

Emergency Shelter Transitional Housing Hotel-Motel Vouchers

ESG 2016-2017

Georgia Department of
Community Affairs

Emergency Shelter Overview

- **Emergency shelter** - facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.
 - Keep people the shortest length of time possible to secure a successful outcome.
 - Be fully linked to the widest possible range of permanent housing.

Transitional Housing Overview

- Funded by State Housing Trust Fund for the Homeless, but must comply with federal standards
- Will follow same general guidelines as ES, except:
 - Length of stay
 - More intensive services
 - Must serve special needs of population
 - Project must be listed as TH (not ES) in HMIS

Hotel-Motel Vouchers Overview

- Eligible ESG cost under the Emergency Shelter component
- Hotel or motel voucher may be provided where no appropriate emergency shelter is available
- Must have a direct connection to a program providing permanent housing placement
- Limited to 30 days

Eligibility for Services

- Individuals and families defined as Homeless under the following categories are eligible:
 - Category 1 – Literally Homeless
 - Category 2 – Imminent Risk of Homeless
 - Category 3 – Homeless Under Other Federal Statutes (rare in Balance of State)
 - Category 4 – Fleeing/Attempting to Flee DV

Homeless Verification

CATEGORY 1

An individual or family who lacks a fixed, regular, and adequate nighttime residence.

- DCA Housing Status Verification, Staff and Self Certification Forms
- A written observation by an outreach worker of the conditions where the individual or family was living, a written referral by another housing or service provider

Homeless Verification

CATEGORY 1

Exiting an institution where he or she resided for 90 days or less and fit the above criteria immediately prior to entering:

- One of the forms of evidence on the previous slide, **and** ONE of the following:
 - (A) Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution. All oral statements must be recorded by the intake worker; **or**
 - (B) Where the evidence listed above in (A) is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in (A) and a certification by the individual seeking assistance that states he/she is exiting or just exited an institution where he/she resided for 90 days or less.

Homeless Verification

CATEGORY 2

An individual or family who will imminently lose their primary nighttime residence provided for whom:

- A court order resulting from an eviction action that requires the individual or family to leave their residence **within 14 days** after the date of their application for homeless assistance **OR**
- The equivalent notice under applicable state law, a Notice to Quit, or a Notice to Terminate issued under state law.

Homeless Verification

CATEGORY 2

For applicants whose primary nighttime residence is a hotel or motel room **not** paid for by charitable organizations or federal, state, or local government programs:

- ❑ Evidence that the individual or family lacks the resources necessary to reside there for **more than 14** days after the date of application for homeless assistance **OR**
- ❑ An oral statement by the individual or head of household that the owner or renter of the housing in which they currently reside will not allow them to stay for more than **14 days** after the date of application for homeless assistance. The intake worker must record the statement and certify that it was found credible.
- ❑ To be found credible, the oral statement must:
 - ❑ Be verified by the owner or renter of the housing in which the individual or family resides at the time of application for homeless assistance **and**
 - ❑ Be documented by a written certification by the owner or renter or by the intake worker's recording of the owner or renter's oral statement

Homeless Verification

CATEGORY 2

If the intake worker is unable to contact the owner or renter:

- ❑ The intake worker must provide written documentation certifying that he/she performed due diligence in attempting to obtain verification and written certification that the applicant's statement was true and complete.
- ❑ Certification by the individual or head of household that no subsequent residence has been identified; **and**
- ❑ Certification or other written documentation that the individual or family lacks the resources and support networks needed to obtain other permanent housing.

Homeless Verification

CATEGORY 3

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless, but who meet the following four (4) criteria:

- ❑ Are defined as homeless under other legislation (see handbook for details)
- ❑ Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
- ❑ Have experienced persistent instability as measured by 2 moves or more during the 60-day period immediately preceding the date of application; **AND**
- ❑ Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.
- ❑ Will likely self-certify.

Homeless Verification

CATEGORY 4

Is fleeing, or is attempting to flee some form of family violence, has no other residence; **and** Lacks the resources or support networks, e.g., family, friends, faith based or other social networks, to obtain other permanent housing:

- ❑ Third party verification (law enforcement, referrals, etc.)
- ❑ The DCA Housing Status Self Certification Form documenting that applicant is fleeing a domestic violence situation, has not identified a subsequent residence, and lacks the resources or support networks, e.g., family, friends, faith-based, or other social networks, needed to obtain housing where his/her safety would not be jeopardized **and**
- ❑ Written observation by the intake worker, a written referral by a housing or service provider, social worker, legal assistance provider, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for domestic violence, or records contained in Apricot.

ES and TH Eligible Activities

CASE MANAGEMENT

- Using the centralized/coordinated assessment system
- Conducting the initial evaluation required under including verifying and documenting eligibility
- Counseling
- Developing, securing, and coordinating services and obtaining Federal, State, and local benefits
- Monitoring and evaluating project participant progress
- Providing information and referrals to other providers
- Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking, developing an individualized housing and service plan, including planning a path to permanent housing stability.

ES and TH Eligible Activities

Child care
 Education services
 Employment assistance and job training
 Legal services
 Mental health services
 Life skills training
 Outpatient health services
 Substance abuse treatment services
 Transportation
 Operations

Family Separation

Preventing Involuntary Family Separation in Emergency Shelters

576.102 (b) Prohibition against involuntary family separation.

The age, of a child under age 18 must not be used as a basis for denying any family's admission to an emergency shelter that uses Emergency Solutions Grant (ESG) funding or services and provides shelter to families with children under age 18.

- Providing a hotel/motel stay is not an appropriate substitute

Family Separation

- HUD regulations prohibit shelters from denying access to families based on the age of a child.
 - Includes methods of treating families differently based on age of a child, i.e., placing a family with teenage boy in hotel/motel, not allowing the family to remain on-site
- ALL emergency shelters and transitional housing facilities will comply with this requirement.
- All ES and TH projects must comply with new discrimination regulations also

ES and TH Performance Measures

For each project, performance will be measured based on the following standards:

1. An overall bed utilization rate of 80%.
2. The average length of stay of the households served should be ideally 30 days for ES and 1 year for TH.
3. An increase in the percentage of discharged households that secure permanent housing at exit each year.
4. An increase in the percentage of households that increase cash and non-cash income during project enrollment.

Compliance

- Shelter and Habitability Standards should be inspected and forms completed by July 1, 2016.
- Compliance team will schedule visits to conduct on-site reviews.
- Environmental reviews are conducted for your shelter or transitional unit(s) during the application process.



Questions?

Thank You!

