivors of Domestic Violence</td>
<td>RH</td>
<td>$261,363.00</td>
</tr>
<tr>
<td>7</td>
<td>Hillcrest Ministries of MidAmerica, Inc.</td>
<td>KO TO RH - Hillcrest</td>
<td>RH</td>
<td>$261,363.00</td>
</tr>
<tr>
<td>8</td>
<td>Community LINC</td>
<td>Community Housing Access</td>
<td>SS0-CE</td>
<td>$112,000.00</td>
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<tr>
<td>9</td>
<td>Rose Brooks Center</td>
<td>Rose Brooks Center Domestic Violence Coordinated Entry Project</td>
<td>RH</td>
<td>$222,070.00</td>
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<tr>
<td>10</td>
<td>Community LINC</td>
<td>Home for Good</td>
<td>RH</td>
<td>$159,992.00</td>
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<tr>
<td>11</td>
<td>Community Services League</td>
<td>Community Services League</td>
<td>PSH</td>
<td>$150,679.00</td>
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<tr>
<td>12</td>
<td>Missouri Department of Mental Health</td>
<td>Legacy Shelter Plus Care KCMD Metro I (SCI)</td>
<td>PSH</td>
<td>$283,991.00</td>
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<tr>
<td>13</td>
<td>Truman Medical Centers, Inc.</td>
<td>Haven of Hope – Expansion (Hol-E)</td>
<td>PSH</td>
<td>$1,832,955.00</td>
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<tr>
<td>14</td>
<td>Peaceful Valley, Inc.</td>
<td>Grace Homes</td>
<td>PSH</td>
<td>$405,583.00</td>
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<tr>
<td>15</td>
<td>Missouri Department of Mental Health</td>
<td>Legacy Shelter Plus Care Program II (SCS)</td>
<td>PSH</td>
<td>$1,095,865.00</td>
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<tr>
<td>16</td>
<td>Missouri Department of Mental Health</td>
<td>Legacy Shelter Plus Care KCMD Metro II (SCV)</td>
<td>PSH</td>
<td>$944,787.00</td>
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<td>17</td>
<td>Metro Lutheran Ministry</td>
<td>MLM New Project RH</td>
<td>RH</td>
<td>$112,704.00</td>
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<td>18</td>
<td>Missouri Department of Mental Health</td>
<td>Legacy Shelter Plus Care for Chronically Homeless Individuals I</td>
<td>PSH</td>
<td>$318,040.00</td>
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<td>19</td>
<td>The Salvation Army</td>
<td>Kansas City Permanent Supportive Housing Program</td>
<td>PSH</td>
<td>$466,096.00</td>
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<td>20</td>
<td>The Salvation Army</td>
<td>Linwood Center Permanent Supportive Housing Program</td>
<td>PSH</td>
<td>$268,583.00</td>
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<tr>
<td>21</td>
<td>Community Services League</td>
<td>Community Services League PSH Chronic Families &amp; Individuals</td>
<td>PSH</td>
<td>$256,567.00</td>
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<tr>
<td>22</td>
<td>Missouri Department of Mental Health</td>
<td>Legacy Shelter Plus Care for Chronically Homeless Individuals II</td>
<td>PSH</td>
<td>$226,396.00</td>
</tr>
<tr>
<td>23</td>
<td>City of Kansas City</td>
<td>Mohart Road To Housing</td>
<td>RH</td>
<td>$178,562.00</td>
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<tr>
<td>24</td>
<td>ReStart Inc.</td>
<td>Housing Court</td>
<td>PSH</td>
<td>$496,365.00</td>
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<tr>
<td>25</td>
<td>ReStart Inc.</td>
<td>Rental Assistance Program - SHP</td>
<td>PSH</td>
<td>$377,028.00</td>
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<td>26</td>
<td>Kim Wilson Housing, Inc.</td>
<td>Beacoon Homes</td>
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<td>$581,747.00</td>
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<tr>
<td>27</td>
<td>Kansas City, Missouri Health Department</td>
<td>MD-504-REH-2004 (KCHD Shelter+Care 2019)</td>
<td>PSH</td>
<td>$365,260.00</td>
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<tr>
<td>28</td>
<td>Truman Medical Centers, Inc.</td>
<td>TriFutures</td>
<td>RH</td>
<td>$167,171.00</td>
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<tr>
<td>29</td>
<td>Journey To New Life</td>
<td>New Life RH For Veterans</td>
<td>RH</td>
<td>$266,060.00</td>
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<tr>
<td>30</td>
<td>Rose Brooks Center</td>
<td>Rose Brooks Center Housing Program FY19</td>
<td>RH</td>
<td>$228,781.00</td>
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<td>31</td>
<td>Kim Wilson Housing, Inc.</td>
<td>WyRAP Renewal Expansion 2019</td>
<td>RH</td>
<td>$187,769.00</td>
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<tr>
<td>32</td>
<td>ReStart, Inc.</td>
<td>ReStart, Inc.</td>
<td>RH</td>
<td>$49,874.00</td>
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**Total** $12,408,051.00

## Tier 2

<table>
<thead>
<tr>
<th>Rank</th>
<th>Agency</th>
<th>Project Name</th>
<th>Type</th>
<th>Grant Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>ReStart, Inc.</td>
<td>A Good Start</td>
<td>RH</td>
<td>$260,699.00</td>
</tr>
<tr>
<td>35</td>
<td>Kansas City Anti-Violence Project</td>
<td>Lion House</td>
<td>TH-RH</td>
<td>$231,486.00</td>
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<td>36</td>
<td>Truman Medical Centers, Inc.</td>
<td>TriFutures</td>
<td>PSH</td>
<td>$260,000.00</td>
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<tr>
<td>37</td>
<td>Community Services League</td>
<td>Community Services League – Expansion PSH Youth</td>
<td>PSH</td>
<td>$1,761,144.00</td>
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<td>ReStart Inc.</td>
<td>ReStart Housing Solutions Center</td>
<td>RH-RH</td>
<td>$190,000.00</td>
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<tr>
<td>39</td>
<td>Metro Lutheran Ministry</td>
<td>Grace Homes – Expansion</td>
<td>PSH</td>
<td>$280,561.00</td>
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<td>Rose Brooks Center</td>
<td>Rose Brooks Center Housing Program FY19 - Expansion</td>
<td>RH-DV</td>
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<tr>
<td>41</td>
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<td>RH-DV</td>
<td>$122,162.00</td>
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<td>42</td>
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<td>PSH</td>
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<tr>
<td>43</td>
<td>Friends of Yates, Inc.</td>
<td>A Place to Call Home</td>
<td>RH-RH</td>
<td>$255,030.00</td>
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**Projects Not Funded**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Agency</th>
<th>Project Name</th>
<th>Type</th>
<th>Grant Amount</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td>ReStart, Inc.</td>
<td>Family Rapid Rehousing</td>
<td>RH-RH</td>
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<td>N/A</td>
<td>ReStart, Inc.</td>
<td>Home Again</td>
<td>PSH</td>
<td>$163,800.00</td>
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<tr>
<td>N/A</td>
<td>ReStart, Inc.</td>
<td>ReStart Housing Solutions Center</td>
<td>PSH</td>
<td>$234,539.00</td>
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<tr>
<td>N/A</td>
<td>Community Services League</td>
<td>Yellow Brick Road</td>
<td>RH</td>
<td>$215,124.00</td>
</tr>
<tr>
<td>N/A</td>
<td>Catholic Charities of Northeast Kansas, Inc.</td>
<td>CONEXS Wyandotte Homeless to Housing Initiative</td>
<td>RH</td>
<td>$67,000.00</td>
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<tr>
<td>N/A</td>
<td>Connerstone of Care</td>
<td>Connerstone of Care Pathways Transitional Living Program</td>
<td>RH-RH</td>
<td>$261,377.00</td>
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<td>N/A</td>
<td>MENTAL HEALTH AMERICA OF THE HEARTLAND</td>
<td>CAMPBELL APARTMENTS</td>
<td>PSH</td>
<td>$62,993.00</td>
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<tr>
<td>N/A</td>
<td>Truman Medical Centers, Inc.</td>
<td>System Resource Guide</td>
<td>SS0-CE</td>
<td>$70,000.00</td>
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<tr>
<td>N/A</td>
<td>State of Missouri, Department of Mental Health</td>
<td>Coordinated Entry Navigation</td>
<td>SS0-CE</td>
<td>$55,000.00</td>
</tr>
<tr>
<td>N/A</td>
<td>Metro Lutheran Ministry</td>
<td>MLM RH - Expansion</td>
<td>RH</td>
<td>$250,000.00</td>
</tr>
</tbody>
</table>

**Total** $1,146,317.00
HI Kim! Happy Monday to you!
Here is the posting from Friday! Cayla (cc'd here) will be sure to add you to our mailing list today!
Thank you!
Heather

---------- Forwarded message ---------
From: Greater Kansas City Coalition to End Homelessness <hhoffman@gkcceh.org>
Date: Fri, Sep 13, 2019 at 4:41 PM
Subject: 2019 CoC Program Competition Funding Announcement!
To: <hhoffman@gkcceh.org>

2019 NoFA Funding Announcement

The Greater Kansas City Coalition to End Homelessness is pleased to announce the project listing for the 2019 CoC Program Competition!

Special thanks to our Rank and Review panel for dedicating their time and expertise to deliberate and decide the outcome of this competition! These individuals underwent specialized training on the CoC Project Competition, read through every application, and after much thoughtful consideration of each project application, met and created the official MO-604 project tier listing linked below.

With 17 new project applications this year, the Rank and Review panel had to make exceptionally hard decisions regarding the project tier listing. You can find the outcome of their hard work and dedication here:

2019 NoFA Project Tier Listing

Should you have any questions about the NoFA competition, the Rank and Review process, or funding outcomes, please contact Heather Hoffman for more information.

Thank you for your diligent and on-going effort to end homelessness in our community!
Helpful links:

GKCCEH's 2019 NoFA Webpage

GKCCEH's 2019 NoFA Ranking Policy and Procedure

Greater Kansas City Coalition to End Homelessness | 3200 Wayne Ave, Suite 202, Kansas City, MO 64109

Unsubscribe hhoffman@gkcceh.org

Update Profile | About Constant Contact

Sent by hhoffman@gkcceh.org in collaboration with

---

**Heather Hoffman**  
Executive Director  
Greater Kansas City Coalition to End Homelessness (GKCCEH)  
Pronouns: She, Her, Hers

---

**Contact Information**

📞 816-924-7997 404

✉️ hhoffman@gkcceh.org

🌐 https://gkcceh.org

📍 3200 Wayne Ave, Suite 202, Kansas City, MO, 64109
<table>
<thead>
<tr>
<th>Rank</th>
<th>Agency</th>
<th>Project Name</th>
<th>Type</th>
<th>Grant Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GKCCEEH</td>
<td>CE Project</td>
<td>SSO-CE Renewal</td>
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<td>MARC</td>
<td>HAP Project</td>
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<td>3</td>
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<td>My Way Home</td>
<td>PSH Renewal</td>
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<td>RHH Renewal</td>
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<td>7</td>
<td>Hillcrest Ministries of MidAmerica, Inc.</td>
<td>KCMO Ti-RHH - Hillcrest</td>
<td>T1R-RHH Renewal</td>
<td>$144,125.00</td>
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<td>Community LINC</td>
<td>Community Housing Access</td>
<td>SSO-CE Renewal</td>
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<td>9</td>
<td>Rose Brooks Center</td>
<td>Rose Brooks Center Domestic Violence Coordinated Entry Project</td>
<td>RHH Renewal</td>
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<td>10</td>
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<td>Home for Good</td>
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<td>Legacy Shelter Plus Care KCMD Metro I (SCI)</td>
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<td>Truman Medical Centers, Inc.</td>
<td>Haven of Hope - Expansion (Hoi-E)</td>
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<td>$1,832,955.00</td>
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<td>14</td>
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<td>Grace Homes</td>
<td>PSH Renewal</td>
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<td>PSH Renewal</td>
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<td>MLM New Project RHH</td>
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<td>Legacy Shelter Plus Care for Chronically Homeless Individuals I</td>
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<td>Kansas City Permanent Supportive Housing Program</td>
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<td>The Salvation Army</td>
<td>Linwood Center Permanent Supportive Housing Program</td>
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<td>Community Services League PSH Chronic Families &amp; Individuals</td>
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<td>Legacy Shelter Plus Care for Chronically Homeless Individuals II</td>
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<td>$226,396.00</td>
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<td>23</td>
<td>City of Kansas City Missouri and Journey To New Life</td>
<td>Mohart Road To Housing</td>
<td>RHH Renewal</td>
<td>$178,562.00</td>
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<td>ReStart Inc.</td>
<td>Housing Courts</td>
<td>PSH Renewal</td>
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<td>Beacoon Homes</td>
<td>PSH Renewal</td>
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<td>27</td>
<td>City of Kansas City, Missouri Health Department</td>
<td>MO-504-REI-2004 (KCHD Shelter+Care 2019)</td>
<td>PSH Renewal</td>
<td>$365,260.00</td>
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<td>RHH Renewal</td>
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<td>29</td>
<td>Journey To New Life</td>
<td>New Life RHH for Veterans</td>
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<td>WyRAPP Renewal Expansion 2019</td>
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<td>ReStart Inc.</td>
<td>A Good Start</td>
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**Tier 2 Total:** $12,408,051.00

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<th>Type</th>
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<td>34</td>
<td>Kansas City Anti-Violence Project</td>
<td>Lion House</td>
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<td>T1-RHH New</td>
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<td>Grace Homes - Expansion</td>
<td>PSH New</td>
<td>$280,561.00</td>
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<td>39</td>
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<td>Rose Brooks Center Housing Program FY19 - Expansion</td>
<td>RHH OV Bonus</td>
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<td>40</td>
<td>Hope House, Inc.</td>
<td>Permanent Housing Program for Survivors of Domestic Violence -</td>
<td>RHH OV Bonus</td>
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<td>PSH OV Bonus</td>
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<td>Friends of Yates, Inc.</td>
<td>A Place to Call Home</td>
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<td>$255,030.00</td>
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**Projects Not Funded Total:** $2,183,710.00

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<td>$234,539.00</td>
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<tr>
<td>N/A</td>
<td>Community Services League</td>
<td>Yellow Brick Road</td>
<td>RHH New</td>
<td>$215,124.00</td>
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<tr>
<td>N/A</td>
<td>Catholic Charities of Northeast Kansas, Inc.</td>
<td>CONEKS Wyandotte Homeless to Housing Initiative</td>
<td>RHH New</td>
<td>$67,000.00</td>
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<td>N/A</td>
<td>Community Services League</td>
<td>ConverStories of Care Pathways Transitional Living Program</td>
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<td>$261,377.00</td>
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<tr>
<td>N/A</td>
<td>Mental Health America of the Heartland</td>
<td>Campbell Apartments</td>
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<td>$92,993.00</td>
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<td>System Resource Guide</td>
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<td>$70,000.00</td>
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<td>N/A</td>
<td>State of Missouri, Department of Mental Health</td>
<td>Coordinated Entry Navigation</td>
<td>SSO-CE New</td>
<td>$55,000.00</td>
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<tr>
<td>N/A</td>
<td>Metro Lutheran Ministry</td>
<td>MLM RHH - Expansion</td>
<td>RHH New</td>
<td>$250,000.00</td>
</tr>
</tbody>
</table>

**Total:** $1,646,317.00

---

**www.gkccee.org**
Hi Kim! Happy Monday to you!
Here is the posting from Friday! Cayla (cc'd here) will be sure to add you to our mailing list today!
Thank you!
Heather

-------- Forwarded message --------
From: Greater Kansas City Coalition to End Homelessness <hhoffman@gkcceh.org>
Date: Fri, Sep 13, 2019 at 4:41 PM
Subject: 2019 CoC Program Competition Funding Announcement!
To: <hhoffman@gkcceh.org>

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Thank you for your diligent and on-going effort to end homelessness in our community!
Helpful links:

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GKCCEH's 2019 NoFA Ranking Policy and Procedure

Greater Kansas City Coalition to End Homelessness | 3200 Wayne Ave, Suite 202, Kansas City, MO 64109

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---

**Heather Hoffman**
Executive Director
Greater Kansas City Coalition to End Homelessness (GKCCEH)
Pronouns: She, Her, Hers

📞 816-924-7997 404
✉️ hhoffman@gkcceh.org
🌐 https://gkcceh.org
📍 3200 Wayne Ave, Suite 202, Kansas City, MO, 64109
Fwd: 2019 NOFA Timeline Now Available

Heather Hoffman <hhoffman@gkcceh.org>
To: Cayla DeChane <cdechane@gkcceh.org>

Hi!
Here's this!
H

---------- Forwarded message ---------
From: Greater Kansas City Coalition to End Homelessness <sanderson@gkcceh.org>
Date: Fri, Jul 12, 2019 at 12:34 PM
Subject: 2019 NOFA Timeline Now Available
To: <hhoffman@gkcceh.org>

2019 NOFA TIMELINE NOW AVAILABLE!

Good morning all,

GKCCEH now has the 2019 NOFA Timeline Available for your viewing. This document contains important information regarding mandatory training opportunities, seminars, due dates, and more!

The mandatory NOFA trainings being held by GKCCEH fall on July 29th and July 30th this year. If you are planning on applying for any funding through the 2019 NOFA, you must have a primary contact staff member present at one of these trainings. Both training opportunity locations are still TBD, however, more information will be released soon.

MANDATORY NOFA TRAININGS

July 29th 9:00-11:00am
July 30th 2:00-4:00pm
Location TBD

Please RSVP for a mandatory NOFA training session here. If you are unable to use the link for any reason, please email Sean Anderson to RSVP!

Also, please note that there will be NOFA Office Hours where CoC members can call-in to ask questions of GKCCEH staff regarding project applications in advance of mandatory trainings. These optional NOFA Office Hours will be held Thursday, July 25th, from 9:00am-10:30am.
We thank you for the work that you do and your commitment to the work of ending homelessness in Kansas City!

Sincerely,
GKCCEH Staff

---

Heather Hoffman
Executive Director
Greater Kansas City Coalition to End Homelessness (GKCCEH)
Pronouns: She, Her, Hers

816-924-7997 404
hhoffman@gkcceh.org
https://gkcceh.org
3200 Wayne Ave, Suite 202, Kansas City, MO, 64109
Thank you!

On Tue, Jul 9, 2019, 10:35 AM Taylor, Mike <mtaylor@jvcokick.org> wrote:

Hi Matt...

Edwin and I got your news release this morning. We will post it on the UG website Community Development page, place it in the UG ENews Source which will go out today to about 4,000 subscribers and it will go on the UG Facebook page as well. That also reaches several thousand people, so I will also share it with staff at Livable Neighborhoods so it can be distributed to all the neighborhood groups.

Mike Taylor
Public Relations Director
Unified Government of Wyandotte County/Kansas City
913-449-4648
Continuum of Care Program

The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

The Greater Kansas City Coalition to End Homelessness (GKCCEH) is the metropolitan area Continuum of Care (CoC) for Jackson County, Missouri and Wyandotte County, KS.

Monthly Meetings

- Where: The Kansas City Public Library: 14 West 10th St, Kansas City, MO 64105
- When: 3rd Wednesday of every month
- Time: 9:15AM - 10:30AM

PRESS RELEASE

- 2019-HUD-CoC-Award-NOFA-Press-Release

KNOW Lead KCK

Neighborhood Revitalization

NSP 3

Section 3 Program
Continuum of Care Funding Competition

The FY 2019 Continuum of Care (CoC) Program Competition Notice of Funds Available (NoFA) has officially opened. This year, HUD is making available more than $2.3 billion in funding to serve persons experiencing homelessness. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness by providing funding for efforts pursued by nonprofit homeless service providers, healthcare providers, State and local governments, and more. These funds are used yearly to support agencies working to quickly re-house homeless individuals, families, people fleeing domestic violence, homeless veterans, and youth while minimizing the trauma and dislocation caused by homelessness.

To view the 2019 Continuum of Care Program Competition NOFA, click here: https://www.hud.gov/gmorg/grantsinfo/fundingopps/ry19coc.

The FY 2019 CoC Program Competition submission deadline is Monday, September 30, 2019 at 7:00PM Central Time. Please note: Program applicants will have deadlines sooner than this date; please actively look for further information regarding project-specific deadlines on our website.

Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentality of States and local governments, and public housing agencies, as such term is defined in 24 CFR 5.100, without limitation or exclusion. For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds. Individuals, foreign entities, and sole proprietorship organizations are not eligible to compete for, or receive, awards made under this announcement. Applicants must apply using HUD’s e-SNAPs application system.

As in years past, this program is open to all agencies that fit under the eligibility requirements laid out by HUD as seen above. Any local agencies or programs providing applicable homeless housing services are strongly encouraged to apply. More information, important dates to remember, deadlines, and requirements will be published on our website (https://www.gkcceh.org), and will remain accessible throughout the competition process.

For questions, concerns, or any other issues, please reach out to GKCCEH Staff at (816) 924-7979, or by emailing Heather Hoffman: hoffman@gkcceh.org, Marquita Watson: mwatson@gkcceh.org.
NOFA Press Release

Sean Anderson -sandersen@gkcceh.org-
to Wilba, Heather

Hi Wilba,

Hope all is well. The 2019 NOFA Program dropped this afternoon. If at all possible, it needs to be posted on the Unified Govt of WyCo website today. Is that still possible?

Thank you!

--

Sean Anderson
Pronouns: He, him, his
Engagement Coordinator
Greater Kansas City Coalition To End Homelessness
2200 Wayne Ave, Suite 221 | Kansas City, MO 64110
Work 816.524.7997 | Fax 816.524.7994 | gkcceh.org

GKCCEH
Greater Kansas City Coalition to End Homelessness
www.endhomelessness.org

---

Reply  Reply all  Forward
Big News! The CoC Program Competition NoFA has Officially dropped!

In a continuing effort to prevent and end homelessness, the U.S. Department of Housing and Urban Development (HUD) today is making a record $2.3 billion available to support thousands of local homeless assistance programs nationwide. [Read HUD's Notice of Funding Availability (NOFA)].

HUD's Continuum of Care homeless assistance grants support a wide variety of local programs from street outreach and assessment programs to transitional and permanent housing for individuals, including veterans, youth, families, and persons experiencing long-term or chronic homelessness.

Through the Continuum of Care grant competition, HUD is encouraging communities to pursue evidence-based approaches to end veteran, chronic, family, and youth homelessness and to use their data to strategically target their available resources to end homelessness.
FY 2019 Continuum of Care Funding Competition NoFA Now Available

IN A CONTINUING EFFORT TO PREVENT AND END HOMELESSNESS, THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) TODAY IS MAKING A RECORD $2.3 BILLION AVAILABLE TO SUPPORT THOUSANDS OF LOCAL HOMELESS ASSISTANCE PROGRAMS NATIONWIDE.

PLEASE VIEW THE BELOW PRESS RELEASE FOR MORE INFORMATION ON THIS EXCITING OPPORTUNITY FOR OUR COC!

GKCCEH 2019 NOFA Press Release

MO-604 Continuum of Care HMIS Request For Proposals Now Available for Viewing

SUBMISSION DEADLINE: SEPTEMBER 2, 2019

MO-604 HMIS RFP Application
My name is Sean Anderson and I am emailing on behalf of The Greater Kansas City Coalition to End Homelessness. The 2019 NoFA Program dropped this afternoon. If at all possible, this press release needs to be posted on the City of Independence website today. Is that still possible?

Thank you,

Sean Anderson
Pronouns: He, him, his
Engagement Coordinator
Greater Kansas City Coalition To End Homelessness
6320 Wornum Ave, Suite 202 Kansas City, MO 64159
Work 816.504.7997 | Fax 816.504.7994 | gcceh.org

GKCCEH
Greater Kansas City Coalition to End Homelessness
www.kckc coalitiontoendhomelessness.org
Hi Chris,

I'm emailing on behalf of the Greater Kansas City Coalition to End Homelessness. The 2019 NoFA Program dropped this afternoon. If at all possible, it needs to be posted on the City of KCMO website today. Is that still possible?

Thank you!

--

Sean Anderson
Pronouns: He, him, his
Engagement Coordinator
Greater Kansas City Coalition to End Homelessness
3200 Warner Ave, Suite 202 | Kansas City, MO 64108
Phone: 816.324.7979 | Fax: 816.324.7954 | gkcceh.org

GKCCEH
Greater Kansas City Coalition to End Homelessness
www.endinghomelessness.org
Memorandum of Understanding

Between

Community Services League’s Bridges to Career Opportunity Workforce Training Program
and the
Greater Kansas City Coalition to End Homelessness

I. Parties
The parties entering into this memorandum of understanding are Community Services League’s Bridges to Career Opportunity Program (Community Services League BCO) and the Greater Kansas City Coalition to End Homelessness (“GKCCEH”). Community Services League BCO provides career training programs and job placement. GKCCEH is the Lead Continuum of Care Agency for Jackson County, MO and Wyandotte County, KS, and works in coordinating area homeless service providers to end homelessness in the Kansas City community.

II. Description of Services Provided
This agreement outlines the parties’ commitment to supporting individuals experiencing homelessness within the Greater Kansas City area. Community Services League BCO commits to making available a full range of workforce services. The parties agree to coordinate their services in a manner that helps support the attainment of each party’s performance expectations and requirements. The parties agree to work together by providing the services described below.

Community Services League BCO agrees to provide a variety of workforce related services including training opportunities, job search and placement, and general employment support. Community Services League will have a homeless preference for program enrollment.

The parties’ specific commitments of services are as follows:

Community Services League BCO will provide the following:
- Comprehensive and specialized assessments of the educational, skills level and service needs of program participants, including diagnostic testing and in-depth interviewing to identify employment barriers and appropriate education and employment goals;
- Career counseling and planning, including information regarding in-demand industry sectors and occupations, non-traditional employment, and labor market information;
- Outreach, intake and orientation to information and services available through the one-stop delivery system;
- Job search and placement assistance;
- Information on, and referrals to, eligible training providers (including adult education and English language acquisition providers);
- Information on, and referrals to, financial assistance for training and education programs available through WIOA and non-WIOA programs;
- Information on, and referrals to, supportive services (childcare, transportation, housing, counseling, etc.) available through WIOA and non-WIOA programs;
- Referrals to, and coordination of activities with core and required WIOA partners, as well as other workforce development programs, when appropriate;
- Development of individual educational and employment plans for program participants;
- Individual and group counseling, as well as case management for program participants;
- Financial literacy services;
- Short-term, pre-vocational services for program participants;
- Internships and work experiences for program participants; and
- Follow-up Career Services for program participants.
Community Services League and its Bridges to Career Opportunity Program will also provide:
- Business Services designed to assist local area employers navigate recruitment, retention and
talent development;
- Cross-training opportunities for GKCC EH staff;
- A representative on GKCC EH's Supportive Services Committee; and
- A representative on GKCC EH's Grants Committee (workforce development representative).

GKCCEH will make the following available:
- Housing referral services for Community Services League BCO clients experiencing literal
homelessness.
- Resource navigation services for Community Services League BCO clients in need of housing
assistance, shelter, rental assistance, domestic violence services, or other services necessary to
retain employment in Wyandotte County.
- Workforce opportunities, job fairs, and other employment events, as applicable through our
partners.
- Homelessness data as it is needed for Community Services League BCO reports, etc.
- Referrals to other core and required WIOA partners, as appropriate;
- Program collateral, which includes program information and eligibility requirements;
- To the extent possible, training material(s) and cross-training opportunities for Community
Services League BCO staff; and
- A representative on Community Services League BCO's Accessibility Committee.

III. Access to Services and Referral Process
GKCCEH will use the Partner Referral Form (Attachment B of this MOU) to refer individuals
Community Services League BCO’s programs for career and training services as described above.
Community Services League BCO will use the Partner Referral Form to refer individuals to GKCCEH
for housing services as described above.

No otherwise qualified individual, by reason of having a "disability" as defined by law, shall be denied
employment, be excluded from participation in or denied the benefits of services, programs, or activities
of the one-stop system. Partners will comply with all applicable Federal and State laws and regulations,
including Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA).
Community Services League BCO locations are fully compliant with ADA requirements, and auxiliary
aids are available upon request to individuals with disabilities. ADA workstations are available in each
comprehensive Workforce Center.

IV. Funding of Services and Operating Costs
Community Services League BCO will fund the cost of services, operations and staffing of the BCO
program. Funding for operating costs and services of the GKCCEH contained within this agreement
will be funded by the GKCCEH. Nothing in this section shall prevent withdrawal from this agreement
due to parties losing funding pursuant to Section VI (B) of this agreement.

V. Duration of MOU
This agreement takes effect September 24, 2019 and shall remain in effect until September 24,
2021 or until (i) terminated by either party.

VI. Amending Procedures and Withdrawal
A. Amendment
This agreement may be amended at any time by written agreement of all parties.

B. Withdrawal
Any party to this agreement may with withdraw from the agreement by providing written
notice of intent to withdraw. Notice of withdrawal must be provided at least 60 days before
the effective date of withdrawal. If any party determines that it must withdraw from the
agreement due to a loss of funding, that party may terminate its participation in writing, and
its withdrawal shall become effective upon the delivery of such written notification.

VII. Assurances of Review, Government & Management, Accountability & Data Sharing
A. Commitment to System Development
The parties agree to work together, and with the local workforce development board
(“LWDB”), to continue to develop and ensure the quality of services provided through the
one-stop service delivery system relating to workforce services.

B. Role of Parties
Community Services League BCO provides career training and general employment
services. Nothing in this section gives the GKCCEH control over the one-stop system,
Community Services League BCO. The parties will meet together periodically to address
service delivery and referral issues related to the parties’ respective programs.

C. Dispute Resolution Process
The parties agree to communicate openly and directly, utilizing a consensus-oriented
decision-making process whenever possible for decisions regarding services and
operations; every effort will be made to resolve any problems of disputes in a cooperative
manner.

D. Performance Provisions
The parties agree to organize their services so they enable each party individually to meet
or exceed performance requirements for its own program.

E. Data Collection Requirements
The parties agree to comply with applicable data collection procedures, data sharing
requirements or related policies developed by the Department of Housing and Urban
Development.

F. Confidentiality
The parties agree to exchange information as necessary to support effective coordination of
services and to develop the referral system described in Section III. The parties agree to
comply with their own existing confidentiality requirements; information required to be
kept confidential under federal or state statutes or regulations will not be shared.

VIII. Other Provisions
A. Consistency with Laws and Regulations
All services provided by the parties and resource contributions associated with those services will be
consistent with the laws and regulations governing the parties’ respective programs. The parties agree
to manage the workforce system in a manner consistent with the laws and regulations of the Federal
Government.

B. Non-discrimination
The parties agree that they will comply with all applicable State and Federal laws prohibiting
discrimination in employment practices and services. The parties agree to comply with the non-
discrimination and equal opportunity provisions of Section 188 of WIOA.

C. Liability
Each party to this agreement shall be responsible for injury to persons or damage to property resulting
only from negligence on the part of itself, its employees, its agents or its officers. No party assumes
any responsibility to the other party for the consequences of any act or omission of any third party. The parties are not legally “partners” to the extent that the term encompasses joint and several liabilities.

IX. Signatures

The undersigned agree to the provisions of this Memorandum of Understanding governing the coordination of the program and services offered by the parties.

Heather Hoffman, Executive Director
GKCCEH

W. Doug Cowan, President & CEO
Community Services League
Memorandum of Understanding

Between

Local Workforce Investment Area III, Inc. d/b/a Workforce Partnership
and the
Greater Kansas City Coalition to End Homelessness

I. Parties
The parties entering into this memorandum of understanding are Local Workforce Investment Area III, Inc. d/b/a Workforce Partnership ("Workforce Partnership") and the Greater Kansas City Coalition to End Homelessness ("GKCCEH"). Workforce Partnership serves as the local workforce development board and operates one of its three comprehensive workforce centers in Wyandotte County. GKCCEH is the Lead Continuum of Care Agency for Jackson County, MO and Wyandotte County, KS, and works in coordinating area homeless service providers to end homelessness in the Kansas City community.

II. Description of Services Provided
This agreement outlines the parties' commitment to supporting individuals experiencing homelessness within Wyandotte County. Workforce Partnership commits to making available a full range of workforce services as described in section 134(c) of the Workforce Innovation and Opportunity Act (WIOA). The parties agree to coordinate their services in a manner that helps support the attainment of each party's performance expectations and requirements. The parties agree to work together by providing the services described below.

Workforce Partnership agrees to make available at its Wyandotte County comprehensive one-stop workforce center (the "Workforce Center") a range of Basic, Individualized and Follow-Up Career Services (20 CFR 678.430 (a)(b)(c), 34 CFR 361.430 (a)(b)(c), and 34 CFR 463.430(a)(b)(c)), as well as a range of Business Services (20 CFR 678.435, 34 CFR 361.435, and 34 CFR 463.435). For purposes of servicing homeless individuals, Workforce Partnership will abide by the WIOA priority of service found in sec. 134(c)(3)(E).

Attachment A provides a schedule of service delivery/weekly activities ("Weekly Schedule of Activities") for each Workforce Partnership location; dates and times of available services may change during the MOU period.

GKCCEH agrees to provide housing location and referral services to Workforce Partnership clients experiencing homelessness, resource navigation, staff trainings, committee seats as available, professional support, and is responsible for determining how it will fulfill its commitment to make its services available.

The parties' specific commitments of services are as follows:

Workforce Partnership will make the following available for eligible participants at the Wyandotte County Workforce Center:
- Comprehensive and specialized assessments of the educational, skills level and service needs of program participants, including diagnostic testing and in-depth interviewing to identify employment barriers and appropriate education and employment goals;
- Career counseling and planning, including information regarding in-demand industry sectors and occupations, non-traditional employment, and labor market information;
- Outreach, intake and orientation to information and services available through the one-stop delivery system;
• Job search and placement assistance;
• Information on, and referrals to, eligible training providers (including adult education and English language acquisition providers);
• Information on, and referrals to, financial assistance for training and education programs available through WIOA and non-WIOA programs;
• Information on, and referrals to, supportive services (childcare, transportation, housing, counseling, etc.) available through WIOA and non-WIOA programs;
• Referrals to, and coordination of activities with core and required WIOA partners, as well as other workforce development programs, when appropriate;
• Development of individual educational and employment plans for program participants;
• Individual and group counseling, as well as case management for program participants;
• Financial literacy services (WIOA Title I Youth Program);
• Short-term, pre-vocational services for program participants;
• Internships and work experiences for program participants; and
• Follow-up Career Services for program participants.

Workforce Partnership will also provide:
• Business Services designed to assist local area employers navigate recruitment, retention and talent development;
• Cross-training opportunities for GKCCEH staff;
• A representative on GKCCEH’s Supportive Services Committee; and
• A representative on GKCCEH’s Grants Committee (workforce development representative).

GKCCEH will make the following available:
• Housing referral services for Workforce Partnership clients experiencing literal homelessness.
• Resource navigation services for Workforce Partnership clients in need of housing assistance, shelter, rental assistance, domestic violence services, or other services necessary to retain employment in Wyandotte County.
• Workforce opportunities, job fairs, and other employment events, as applicable through our partners.
• Homelessness data as it is needed for Workforce Partnership reports, etc.
• Referrals to other core and required WIOA partners, as appropriate;
• Program collateral, which includes program information and eligibility requirements;
• To the extent possible, training material(s) and cross-training opportunities for Workforce Partnership staff; and
• A representative on Workforce Partnership’s Accessibility Committee.

III. Access to Services and Referral Process
GKCCEH will use the Partner Referral Form (Attachment B of this MOU) to refer individuals to the Workforce Partnership’s programs for career and training services as described above. Workforce Partnership will use the Partner Referral Form to refer individuals to GKCCEH for housing services as described above.

No otherwise qualified individual, by reason of having a "disability" as defined by law, shall be denied employment, be excluded from participation in or denied the benefits of services, programs, or activities of the one-stop system. Partners will comply with all applicable Federal and State laws and regulations, including Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). Workforce Partnership locations are fully compliant with ADA requirements, and auxiliary aids are available upon request to individuals with disabilities. ADA workstations are available in each comprehensive Workforce Center.
IV. Funding of Services and Operating Costs
Workforce Partnership will fund the cost of services, operations and staffing of the Wyandotte County Workforce Center along with contributions from some of its WIOA required partners. Funding for operating costs and services of the GKCCEH contained within this agreement will be funded by the GKCCEH. Nothing in this section shall prevent withdrawal from this agreement due to parties losing funding pursuant to Section VI (B) of this agreement.

V. Duration of MOU
This agreement takes effect September 12, 2019 and shall remain in effect until September 12, 2021 or until (i) terminated by the repeal of WIOA or otherwise by action of law, or (ii) the date on which either party withdraws from this MOU pursuant to Section VI thereof.

VI. Amending Procedures and Withdrawal
A. Amendment
This agreement may be amended at any time by written agreement of all parties.

B. Withdrawal
Any party to this agreement may withdraw from the agreement by providing written notice of intent to withdraw. Notice of withdrawal must be provided at least 60 days before the effective date of withdrawal. If any party determines that it must withdraw from the agreement due to a loss of funding, that party may terminate its participation in writing, and its withdrawal shall become effective upon the delivery of such written notification.

VII. Assurances of Review, Government & Management, Accountability & Data Sharing
A. Commitment to System Development
The parties agree to work together, and with the local workforce development board (“LWDB”), to continue to develop and ensure the quality of services provided through the one-stop service delivery system relating to workforce services.

B. Role of Parties
Workforce Partnership manages the one-stop delivery system, and the GKCCEH will participate in one-stop delivery decisions affecting the operations of its program(s). Nothing in this section gives the GKCCEH control over the one-stop system. Workforce Partnership or the LWDB. The parties will meet together periodically to address service delivery and referral issues related to the parties’ respective programs.

C. Dispute Resolution Process
The parties agree to communicate openly and directly, utilizing a consensus-oriented decision-making process whenever possible for decisions regarding services and operations; every effort will be made to resolve any problems of disputes in a cooperative manner. When consensus is not possible, the issue may be referred to the LWDB for resolution.

D. Performance Provisions
The parties agree to organize their services so they enable each party individually to meet or exceed performance requirements for its own program.

E. Data Collection Requirements
The parties agree to comply with applicable data collection procedures, data sharing requirements or related policies developed by the State of Kansas and the U.S. Department of Labor, as applicable.
F. Confidentiality
The parties agree to exchange information as necessary to support effective coordination of services and to develop the referral system described in Section III. The parties agree to comply with their own existing confidentiality requirements; information required to be kept confidential under federal or state statutes or regulations will not be shared.

VIII. Other Provisions
A. Consistency with Laws and Regulations
All services provided by the parties and resource contributions associated with those services will be consistent with the laws and regulations governing the parties’ respective programs. The parties agree to manage the workforce system in a manner consistent with the laws and regulations of the Federal Government and the State of Kansas, and Workforce Partnership’s Local Area Plan.

B. Non-discrimination
The parties agree that they will comply with all applicable State and Federal laws prohibiting discrimination in employment practices and services. The parties agree to comply with the non-discrimination and equal opportunity provisions of Section 188 of WIOA.

C. Liability
Each party to this agreement shall be responsible for injury to persons or damage to property resulting only from negligence on the part of itself, its employees, its agents or its officers. No party assumes any responsibility to the other party for the consequences of any act or omission of any third party. The parties are not legally “partners” to the extent that the term encompasses joint and several liabilities.

IX. Signatures
The undersigned agree to the provisions of this Memorandum of Understanding governing the coordination of the program and services offered by the parties.

Heather Hoffman, Executive Director
GKCCEH

Keely Schneider, Executive Director
Workforce Partnership
ATTACHMENT A

Weekly Schedule of Activities
### Weekly Schedule of Activities

*Always CALL AHEAD to confirm dates/times*

<table>
<thead>
<tr>
<th>Activities &amp; Services</th>
<th>Johnson County Workforce Center</th>
<th>Leavenworth County Workforce Center</th>
<th>Wyandotte County Workforce Center</th>
</tr>
</thead>
</table>
| **TOUR OF WORKFORCE PARTNERSHIP SERVICES**  
Learn about our services/resources and how to access them | Daily *By Request | Daily *By Request | Daily *By Request |
| **WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) ORIENTATION**  
Learn about available training opportunities (classroom and work-based), as well as career guidance and assessments | Tuesdays 2:30-3:30 p.m. | *By Appointment | Thursdays 10:00-11:00 a.m. |
| **YOUNG ADULT SERVICES**  
Learn about available opportunities for individuals who are 16-24 yrs. of age; post-secondary education, work-based learning, GED completion, career research and much more | Daily *By Request | Daily *By Request | Daily *By Request |
| **KANSAS HEALTH PROFESSION OPPORTUNITY PROJECT (KHPOP) ORIENTATION**  
Discover available training opportunities for healthcare related fields | Tuesdays 11:00 a.m.-Noon | *By Appointment | Thursdays 2:00-3:00 p.m. |
| **VETERANS SERVICES REPRESENTATIVES**  
Disabled Veterans Outreach Program Specialists provide intensive services to meet the employment needs of eligible Veterans who face barriers to employment | Daily *By Request | Daily *By Request | Daily *By Request |
| **JOB CORPS**  
Career training for qualified individuals who are 16-24 years of age | *By Appointment | *By Appointment | *By Appointment |
| **JOB SEARCH & RESUME WRITING ASSISTANCE**  
Receive one-on-one assistance with updating or developing your resume. Also learn about the skills needed to have a successful job search through self-paced, online tutorials. | Daily *By Request | Daily *By Request | Daily *By Request |
| **MATURE WORKERS ROUNDTABLE**  
Employment Networking for individuals who are 55+ years of age. Also learn about "Returnships" to Employment. | 2nd & 4th Wednesdays Every Month 1:00-3:00 p.m. | 3rd Thursday Every Month 12:00-2:00 p.m. | 3rd Wednesday Every Month 9:30-11:30 a.m. |
| **TALENT SUPPORT NETWORK**  
Networking opportunity for job seekers. Guest speakers are often scheduled, discussing topics such as Navigating LinkedIn, Developing a Personal SWOT, Career Development Questions & much more. | Every Other Monday 11:00 a.m.-Noon | | |

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**Johnson County Workforce Center**  
8335 Bluejacket  
Lenexa, KS 66214  
Phone: (913) 577-5900 | Fax: (913) 642-7260  
TTY: (913) 341-1507  
Hours of Operation:  
Monday-Friday 8:00 a.m.-5:00 p.m.  
Late Open on Wednesday 9:00 a.m.  

**Leavenworth County Workforce Center**  
515 Limit Street, Suite 200  
Leavenworth, KS 66048  
Phone: (913) 651-1800 | Fax: (913) 682-1840  
TTY: (913) 682-1804  
Hours of Operation:  
Monday-Friday 8:00 a.m.-5:00 p.m.  
Late Open on Thursday 9:00 a.m.  

**Wyandotte County Workforce Center**  
625 Minnesota Ave.  
Kansas City, KS 66101  
Phone: (913) 279-2600 | Fax: (913) 342-9576  
TTY: (913) 231-1943  
Hours of Operation:  
Monday-Friday 8:00 a.m.-5:00 p.m.  
Late Open on Tuesday 9:00 a.m.  

Visit our website: www.workforcepartnership.com

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Workforce Partnership offers Equal Opportunity Employment and Programs. Accommodations are available upon request for persons with a disability.
ATTACHMENT B

Referral Form
PARTNER REFERRAL FORM

Customer Information

Name: 
Email: 
Address:  
Date of Birth:  

Barriers:
- Employment
- Housing
- Disability
- Transportation
- Criminal History
- Childcare
- Education
- Soft Skills/Job Readiness
- Other: ____________

Reason for Referral:

Referring Partner Information

Partner Agency:  
Phone:  
Services Provided by Referring Agency:  
Staff Name:  
Email:  

Requested Services, if Approved:

- Employment Search
- Resume Assistance
- Soft Skills/Job Readiness
- On-the-Job Training
- Work Experience
- Labor Market Information
- Assessment
- Tutoring
- Classroom Training
- ESL
- GED/Adult Basic Education
- Financial Literacy
- Entrepreneurial Skills Training
- Case Management
- Counseling
- Supportive Services (childcare, transportation, housing, etc.)
- Leadership Development
- Mentoring
- Follow-Up Services

Follow-Up Requested:  
- Yes (Via)  
- Email __________________________  
- Fax __________________________  
- Other: __________________________  
- No

If Referring to Workforce Partnership, Email/Fax Referral Forms to the Following:

Johnson County
JoCoReferrals@workforcepartnership.com  
(913) 642-7269

Leavenworth County
LVCoReferrals@workforcepartnership.com  
(913) 682-1804

Wyandotte County
WvCoReferrals@workforcepartnership.com  
(913) 942-9676

Receiving Staff Use Only

Date Form Received:  
Email  Fax  Other:  
Staff Assigned:  
Customer Contact Date:  
Email  Phone  Other:  
Follow-Up Completed:  
Yes (Via)  Email  Fax  Other:  
Notes/Next Steps:

Workforce Partnership offers Equal Opportunity Employment and Programs. Accommodations are available upon request for persons with a disability.
### CoC Racial Equity Analysis Tool

#### Select your CoC

- MO-604 Kansas City/Jackson County

#### Distribution of Race

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<th>All (ACS)</th>
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<th>Experiencing Unsheltered Homelessness (PIT)</th>
<th>All (ACS)</th>
<th>In Poverty (ACS)</th>
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<td>39%</td>
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#### CoC Data

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#### Youth

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<td>35%</td>
<td>4,735</td>
<td>2,414</td>
</tr>
<tr>
<td>Hispanic</td>
<td>17,368</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>7,102</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Black</td>
<td>1,881</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Other/Multi-Racial</td>
<td>1,890</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>1,890</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

#### Veterans

<table>
<thead>
<tr>
<th>Race</th>
<th>All (ACS)</th>
<th>In Poverty (ACS)</th>
<th>Experiencing Homelessness (PIT)</th>
<th>Experiencing Unsheltered Homelessness (PIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>415,342</td>
<td>NOT AVAILABLE</td>
<td>NOT AVAILABLE</td>
<td>NOT AVAILABLE</td>
</tr>
<tr>
<td>Hispanic</td>
<td>415,342</td>
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<td>NOT AVAILABLE</td>
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</tbody>
</table>

#### State Data

<table>
<thead>
<tr>
<th>Race</th>
<th>All (ACS)</th>
<th>In Poverty (ACS)</th>
<th>Experiencing Homelessness (PIT)</th>
<th>Experiencing Unsheltered Homelessness (PIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>4,045,410</td>
<td>4,024,030</td>
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</tr>
<tr>
<td>Hispanic</td>
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<td>1,875,705</td>
<td>1,875,705</td>
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</tr>
</tbody>
</table>

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*Youth are individuals under the age of 25 who are unaccompanied or parenting.*
<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Hispanic</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>87,604</td>
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<tr>
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<tr>
<td></td>
<td>14</td>
<td>116</td>
</tr>
<tr>
<td></td>
<td>8%</td>
<td>92%</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>131</td>
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<tr>
<td></td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>0</td>
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</tr>
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<td>100%</td>
</tr>
<tr>
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<td>443,761</td>
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<tr>
<td></td>
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<td>98%</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>4%</td>
</tr>
</tbody>
</table>

Sources:
1. American Community Survey (ACS) 2011-2015 5-yr estimates; Veteran CoC data comes from the ACS 2015 1-yr estimates; Total youth in the American Community Survey is a rollup of race estimates of all persons under 25.
2. Point-In-Time (PIT) 2017 data.

Note: Race estimates of individuals in families with children are based on the race of the householder.