Chicago Continuum of Care's

WRITTEN STANDARDS
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These community standards are meant to assist the Chicago Continuum of Care (CoC) by offering best practices that can be used by homeless service providers and funders. They are designed to comply with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and should guide the operation of programs that address homelessness in Chicago. They should be reviewed and updated annually.

These standards provide an additional benefit to the community, ensuring contractual requirements are aligned across common best practices and racial equity. More specifically:

- The CoC fulfills their responsibility to the federal Department of Housing and Urban Development (HUD) and explicitly operationalizes local values and a common philosophy of care;
- Local funders utilize a common reference for key requirements and tools to support monitoring and technical assistance activities;
- Providers of homeless housing and services can refer to common expectations from funders with minimal variations between contracts. This allows for greater ease of reference and compliance; and
- People with lived experience have a more common experience across programs and can expect similar approaches in services.

The standards will also be available online for greater transparency and knowledge of consumer rights and responsibilities.

**INTRODUCTION**

The CoC is a membership-based organization whose mission is to prevent and end homelessness in the city of Chicago. We achieve this through fostering shared responsibility, collaborative planning, and aligning the stakeholders and resources essential to implementing the strategic priorities of Chicago’s Plan 2.0 to prevent and end homelessness. Through its Governance Charter, the Chicago CoC has developed a mission through a set of core values that guide its governance.

Ultimately, the Chicago CoC’s vision is to make:

- Homelessness *rare* in the city of Chicago;
- The experience of homelessness *brief* and a *one-time* occurrence; and
• The community’s homeless response system eliminate racial disparities for all.

The work of the Chicago CoC, partner funders, and local providers serving people experiencing homelessness are grounded in the following:

• **Housing First** – The Chicago CoC has adopted the Housing First approach through our system. Homeless housing and services are targeted and prioritized for the most vulnerable people in our community and are offered without conditions. Barriers to accessing and maintaining housing and services are low to ensure those who need the resources most are able to utilize them. Housing First should be integrated in all homeless housing and service interventions, including outreach, prevention, emergency shelter, transitional housing, and permanent. Systemically, Housing First also includes the coordination of access and entry into homeless housing. Throughout the Chicago homeless system, providers and staff believe that all are housing ready and housing is a basic right.

• **Person-Centered Services** – Person-centered services are also operationalized by ensuring programs are nimble to address the unique needs and strengths of all people with whom they work. Programs should be made adaptable to serve the most vulnerable, screening in households and individuals that most need services (as opposed to screening out households who may not necessarily match a specific ‘profile’). These values guide each policy and procedural statement in these standards, centering the people experiencing homelessness and ensuring maximum impact and the reduction of harm, particularly with a commitment to racial equity. It is the expectation of the CoC that these values are integrated in program operations and are intentionally part of the operational design of services and interventions. Services are grounded in best practices such as trauma-informed care, motivational interviewing, harm reduction, and positive youth development.

The Chicago CoC is responsible for coordinating and implementing a system-wide approach to meet the needs of the population and subpopulation experiencing homelessness within the city of Chicago. Both the Emergency Solution Grant Rules and Regulations (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) CoC Program Interim Rules state that the CoC, in consultation with recipients of ESG program funds within the geographic area:

1. Establish and consistently follow community standards for providing CoC assistance;

2. Establish performance targets appropriate for population and program type; and


In accordance with Title 24 of the Code of Federal Regulations (24 CFR) Part 578, the Chicago CoC has developed the following community standards. In conjunction with 24 CFR Part 578,
these standards will apply to all projects that receive HUD CoC and ESG funding. The goal of these standards is to synthesize key elements of the HUD regulations with the processes and priorities of the Chicago CoC to ensure that the CoC programs are administered fairly and methodically.

The goals of the community standards are to:

- Assist with the coordination of service delivery across the geographic area and will be the foundation of the city-wide coordinated entry system;
- Assist in assessing individuals and families consistently to determine program eligibility;
- Assist in administering programs fairly and methodically;
- Establish common performance measurements for all CoC components; and
- Provide the basis for the monitoring of all CoC and ESG funded projects.

These community standards include policies and procedures for evaluating individuals’ and families’ eligibility for assistance for

1. Permanent Supportive Housing (PSH)
2. Rapid Re-Housing (RRH)
3. Safe Haven (SH)
4. Interim/Transitional Housing (TH) (to be added at a later date)
5. Emergency Shelter (ES) (to be added at a later date)
6. Street Outreach (SO) (to be added at a later date)
7. Stand Alone Support or Drop-In Center (to be added at a later date)
8. Homelessness Prevention (HP) (to be added at a later date)

All programs that receive ESG or CoC funding are required to abide by these community standards. Programs should comply with these CoC values, as well as with HUD requirements, in their design and practices.

The CoC strongly encourages programs that do not receive either of these sources of funding to accept and utilize these standards.
GENERAL PROGRAM EXPECTATIONS

SYSTEMS COLLABORATION & COORDINATION:

In the Chicago CoC, system-level collaboration and coordination are jointly led by All Chicago Making Homelessness History (All Chicago) and the Chicago Department of Family and Support Services (DFSS) under the leadership of the Chicago CoC Board of Directors. All Chicago has been designated the Collaborative Applicant for HUD’s CoC Program, and DFSS is the Emergency Solutions Grant (ESG) recipient.

The Chicago CoC promotes civic engagement & systems advocacy by both agencies and persons with lived experience of homelessness (PLEs), in order to maintain continuum accountability. Agencies understand the impact of their programs and seek to communicate changes in programs (i.e. closures, elimination of units), to prevent the displacement of PLEs and to utilize all available resources. Agencies within the CoC are accountable to the continuum, both fiscally and organizationally.

POLICIES, PROCEDURES, AND PRACTICES

TRAINING AND SUPERVISION

Agencies are committed to staff training and development. In alignment with continuum vision and goals, participants and staff are trained in housing first, harm reduction, trauma informed practice, conflict mediation, and crisis intervention. Programs have supervision policies and practices that provide ongoing support and performance monitoring for staff and volunteers. Policies and procedures regarding PLE rights and responsibilities will be developed and will be publicly available to PLEs and program staff.

SAFETY

Programs proactively address violence to promote issues related to safety. Agencies and programs have policies and procedures to address and resolve issues related to violence, conflict mediation, and other crises. Agencies and programs also develop policies and programs to ensure the safety and security of staff.

EQUITY

The Chicago CoC has a commitment to promoting racial equity. Agency and program leadership opportunities will be offered for people of color, representing communities most historically marginalized. Staff demonstrate cultural humility, in order to engage participants from diverse cultures and backgrounds. Programs are accessible and uphold federal accessibility standards (i.e. translated forms, bilingual/multilingual staff, physical space).
SERVICES

Programs provide a variety of services that are flexible and culturally appropriate for participants in various stages of change. Programs provide linkage to ongoing supportive services beyond provision of basic needs, including educational/vocational support, case management and systems advocacy, housing assistance, legal assistance, health care support, life skills programming, mental health and substance use services, medical, self-care and children’s services. Engagement in services is based on participants self-identified goals but services and linkages should be available whenever the participants requests them.

DEFINITION OF FAMILY

The Chicago CoC adheres to HUD’s Equal Access Rule and the McKinney-Vento Act, as amended by the HEARTH Act in defining family. Family is defined as follows:

*Family* includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.

Projects funded through CoC programs that target households with children must clearly define the age of the children to be under 18 years of age at entry. Projects that do not make this distinction will serve families as defined above. Projects that serve only individuals should be flexible to serving a family consisting of two adult members (a couple) as their funding allows.

FAMILY SPECIFIC BEST PRACTICES

Programs that have households with children should ensure they are equipped to meet their complex needs. Programs provide provision of or linkage to child-focused assessments and appropriate services.

HUD and the Chicago CoC has outlined the following standards that apply to any household composition that includes children:

- The program accepts all families with children 18 and under without regard to the age or gender of any child;
- The program ensures that a staff person has designated responsibility for ensuring that children are enrolled in school and connected to appropriate services in the community;
- The program’s policies and practices consistent with the laws related to providing education services to individuals and families;
- The case management model includes developmentally appropriate intake and service planning for each member of the family as an individual (including bio psychosocial or other appropriate assessment);
• Services are delivered where the child is living, or the project provides a space for home-based, early childhood services;
• The program facilitates on-site development screening for all children that enter the program;
• The program actively assists the families in accessing child care;
• The program has written procedures that require agency workers to provide guidance and support around enrolling children in pre-school or school;
• The program connects families to Chicago Public School’s Students in Temporary Living Situations (STLS) liaisons and/or informs families of their homeless student rights (this applies to all program model types EXCEPT Permanent Supportive Housing and Rapid Rehousing, whose participants do not qualify for the STLS Program));
• The program assesses, tracks, and monitors the health of children in the program, including assisting them to connect with health care provider(s).; and
• The program’s administrative, service-delivery, and living facilities utilize space and materials to promote healthy parent-child engagement that fosters healthier relationships.

DEFINITION OF YOUTH

Based on the recommendation of Chicago’s Youth Sector, the Chicago CoC defines Youth as follows:

Unaccompanied youth are people age 14 through 24 who do not have an adult or institution (e.g. child welfare) responsible for their well-being. This definition may include youth who are pregnant or parenting. Unaccompanied youth eligibility criteria align with HUD’s categories of homelessness to define program eligibility, however the specific program eligibly criteria are determined by program model type.

Projects funded through the CoC program that target youth aged 18 through 24 must accept youth based on their age at entry. As youth reach age 25, they should be accessed regarding their continued need for youth-focused services. Youth over the age of 25 should continue to receive youth-focused services if a documented need exists.

YOUTH-SPECIFIC BEST PRACTICES

In addition to the core values and best practices mentioned in these community standards, the Chicago Youth Sector has recommended the following philosophies and values to be included in program design, staffing structure, and program policies. All youth service providers shall ensure that all youth seeking their services receive support and care that aligns with these philosophies and values. All programs that have youth led households should ensure they are equipped to meet their complex needs.
AUTHENTIC YOUTH COLLABORATION:

*Authentic Youth Collaboration* is the practice of meaningfully involving youth in decisions that affect them, their peers, and their communities. Young people are an integral part of organizations’ and communities’ work and their voices help shape the future. Youth bring energy and new ideas and perspective to identifying solutions to challenges. Their involvement creates a sense of ownership, accountability, and greater acceptance of services and decisions. Whenever decisions are being made that impact youth, it’s important that youth are at the table and have equitable decision-making responsibilities. This can look many ways: working with young people to establish a youth leadership body, including one or more youth representatives on a board of directors, and creating opportunities for young people to speak for themselves. Young people who are receiving services should be encouraged to participate in decisions that directly impact their housing and well-being. Systems and programs should have the means to actively listen to the opinions of youth and young adults with the intention of creating solutions based on their feedback.¹

YOUTH CHOICE & SELF DETERMINATION:

Respecting youth as the experts of their own lives and experiences. Program staff should educate and equip youth with the tools needed to make decisions around their housing stability options.

RESTORATIVE JUSTICE:

*Restorative Justice* is a theory of justice that emphasizes repairing the harm caused by criminal or other disruptive behaviors in the community. It is best accomplished through cooperative processes that allow all willing stakeholders to meet, although other approaches are available when that is impossible. This can lead to transformation of people, relationships, and communities.²

DEFINITION OF PERSON(S) OF LIVED EXPERIENCE (PLE)

The Chicago CoC has a strong commitment to ensuring PLE voices and input are included in system-level and programmatic decision making. The Lived Experience Commission (LEC) and the Youth Action Board (YAB) have approved the following definition:

*Person of Lived Experience (PLE)* as any person who has experienced homelessness as an individual or as part of a family.

PLE INPUT BEST PRACTICES

¹ True Colors United-Youth Collaboration Toolkit
Although the experience of any PLE will add value to a program, programs are strongly encouraged to include the voice of those currently or who have recently experienced homelessness whenever possible.

All programs should ensure the following policies and procedures are included:

- Agencies have a PLE on their board of directors or other decision-making body.
- Input from PLE to facilitate changes or improvement to a program should occur at least annually. However, greater frequency is best practice.
- Programs should utilize a variety of mechanisms to solicit PLE input and may include, but are not limited to, the following:
  - board member participation,
  - advisory councils,
  - consumer feedback sessions,
  - surveys; and
  - suggestion boxes.
- Programs should ensure that PLE participation in the above-mentioned mechanisms is fair and equitable. Additionally, for feedback sessions, surveys and suggestion box programs should ensure that:
  - participation is not required,
  - all information is anonymous, cannot be linked to an individual participant, and no consequences based on input; and
  - accommodations are made for participants who may have challenges in completing these.
- All agencies should have a clearly defined mechanism for their board of directors or other policymaking entity to receive direct input from PLE.
- All agencies should have a clearly defined communication mechanism back to PLE for any decision of the board of directors based on direct input from PLE.
- Whenever possible, agencies should provide opportunities for personal growth for current participants, including but not limited to opportunities for:
  - personal growth,
  - volunteering in the community,
  - volunteering at the agency,
  - contributing to agency operations; and
  - employment within the agency.

Finally, the LEC and YAB believe that PLEs should be compensated for giving their time, experience, and expertise when utilized to strengthen agencies, projects, and the Chicago CoC’s ability to address ending homelessness. Though it may be a conflict of interest for a PLE to
receive compensation as a board Member; Agencies should know and follow state laws regarding boards and compensation.
The Chicago CoC follows the Housing First (HF) approach. Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach aims to eliminate the system barriers that prevent people from accessing their right to housing. Additionally, Housing First is based on the idea that participant choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. Services should be culturally appropriate. Personal barriers, such as non-adherence to medication or substance abuse, are addressed using collaborative approaches, like motivational interviewing. The following Housing First best practices are mandatory for all programs that receive HUD funding. They are meant to promote harm reduction at each step of service.

**SCREENING AND ADMISSION**

Admission to projects is not contingent on prerequisites such as abstinence from substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, participation in services – “housing readiness,” or history or occurrence of victimization, unless required by law or funding source. Housing priority is given to people with the most severe service needs and highest level of vulnerability. Providers try to expedite the admission and documentation process as much as possible; participants may be admitted to programs pending completion of documentation.

In order to ensure accessibility, programs do not require specific appointment times but have flexible intake schedules that ensure access to all households. There are multiple system entry points, direct outreach, marketing, and information dissemination.

**PARTICIPANT CHOICE**

To the extent that is possible and practical, participants are provided with options regarding the location of housing, type of housing, and type of unit. Options will be provided in all settings, including project-based settings. Participants will also be provided with a choice of roommates, as applicable. Participant rejection of a housing program’s option should not exclude them from housing.
Participants are made aware of any time limits and available resources after leaving a program. Services cannot be denied or terminated because of a participant’s alcohol or drug use. In assessments, participant’s sense of comfort and safety may dictate that the assessment be completed over several sessions. Admission will not be delayed because of this.

SUPPORTIVE SERVICES

Programs provide a variety of goal-driven services that are flexible and appealing and that are appropriate for participants in various stages of change. They include support for basic needs, but also educational/vocational support, case management and systems advocacy, housing assistance, legal assistance, healthcare support, life-skills programming, mental health and substance-use services, medical, self-care, employment, benefit screening and application and children’s services. These services are encouraged, but they are optional. Supportive services are offered for the maximum length of time allowed by the program model and agency resources. Projects may set expectations for service participation but should not deny or terminate housing when participants do not meet these expectations. Programs cannot require disability-related services such as substance abuse treatment or therapy as a condition of maintaining housing. Services cannot be denied or terminated because of a participant’s alcohol or drug use. Programs use the stages of change model with participants to ensure services are appropriate and responsive to needs. Programs use evidence-based tools, such as motivational interviewing, which empowers clients to move through a stages of change model, from homelessness to housing.

PERSISTENT ENGAGEMENT

As an aspect to Housing First, program staff should provide continuous engagement opportunities to participants in programs. This includes those who may decline supportive services in the moment, but should still be regularly offered service options.

LEASING AND TENANCY

Program participants receive ongoing education about the Housing First model; the provider’s housing process; and their rights and responsibilities as tenants. They are encouraged to exercise their rights and should be given legal assistance and/or advocacy, if desired. A program participant’s lease is the same as for any other tenant on the market. Participants are given special payment arrangements for rent arrears,

3 24 CFR 578.75(h)
assistance with financial management, and/or help & encouragement in obtaining a representative payee, should they wish for one.

**DISCHARGE AND TRANSFER**

Program participants are not expelled from programs for drug use or refusal to participate in services. Programs will allow participants to remain in the program even if they must leave for a temporary absence of 90 days or less for hospitalization, substance abuse treatment, mental health treatment, or incarceration. Though rental assistance may be temporary, housing assignment is considered permanent for PSH and RRH; leases renew automatically unless the landlord or tenant give notice. All measures are used to prevent eviction, except in cases where the participant is a threat to themselves or others. Participants may transfer to another project if they feel that they are in imminent danger from another participant. The transfer will be done as quickly as possible to prevent an exit to homelessness.

**MOTIVATIONAL INTERVIEWING**

*Motivation Interviewing (MI)* is an evidence-based approach that is a person-centered method of communication for enhancing motivation to change by exploring and resolving ambivalence. MI requires emotional engagement and the use of empathy to help clients with challenges to manage ambivalence toward change. Key aspects of MI include facilitating client engagement by establishing trusting and mutually respectful working relationships, agreement between service provider and participant about intended outcomes, goals associated with outcomes, and steps toward meeting goals. Service providers utilize a variety of methods to increase a client’s motivation to achieve their self identified goals, which improves the clinician’s ability to implement changes. MI is an ongoing process, where the service provider seeks to assist the participant in achieving their goals (e.g., reason for seeking help, which could include hopes, fears, etc.) by addressing participant values and stages of change. The stages of change are established through a process of engagement and informal assessment techniques.

**HARM REDUCTION**

The Midwest Harm Reduction Institute defines *Harm Reduction* as: “The philosophy of harm reduction promotes and supports the right of people who use substances and engage in other risky behaviors to be treated with dignity and respect; their right to exercise self-determination related to use; and their right to a collaborative approach in therapeutic relationships.

“Harm reduction offers a spectrum of strategies for managing alcohol use, drug use, and other risky behaviors. It includes approaches that lead to safer use, moderation, or abstinence—depending on the individual’s desires and needs. Because the focus is on improving the quality
of life, any step that reduces harm to individuals, their loved ones, their community, and society as a whole is embraced and celebrated.”

The Chicago CoC utilizes a broad definition of risky behavior to include medication nonadherence, street work, and activities or behaviors that may lead to eviction or non-housing.

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**TRAUMA-INFORMED CARE**

Substance Abuse and Mental Health Services Administration (SAMHSA) have described four aspects of Trauma Informed Practice - realize trauma, recognize trauma, respond to trauma, and resist re-traumatization (the 4 Rs):

“In a trauma-informed approach, all people at all levels of the organization or system have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals... People in the organization or system are also able to recognize the signs of trauma... The program, organization, or system responds by applying the principles of a trauma-informed approach to all areas of functioning... A trauma-informed approach seeks to resist re-traumatization of clients as well as staff...

Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff and the fulfillment of the organizational mission. Staff who work within a trauma-informed environment are taught to recognize how organizational practices may trigger painful memories and retraumatize clients with trauma histories.”

Good practices to promote recovery and prevent re-traumatization include: Training staff on trauma and its impact, developing programming that supports client choice and control, and creating physical and emotional safety throughout housing programs.

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**POSITIVE YOUTH DEVELOPMENT**

Runaway and Homeless Youth Program, Family and Youth Services Bureau has described Positive Youth Development as the following:

“Positive youth development is a comprehensive framework outlining the supports all young people need to be successful. Runaway and homeless youth programs that embrace this developmental model provide ongoing and intentional opportunities for young people to participate in meaningful activities. A variety of opportunities, that have real-life implications,

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4 Midwest Harm Reduction Institute [https://www.heartlandalliance.org/mhri/](https://www.heartlandalliance.org/mhri/)
5 SAMHSA’s (July, 2014) “Concept of Trauma and Guidance for a Trauma-Informed Approach”
are available for youth to design, implement, and evaluate the types of services they receive to best meet their needs. The program environment is caring and supportive, has high expectations, and offers youth the chance to develop positive relationships and connection with adults, peers, and the larger community. Positive youth development views young people as "resources" who have much to offer rather than as "problems" that need to be treated or fixed. Given that not all young people have the same needs, some youth may require additional, complementary supports and services to fully benefit from common elements of positive youth development processes. For example, trauma-informed approaches and evidence-based interventions can strengthen the role of positive youth development settings in the lives of especially vulnerable young people.

Positive Youth Development offers youth the following benefits:

- increased protective factors; reduction in risky behaviors,
- higher grades and expectation to go to college,
- higher rates of successful transitions into adulthood,
- improved social and emotional outcomes,
- greater likelihood of contributing to their communities; and
- less depression.6

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EQUAL ACCESS & NON-DISCRIMINATION

All recipients and subrecipients of CoC program and ESG program funding in the Chicago CoC must comply with the non-discrimination and equal opportunity provisions of Federal Civil Rights Laws as specified at 24 C.F.R. 5.105 (a), including but not limited to the following:

- Fair Housing Act,
- HUD’s 2012 and 2016 Equal Access Rules,
- Title II of the Americans with Disabilities Act,
- Section 504 of the Rehabilitation Act; and
- Title VI of the Civil Rights Act.

Providers must have non-discrimination policies in place and conduct assertive outreach to people least likely to engage in services. Program funding shall market housing and supportive services to eligible persons regardless of age, race, color, national origin, religion, sex, actual or perceived gender identity, sexual orientation, familial status, or disability; and shall provide program participants with information, in writing, on their rights and remedies under applicable federal, state and local law.

INTEGRATION AND ACCESSIBILITY (FAIR HOUSING AND EQUAL OPPORTUNITY)

Housing and supportive services must be offered in an integrated manner, such that persons with disabilities may enjoy a meaningful life within the community. Organizations shall offer housing and supportive services to enable individuals with disabilities to interact with nondisabled people to the fullest extent possible.

REASONABLE ACCOMMODATIONS AND MODIFICATIONS FOR PERSONS WITH DISABILITIES

Organizations are required to provide reasonable accommodations and modifications for persons with disabilities. For federally-funded housing, the recipient is responsible for paying for the modification. Organizations must inform applicants during the intake process of their right to request a reasonable accommodation or modification. A reasonable modification is a structural change, and a reasonable accommodation is change to rules, policies, or services so that a person with a disability has equal opportunity to use and enjoy a dwelling unit or common space. An example of a reasonable modification is installing a grab bar in the bathroom of a person with a disability, while examples of reasonable accommodations include, permitting a person with a disability to have a service animal.

DISCRIMINATION BASED ON ACTUAL OR PERCEIVED GENDER

HUD’s Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity Final Rule (Equal Access Rule) requires that HUD’s housing projects be made available
to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status. The rule defines “gender identity” to mean “actual or perceived gender-related characteristics.” The final rule also prohibits owners and administrators of HUD-assisted or HUD-insured housing, approved lenders in an FHA mortgage insurance program, and any other recipients or subrecipients of HUD funds from inquiring about sexual orientation or gender identity to determine eligibility for HUD-assisted or HUD-insured housing.

There is a limited exception to this rule: Temporary, emergency shelters and other buildings and facilities that are not covered by the Fair Housing Act because they provide short-term, temporary accommodations, may provide sex-segregated accommodations, which they sometimes do to protect the privacy and security of individuals when the buildings and facilities have physical limitations or configurations that require shared sleeping quarters or shared bathing facilities. For the purposes of this rule, shared sleeping quarters or shared bathing facilities are those that are designed for simultaneous accommodation of multiple individuals in the same space. For example, a single-user bathing facility with a lock on the door is not designated for simultaneous occupancy by multiple individuals, so it is not a “shared bathing facility” for purposes of the Equal Access Rule or this rule. Organizations should ensure that its services do not isolate, or segregate victims of domestic violence based upon actual or perceived gender identity.

**DISCRIMINATION BASED ON HOUSEHOLD COMPOSITION**

Organizations cannot discriminate against a group of persons presenting as a family based on the composition of the family, the age of any member of the family, the disability status of any members of the family, marital status, actual or perceived sexual orientation, or gender identity. The people who present together for assistance, regardless of age or relationship, are considered a household and are eligible for assistance as a household.

Projects that serve families with children must serve all types of families with children. If a project targets a specific population, (e.g. homeless veterans), these projects must serve all families with children that are otherwise eligible for assistance, including families with children that are headed by a single adult or consist of multiple adults who reside together.

**PREVENTING FAMILY SEPARATION**

In an effort to maintain family unity for housing projects serving households with children, the age and gender of a child under age 18 shall not be used as a basis for denying any family’s admission, nor may a recipient deny admission to any member of the family (e.g., 15-year-old son). Projects will make every attempt possible to avoid family separation, unless absolutely necessary for the safety and well-being of the family.
GUIDANCE FOR PLACEMENT FOR TRANSGENDER PERSONS IN SINGLE-SEX EMERGENCY SHELTERS AND OTHER FACILITIES

The Chicago CoC is committed to ensuring non-discrimination and the rights of transgender and gender nonconforming individuals in the homeless system. These individuals have the right to reside in housing that matches their gender identity.

Organizations operating ESG-single-sex emergency shelters (or other ESG- and/or CoC facilities) may not make a determination about services for one participant based on the complaints of another participant when those complaints are based on a participant’s gender identity or non-conformity with gender stereotypes. For the purpose of assigning a participant to sex-segregated or sex-specific services, it is a requirement that intake staff and emergency housing providers ask a transgender participant which group or service the participant wishes to join. The organizations must take reasonable steps to address safety and privacy concerns; the organization should provide for privacy in bathrooms and dressing areas. For instance, organizations may install privacy curtains or partitions. When deciding how to house a victim of domestic violence, an organization that provides sex-segregated housing may consider on a case-by-case basis whether a particular housing assignment would ensure the victim’s health and safety. A victim’s own views with respect to personal safety deserve serious consideration. The organizations should ensure that its services do not isolate or segregate victims of domestic violence based upon actual or perceived gender identity.

PRIORITIZED SUBPOPULATIONS AND FAIR HOUSING IMPLICATIONS

Organizations shall comply with applicable civil rights laws, including the Fair Housing Act. Within this framework, these standards establish subpopulations to be prioritized for housing and services that align with the identified needs of the local community and the goals of the Federal Strategic Plan to Prevent and End Homelessness. Subpopulations may be prioritized as long as doing so does not discriminate against any protected class under federal nondiscrimination laws (e.g., the housing may be limited to homeless veterans, victims of domestic violence and their children, or chronically homeless households). Subpopulations may also be prioritized according to who needs the specialized supportive services that are offered by the project (e.g., substance use disorder treatment, domestic violence services, or a high intensity package of services designed to meet the needs of hard-to-reach homeless persons).

FAIR HOUSING IMPLICATIONS

The local standards establish priority subpopulations by project type (i.e. Permanent Supportive Housing); organizations may not set more restrictive priorities. For instance, while a Permanent Supportive Housing project may prioritize households experiencing chronic homelessness with a qualifying disability per the local standards, beds may not be reserved to persons with a
specific disability (i.e. physical disability). If an individual, who is otherwise qualified, but who does not have a physical disability, seeks admission and would benefit from the services offered, this person may not be excluded from the project. Organizations may reserve beds for persons with HIV/AIDS if the housing also receives funding from the Housing Opportunities for People with AIDS program (HOPWA).
DOMESTIC VIOLENCE (DV)/VIOLENCE AGAINST WOMEN ACT (VAWA)

The Violence Against Women Act final rule (VAWA Final Rule, 24 CFR, Part 5, Subpart L) codifies the core protection across HUD’s covered programs, ensuring survivors are not denied assistance as an applicant, or evicted or have assistance terminated as a tenant, because the applicant or tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.

All efforts shall be made to protect the rights, privacy and safety of survivors of domestic violence, dating violence, sexual assault or stalking (hereinafter “domestic violence survivors”). To protect survivors in situations like these, the final rule prohibits any denial, termination, or eviction that is “a direct result of the fact that the applicant or tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the applicant or tenant otherwise qualifies for admission, assistance, participation, or occupancy.”

POLICY STATEMENT

- **Agencies/programs** which primarily serve survivors of violence are prohibited from contributing client-level data into the HMIS System. However, these programs must record client-level data within a comparable internal database and be able to generate aggregate data for inclusion in reports.
- **Non-victim service providers** shall protect the privacy of individuals and families who are fleeing, or attempting to flee violence, by not including intake/treatment data in HMIS. Chicago’s HMIS system has policies and protocols in place to ensure any data entered into HMIS is not identifiable such as through unique identifiers.
- The location of domestic violence shelters/programs shall not be made public, if applicable.
- No agency or program will deny or terminate assistance or evict a participant solely because they are a domestic violence survivor; Nor shall an agency deny a survivor on the basis that the agency does not provide domestic violence programming or services. Agencies shall support survivors in accessing needed and requested services related to their incident of domestic violence while in housing (for example, a non-victim service provider can work with a survivor to locate advocacy and community-based domestic violence resources to assist in safety planning).
- **Emergency Transfers.** One of the key elements of VAWA’s housing protections is the emergency transfer plan which allows for survivors to move to another safe and available unit if they fear for their life and safety. Recipients and subrecipients of grants for tenant-based rental assistance may use grant funds to pay amounts owed for breaking the lease if the family qualifies for an emergency transfer under the emergency transfer plan established under §578.99(j)(8). Programs must follow the established
CoC-wide emergency transfer plan for those in CoC and ESG programs fleeing domestic violence. The Chicago CoC’s Emergency Transfer Plan can be found here.

PROCEDURES

The following procedures are required for any CoC-funded programs (regardless of DV status):

Agencies/programs must distribute the VAWA Notice of Occupancy Rights to every participant who is applying for permanent housing assistance.

Agencies/programs must distribute both the VAWA Notice of Occupancy Rights and the Certification of Domestic Violence form in the following situations:

- When an individual or family is denied permanent housing or transitional housing;
- When a program participant is admitted to permanent housing or transitional housing;
- When a program participant receives notification of eviction; and
- When a program participant is notified of termination of assistance.

When grant funds are used for rental assistance, the agency/program must ensure that the owner or manager of the housing provides the VAWA Notice of Occupancy Rights and Certification of Domestic Violence form to the program participant with any notification of eviction. This requirement for the landlord must be specified in the contract between the program and landlord.

Agencies/programs must include the following provisions in any contract or lease between the program and landlord:

- Requirement that program and landlord follow the terms of the VAWA Final Rule. This term may be narrowed to specify this requirement is only for as long as CoC/ESG assistance is being contributed to the unit.
- **VAWA Confidentiality Requirement.** Any information submitted to the program or landlord, including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking (confidential information), shall be maintained in strict confidence.
- The program shall not enter confidential information into any shared database or disclose to another entity, except to the extent that the disclosure is: (i) Requested or consented to in writing by the individual in a time-limited release (ii) Required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program; or (iii) Otherwise required by applicable law.
Agency documentation should include:

- Signed acknowledgement of receipt of the VAWA Notice of Occupancy by the applicant/participant;
- Signed acknowledgment (when possible) of receipt of the VAWA Notice of Occupancy and Certification of Domestic Violence form for applicants and participants per the policy above;
- Moves for victims of domestic violence, dating violence, sexual assault, and stalking; and
- For each program participant who moved to a different CoC due to imminent threat of further domestic violence, dating violence, sexual assault, or stalking under § 578.51(c)(3), each recipient or subrecipient of assistance under this part must retain one of the following:
  - **Documentation of the original incidence** of domestic violence, dating violence, sexual assault, or stalking, only if the original violence is not already documented in the program participant's case file. This may be written observation of the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance; medical or dental records; court records or law enforcement records; or written certification by the program participant to whom the violence occurred or by the head of household.
  - **Documentation of the reasonable belief of imminent threat** of further domestic violence, dating violence, or sexual assault or stalking, which would include threats from a third-party, such as a friend or family member of the perpetrator of the violence. This may be written observation by the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance; current restraining order; recent court order or other court records; law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts; or a written certification by the program participant to whom the violence occurred or the head of household.
  - **Data on emergency transfers requested** under 24 CFR 5.2005(e) and § 578.99, pertaining to victims of domestic violence, dating violence, sexual assault, or stalking, including data on the outcomes of such requests.
The Chicago CoC believes in protecting participant’s privacy. Projects should make every effort to protect participant privacy.

There are strict privacy and security policies in place related to the Homeless Management Information System (HMIS) (see HMIS Privacy Policy: HMIS Privacy- Policy- Notice.). No agency will enter information into HMIS and/or release confidential client records to authorized agents and representatives without a signed informed consent form from the client, or the client’s guardian, unless otherwise provided for in the regulations or laws. All Coordinated Entry System (CES) applicants will be provided with the Privacy Policy and Consent Form, which will be clearly explained and signed before services can be provided.

Many CoC agencies are also covered by the HIPAA Privacy Rule (45 CFR Part 160 and Subparts A and E of Part 164) because of the population served or project design. The Privacy Rule protects all "individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral." The Privacy Rule calls this information "protected health information (PHI)." PHI is information, including demographic data, that relates to: the individual’s past, present or future physical or mental health or condition; the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual; and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. PHI includes many common identifiers (e.g., name, address, birth date, Social Security social security number). HIPAA requires that covered entities apply appropriate administrative, technical, and physical safeguards to protect the privacy of (PHI), in any form. CoC agencies may not use or disclose protected health information unless the individual who is the subject of the information (or the individual’s personal representative) authorizes it in writing or through legal actions such as a court order. An agency must have policies in place regarding the retention and destruction of client medical records. For advice on record destruction, agencies are to contact agency legal counsel, or in the case of public entities, the Illinois Secretary of State's Illinois State Archives.

7 www.hhs.gov
COORDINATED ENTRY (CE) PARTICIPATION

Participation in the Chicago CES is strongly encouraged for any project providing services to households experiencing homelessness. Projects that are funded through the HUD CoC or ESG programs are required to participated in Chicago’s CES.

Coordinated entry is a centralized and streamlined system for accessing housing and support services to end homelessness in a community and is required by HUD for all CoCs as stated in 24 CFR 578.7 (a)(8) of the CoC Program Interim Rule. “HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present.” Such a system incorporates a community-wide Housing First approach to all programs and prioritizes resources for those with the most complex needs.

Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry also provides vital information to communities about service needs and gaps to help communities plan their assistance and identify needed resources. Utilizing a standardized assessment tool and practices, the goal is for the system to ensure that households experiencing homelessness have equal and fair access to resources that will end their homelessness.

All programs receiving federal and state funds will comply with applicable civil rights and fair housing laws and requirements, and recipients and subrecipients of CoC program and ESG program-funded projects must comply with the non-discrimination and equal opportunity provisions of federal civil rights laws.

Chicago’s CES Goal/ community vision for coordinated entry is a community response to ending homelessness that accounts for the diversity of needs of people experiencing homelessness, urgently responds to these needs with permanent housing solutions, and successfully incorporates the housing, healthcare, and employment systems. This community response will ensure an accessible and navigable set of entry points; a universal assessment for all person requesting assistance; and effective and appropriate connections to housing and services for all populations. Chicago’s CES will include a data-driven approach to ensure that the system is able to measure and respond to current needs with a transparent framework of sharing progress.

**HUD homeless definitions** under Category 1 and 4 are used at CES for program eligibility.

Additionally, programs shall:
• Work with the CES Lead Entity and follow the policies and procedures in the CES Policy and Procedure Guide, including but not limited to posting open units and responding to referrals; and
• Ensure that any new program is set-up in the HMIS and will work with the HMIS lead entity to complete a detailed program description for any new program receiving funding under this exhibit, as well as when making any changes to program criteria for existing programs, to be used as the basis for client referrals through CES.

Projects providing confidential, domestic violence housing and services are exempt from filling vacancies through the homeless housing and services CES. DV programs can access homeless housing resources for survivors while in confidential emergency shelter through Coordinated Entry Access Points.

Please see the CES Policy and Procedure Guide for all required policies and procedures for all project types.

HMIS PARTICIPATION

Participation in Chicago’s HMIS is strongly encouraged for any project providing to households experiencing homelessness. Projects that are funded through the HUD CoC or ESG programs, except domestic violence service providers, are required to participate in Chicago’s HMIS.

With the passage of the HEARTH Act and its subsequent implementation regulations, CoCs are expanding from evaluating program performance to evaluations of the performance of the entire homeless system. HUD requires that each metropolitan area use an HMIS of their choosing. HMIS is a central, system-wide platform for collecting information about households who apply for and receive services from programs serving at-risk and homeless households.

The purpose of HMIS is to improve services that support people who are homeless to get housing, and to have better access to those services, while meeting requirements of funders, such as HUD. All programs are required to enter data into HMIS per the CoC HMIS guidelines. The terms of use and compliance for agencies are described in the HMIS Agency Participation Agreement.

Programs shall:

• Actively participate in HMIS and follow the policies and procedures in the HMIS Standard Operating Procedures, (SOP). Ensure that any new program is set up in the HMIS in a timely manner. Additionally, programs will notify HMIS when a program is closed or ended;
• Obtain participant consent before submitting personally identifying information according to procedures outlined in the HMIS SOP and in compliance with state law. The
Informed Consent and Release of Information Form is available on the HMIS website. The Program must enter all required data according to the client’s consent status, and as outlined in the data entry instructions within the HMIS Standard Operating Procedures;

- Agencies are expected to collect information required for eligibility screening or other internal agency requirements. However, if a participant refuses to provide personally identifiable information for HMIS, then the program should follow the HMIS Consent Refused Data Entry procedures;

- Protect the safety of survivors of domestic violence and sexual assault, by not entering personally identifying information (PII) (i.e. name, date of birth, last known permanent address or other contact information, or social security number) into HMIS. Furthermore, potentially identifying demographic information (i.e. information that could be used to identify a person in combination with other non-personally identifying information) may be excluded from entry into HMIS. The program should follow HMIS Consent Refused Data Entry procedures regarding these situations. Victim service providers are required to enter basic information about the organization/program (Program Descriptor Data), not including street address, into HMIS; and

- Not enter confidential information regarding HIV/AIDS status, in accordance with RCW 70.02.220. If funding (i.e. HOPWA) requires HMIS use, those clients’ data shall be entered without Identifying Information.

Active participation in HMIS will be evidenced by the program entering a complete data set for all clients served. This includes universal, program specific and local continuum data elements for required report completion as outlined in the HMIS Data Standards Data Dictionary and program specific data elements are defined by HUD in the HMIS Data Standards. Programs approved for the Minimum Program Intake/Exit process shall submit the approved sub-set of the data elements. This complete data set will be entered within the timeframe established in the HMIS SOP. It will also be documented through signed client consent forms for all participants.

DATA COLLECTION

Programs shall collect programmatic data within the Chicago HMIS.

Per funder requirements, certain minimum data elements should be entered into the HMIS for every project participant. HUD’s minimum data elements can be found here.

Programs shall document homeless status with all participants, as per funder requirements.
In addition to HUD requirements, the Chicago CoC strongly encourages programs to enter the following information into HMIS:

- Follow ups for at least 6 months for participants/households exiting Permanent Housing (PSH, RRH, Joint TH-RRH);
- Participant’s zip code and updated whenever participant/household moves into a new housing unit;
- Participant’s full address for families with children under the age of 6 and updated with each move; and
- Income data whenever there is a significant change or at least once every 6 months.

All programs must track services, the total rent, rental assistance amount provided by agency, and rent portion paid by participant. Ideally, this is tracked through HMIS, but programs may utilize another database.

All programs should be collaborative and share this information periodically with the Chicago CoC so the community can gain a better understanding of the provision of programs.

Files containing participant information shall be stored in a secure and locked location to maintain confidentiality. Documents and information shall only be accessible by authorized personnel.

**ACCESS TO MAINSTREAM RESOURCES**

All Chicago CoC programs are expected to provide linkage to mainstream resources, as appropriate, with the goal to increase the household’s capacity to obtain or maintain housing. Mainstream resources may include: benefit screening, employment, childcare, linkage to behavioral and physical health services, legal, educational services, financial literacy services. This linkage happens through case management, assessment, outreach and post-housing follow up. Where possible, organizations should streamline processes for applying for mainstream benefits such as the use of a singular form to apply for benefits or collecting necessary information in one step such as the State of Illinois Application for Benefits Eligibility (ABE).

**SSI/SSDI OUTREACH, ACCESS, & RECOVERY (SOAR)**

SSI/SSDI Outreach, Access, and Recovery (SOAR) is an evidence-based method of assisting people who are experiencing or at risk of homelessness apply for Social Security Disability Benefits. CoC programs should make every effort to connect clients who may be eligible for SSI/SSDI to SOAR services in order to assist with increasing their incomes and building a foundation for recovery in many aspects of their lives. These standards and best practices apply to agencies that can provide SOAR services internally, as well as agencies that choose to make
outside referral via a referral partnership. For each category below, a “standard” is what each agency or program is expected to adhere to as part of the CoC. “Best practices” are considered the most effective practices and are recommended.

**CONNECTION TO SOAR SERVICES**

As a standard, each agency or program should maintain a policy or process for connecting eligible clients to SOAR services. This may either be a process to connect clients to SOAR externally through a referral partnership, or a process to connect clients internally to SOAR-trained staff members. If SOAR is provided internally, as a best practice, an agency should have one or more people on staff who have capacity to provide SOAR services at a level to meet the need for SOAR at the agency. This can be one or more interns, fully dedicated staff, or persons whose position has flexibility to provide SOAR services when needed.

**STAFF TRAINING**

If an agency or program has determined that it is their practice or process to provide SOAR services internally, then at least one staff member should be SOAR-trained through the SOAR Online Course at all times. As a best practice for agencies that provide SOAR internally, agencies should ensure that their SOAR-trained staff are re-trained every 2 years, or as needed to maintain their skills. An additional best practice is to identify a point person to ensure that SOAR activities are smooth and that everyone who needs to be trained is trained. For agencies that connect clients to SOAR services externally, a best practice is to have relevant staff attend a training related to Social Security Disability Benefits annually to understand how to support a client through the application process.

**CLIENT IDENTIFICATION**

As a standard, agencies and programs should make use of the SOAR-Eligible Clients report located in the Advanced Reporting Tool (ART) in HMIS, using the pathway: Public Folder/Chicago CoC Reports/CES/SOAR Eligible Clients. Agencies and programs should also identify a process to identify clients through intake screening questions related to disability and employment. As a best practice, agencies and programs should run the HMIS report at least quarterly to identify individuals for SOAR services and screen people for SOAR services during annual and interim assessments.

**OUTCOMES TRACKING**

A process should exist for tracking submission and determination outcomes for all SOAR applications completed internally. Outside SOAR referrals should also be tracked. As a
best practice, the agency or program should use SOAR’s Online Application Tracking system (OAT) to track SOAR outcomes.

**EDUCATION LIAISON**

For projects that serve households with children, projects must take the educational needs of children into account when families are placed in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin, if desired, so as not to disrupt such children's education. For permanent housing projects, the assessment of education needs is upon entry and when determining their initial housing placement.

The Chicago Public School (CPS) system administers the Students in Transitional Living Situations (STLS) program. For STLS, if the child meets the McKinney-Vento definition of homelessness prior to moving into housing via a PSH or RRH program, they may stay in the STLS program until the end of the school year in which they become permanently housed and continue to receive assistance. PSH and RRH providers should verify eligibility with households at intake and eligible should be connected to STLS prior to be housed. If the child hasn’t enrolled into STLS prior to moving into housing via a PSH or RRH program, the child will no longer be eligible once that housing is obtained.

Programs serving families with children and school-aged youth and young adults must:

- Inform families and youth experiencing homelessness of their eligibility for McKinney Vento education services during the intake process and how to enroll in STLS;
- Not require children enroll in new schools as a condition of entry;
- Not establish program requirements that prohibit children from remaining in their school of origin;
- Develop relationships with colleges to access Higher Education Services specifically for homeless youth (Higher Education Act)); and
- Designate a staff person to ensure that children are enrolled in school and connected to services in the community including programs such as:
  - Head Start
  - Part C of the Individuals with Disabilities Education Act
  - McKinney-Vento education services

**TERMINATION AND GRIEVANCE PROCEDURES**

Per the HUD’s Interim Rule (24 CFR Part 578, Subpart F), CoC programs must provide a formal process for termination of assistance to participants who violate program requirements or conditions of occupancy. Agency process must recognize the inclusion of due process protections and make legal services resources available to housing participants. Programs may
resume assistance to a participant whose assistance has been terminated. Programs that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all circumstances in determining whether termination is appropriate. HUD has determined that a participant’s assistance should be terminated only in the most severe cases such as when a participant is violent towards themselves or others.

It is the policy of the Chicago CoC to provide participants with a fair and efficient process to present and resolve complaints and grievances. Each program shall have a grievance policy and shall implement their written standards for addressing grievances when applicable. Filing a grievance or complaint regarding a program, staff, or service delivery is a right of all program participants. Programs have a responsibility to respond to these complaints in a fair and efficient process. Addressing grievances provide another way to improve upon program delivery and further gives voice and power to program participants.

Programs/program staff must:

- Inform participants of their rights to file grievances upon program entry;
- Accept (and treat equally) formal grievances in writing or provided orally by the participant;
- Comply with a participant’s request to file a grievance once requested (if other attempts to mediate the situation hasn’t resolved the participant’s concerns));
- Direct participants to the appropriate program staff or supervisor not involved in the grievance;
- Provide an opportunity for a participant to review decisions; and
- Not retaliate against the participant during or after the grievance.

Programs must have an internal grievance process that includes:

- Detailed participant grievance procedures, which include how participants will be informed of their rights to resolve grievances, the contact information for the person designated to receive a grievance or complaint, and a timeline for the agency to respond to an appeal or grievance and must post them in a place conspicuous and accessible to clients. In addition, each client shall receive a copy of the grievance policies and procedures, upon intake and upon receiving a warning or discharge notice, in all appropriate languages or in a fashion readily accessible to accommodate non-hearing and sight impaired individuals;
- A clear description of how households can request a review or report concerns;
- A process to reinstate services following an appeal that rules against them and in favor of the client without having to do a new assessment;
• A grievance process that focuses on preventing the escalation of conflicts, resolving conflicts, and improving program environments for clients and staff. To this end, programs must strive to maximize the use of informal avenues for resolving disputes whenever possible;
• A process to allow clients the opportunity to be represented by a third-party advocate in the grievance process. A third-party advocate could be an agency staff member, who was not involved in the grievance, external advocate or other individual. A third party advocate can provide the client with communication assistance, clarification, moral support or other needs;
• Reasonable efforts must be made to coordinate with the client’s advocate to schedule the appeal;
• To the extent possible, the goal of grievance procedures should be conflict resolution, rather than determining or assigning fault or blame; and
• Documentation should be made of all grievances filed against the program including, but not limited to, name of the person filing the grievance, date the grievance is filed, nature of the grievance, outcome of the grievance, and the date of resolution.

**TRANSFER POLICY**

The Chicago CoC believes that transfers between projects should be rare but acknowledges there are safety, access, and legitimate programmatic reasons to transfer a household. After exhausting all other options, transfers should be utilized to avoid a project exit that would result in a return to homelessness. Chicago’s CES developed and implemented clear policies and procedures regarding transfers. These policies and procedures can be reviewed in the [Chicago CoC’s Coordinated Entry Policies and Procedure Guide](#) and all transfers must go through the outlined Coordinated Entry Transfer Policy and Process

The community has developed the following underlying premises for the need and implementation of transfers:

1. Transfers should be rare;
2. All transfers either between projects at the same agency or between projects at different agencies MUST be through Chicago’s CE process;
3. Housing providers should exhaust all other options to provide services and housing before requesting a transfer. Housing providers may need to demonstrate that all options had been explored, attempted, and did not resolve the need for a transfer. Examples of these efforts can include increasing the intensity of case management or wrap around services; connection to an ACT Team; other non-CoC rental subsidies; working with the project’s HUD CPD representative to resolve shifts in family
composition within their grant and budget; working with landlords to move or rehouse a household in a more appropriate unit;

4. Transfers due to fleeing/experiencing violence or accessibility to maintain a unit in the community will be prioritized above all other transfers and will have the fastest resolution possible; and

5. Transfers that are not due to fleeing/experiencing violence or accessibility will be prioritized based on the need of the household. Assessment and prioritization of need is outlined in the Coordinated Entry Transfer and Process.
The following program models have been determined by the community to be effective in preventing and ending homelessness in Chicago:

1. Permanent Supportive Housing (PSH)
2. Rapid Re-housing (RRH)
3. Youth Rapid Re-housing (Y-RRH)
4. Joint Transitional Housing & Permanent Housing – Rapid Re-housing (TH/RRH)
5. Safe Haven (SH)
6. Transitional Housing (TH) (including Youth to be added at a later date)
7. Shelter
8. Street Outreach (SO) (to be added at a later date)
9. Stand Alone Support or Drop-In Center (to be added at a later date)
10. Homelessness Prevention (HP) (to be added at a later date)

The current program model chart is located in Appendix B: Program Model Chart.

The following aspects are outlined for all program models:

Note: Population specific models may refer to the non-specific model for certain aspects. For example, Youth Rapid Re-housing to Rapid Re-housing

- **Population**: Primary population to be served in the program model and will include HUD homeless definition categories as appropriate.
- **Population Specialization**: The Chicago CoC as determined that some projects may be dedicated to a specific population. In these instances, the entire project is for one specific population and is required due to safety, service needs and/or building community. Inherent in this focus is formal adoption or certification of national best practices for the special population. All staff receives specialized training to serve the population.
- **Time Frame**: All models are defined as short, medium or long term. Some models also indicate an average length of time for the majority of households to be enrolled in the model.
- **Essential Elements**: The CoC has defined the minimum service elements for each model. These essential elements are the minimum needed to achieve the model’s outcome.
- **Outcome**: This is the primary, anticipated result of a household’s participation in the program model. It is also the primary product of the project’s efforts.
• **Indicators**: These are a group of metrics that taken together give an indication of success towards or achievement of the desired outcome. The Chicago CoC defines the following for indicators:
  
  o **Threshold**: level or value to meet or exceed to exist; baseline
  
  o **Challenge**: hard but attainable goal given current knowledge, capabilities and resources
  
  o **Retention**: ability to retain housing over time
  
  o **Maintain income**: ability to have and keep income whether or not it increases, decreases or stays the same
  
  o **More stable housing**: housing destinations that are more stable than shelter or unsheltered locations such as nursing homes, treatment programs, college dorms, and others.
  
  o **Increase income potential**: connection to resources that increase a households potential in increase income such as training programs, education, internships, volunteer opportunities and others.

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**PERMANENT SUPPORTIVE HOUSING**

Permanent supportive housing (PSH) for persons with disabilities is permanent housing with leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child with a disability achieve housing stability. There is no arbitrary time limit to this assistance, but households should receive the appropriate amount of assistance to achieve stability and live independently.

All PSH programs may serve homeless participants meeting Category 1 and 4 of the [HUD homeless definition](https://www.hud.gov). Certain funding sources such as the Housing Opportunities for People With AIDS (HOPWA) may also serve Category 2.

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**POPULATION SPECIALIZATION**

**Youth**: Young people age 18-24 years old with serious and persistent mental health diagnosis including youth who are unsheltered, have been homeless for a long time or repeatedly, are most vulnerable to violence of harm; and have the highest barriers to access and maintaining permanent housing.

**People Living with HIV**: People with an HIV are better able to access medical care and supportive services when they have safe, decent and affordable housing. Many people with HIV are at risk of losing their housing due to stigma and discrimination, increased medical costs, and income limits because of their ability to work.
MINIMUM STANDARDS FOR PERMANENT SUPPORTIVE HOUSING ASSISTANCE

- Serve participants/households meeting the definition of homelessness by their funder. Most programs utilize the HUD definition of homelessness.
- There can be no predetermined length of stay for a PSH project.
- Supportive services designed to meet the needs of the participants must be made available to those participants throughout the duration of their stay in PSH.
- Participants in PSH must enter into a lease (or sublease) agreement for an initial term of at least one year\(^8\) that is renewable and is terminable only for cause. Leases (or subleases) must be renewable for a minimum term of one month.
- Organizations that are providing PSH for homeless persons must exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination, so that a participant’s assistance is terminated only in the most severe cases.
- Align with the CSH’s Dimensions of Quality Supportive Housing.
- Follow the designated CES process for program referrals.
- For site-based PSH, property management and case management must be separate entities.

TIME LIMIT

**Long Term:** No time limit.

ESSENTIAL ELEMENTS

- **Rental Subsidy**
  - Coordination between property manager / landlord
  - Housing Location
- **Case Management**
  - Pre-tenancy and tenancy
  - Referrals to services: education, income, benefits, legal aid, medical services (physical, mental, addiction, etc.), etc.
- **Health Care Access**
  - Connection to a Medical Home

OUTCOME

Stabilization in permanent housing.

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\(^8\) 24 CFR 578.3
INDICATORS

- Percent of households retained in housing
  - Minimum threshold is 85% of households
  - Challenge target is 96% of households

- Percent of households enrolled that exit to permanent housing
  - Minimum threshold is 65% of households
  - Challenge target is 80% of households

- Percent of households enrolled that maintain or increase income (employment income and/or benefits)
  - Minimum threshold is 70% of households maintain or increase income
  - Challenge target is 35% of households increase income

- Percent of households enrolled that maintain or acquire health insurance/medical home
  - Minimum threshold is 80% of households
  - Challenge target is 90% of households

RAPID RE-HOUSING

Rapid Re-housing (RRH) provides housing relocation and stabilization services and short- to medium-term rental assistance, as needed, to help households experiencing homelessness to move as quickly as possible to permanent housing and achieve stability in that housing. The Chicago CoC has demonstrated, and research has shown, that RRH is a valuable strategy for quickly transitioning individuals and families directly from literal homelessness into permanent housing with necessary and appropriate supports.

To sustain RRH as a valuable community tool for ending homelessness, the ESG program, the CoC program, and the Supportive Services for Veteran Families (SSVF) program all include RRH as an eligible form of assistance. Chicago’s RRH projects from all current and future funding streams are required to meet the previously defined Housing First standards.

RRH programs in Chicago are committed to including and expanding practices that emphasize a person-centered and strengths-based approach toward assistance and services. RRH programs should incorporate progressive engagement and “employment first.” These approaches should be incorporated into every RRH project. In order to effectively utilize scarce resources, the Chicago CoC encourages all RRH projects to incorporate a “just-enough” philosophy to the provision of financial assistance and services.

The core components of a RRH program are:

1. Housing Identification;
2. Financial Assistance; and

All RRH programs funded through the SSVF and CoC funding sources may serve homeless participants meeting Category 1 and 4 of the HUD homeless definition. RRH programs funded through ESG may only serve Category 1.

MINIMUM STANDARDS FOR RAPID RE-HOUSING ASSISTANCE

- Serve participants/households meeting the definition of homelessness by their funder. Most programs utilize the HUD definition of homelessness.
- Align with the Chicago CoC’s Rapid Re-housing Written Standards
- Rapid Re-housing is a time-limited intervention. Most participants/households should be enrolled in RRH between 6 and 18 months. Funders may determine limits on enrollment above this amount.
- Follow the designated CES process for program referrals
- The Chicago CoC’s best practice is to separate housing identification from case management. The skills and experience for effective housing identification are different and specific from those of case management.
- Supportive services designed to meet the needs of the participants must be made available to the participants throughout the duration of enrollment in RRH. Programs should implement progressive engagement to ensure a participant-centered and directed approach.
- Participants in RRH must enter into a lease agreement in the participant’s name for an initial term of at least one year that is renewable and is terminable only for cause. Leases must be renewable for a minimum term of one month.
- Participants in RRH must pay their portion of the rent directly to their landlord.
- Rental assistance should utilize a declining subsidy overtime, which minimizes the “cliff effect” for participants once the rental subsidy has ended.

TIME LIMIT

Medium Term: Average of 6-18 months for majority of households

ESSENTIAL ELEMENTS

- Rental Subsidy
  - Coordination between property manager / landlord
  - Housing Location
- Case Management
  - Pre-tenancy and tenancy
Referrals to services: education, income, benefits, legal aid, medical services (physical, mental, addiction, etc.), etc.

- Emphasis on employment supports and benefits
- Progressive Engagement
- Health Care Access
  - Connection to a Medical Home

**OUTCOME**

**Maintain permanent housing.**

**INDICATORS**

- Percent of households enrolled that exit to permanent housing
  - Minimum threshold is 70% of households
  - Challenge target is 73% of households
- Percent of households enrolled that maintain or increase income (employment income and/or benefits)
  - Minimum threshold is 66% of households maintain or increase income
  - Challenge target is 25% of households increase income
- Percent of households enrolled that maintain or acquire health insurance/medical home
  - Minimum threshold is 70% of households
  - Challenge target is 80% of households
- Percent of households exited to permanent housing that maintain their housing after their exit
  - Minimum threshold is TBD of households
  - Challenge target is TBD of households

**YOUTH RAPID RE-HOUSING**

See Rapid Re-housing above for overview

Youth Rapid Re-housing programs should serve unaccompanied youth aged 18-24 years old. In addition, programs should include strategies to provide a safe and supportive environment for young people who are disproportionately impacted in Chicago including youth who are African American, LGBTQ-specifically transgender women of color, justice involved, child welfare involved, pregnant, parenting.

Youth Rapid Re-housing program through the CoC funding source may serve homeless participants meeting Category 1 and 4 of the [HUD homeless definition](https://www.hud.gov).
MINIMUM STANDARDS FOR YOUTH RAPID RE-HOUSING ASSISTANCE

In addition to the Minimum Standards above, Youth Rapid Re-housing should also include the following:

- Offer opportunities for youth to connect to families, e.g., providing phone cards, postcards or postage, overnight visits, etc. This helps staff see if and when youth are interested in engaging with their families so that reunification conversations may begin.
- Program should refer pregnant and/or parenting youth to empowering resources on skills and support related to parenting.
- Program staff are knowledgeable on the educational rights and resources for participants and may provide support navigating educational enrollment if educational goals are identified (e.g. GED, Highschool Diploma, Higher Education, Trade Certification).
- “Good Neighbor” training: Functional skills at being a good apartment tenant. E.g. paying rent on time, when to call the landlord, how to plunge the toilet, etc.

TIME LIMIT

Medium Term: Average of 24 months for majority of households

ESSENTIAL ELEMENTS

- Rental Subsidy
  - Coordination between property manager / landlord
  - Housing Location
- Case Management
  - Pre-tenancy and tenancy
  - Referrals to services: education, income, benefits, legal aid, medical services (physical, mental, addiction, etc.), etc.
- Emphasis on employment supports and benefits
- Emphasis on connection to education, training, etc. and developing a career path
- Progressive Engagement
- Health Care Access
  - Connection to a Medical Home

OUTCOME

Maintain permanent housing.

INDICATORS
• Percent of households enrolled that exit to permanent housing
  o Minimum threshold is 50% of households
  o Challenge target is 60% of households
• Percent of households enrolled that maintain or increase income (employment income and/or benefits)
  o Minimum threshold is 50% of households maintain or increase income
  o Challenge target is 25% of households increase income
• Percent of households with increased income potential
  o Minimum threshold is TBD of households
  o Challenge target is TBD of households
• Percent of households exited to permanent housing that maintain their housing after their exit
  o Minimum threshold is TBD of households
  o Challenge target is TBD of households

JOINT TRANSITIONAL HOUSING -PERMANENT HOUSING RAPID RE-HOUSING

Joint Transitional Housing -Permanent Housing Rapid Re-Housing (TH-RRH) provides short term crisis housing with housing-focused supportive services that is designed to quickly connect households experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Programs must have the ability to offer both Transitional Housing and Rapid Rehousing services or both, but participants do not need to utilize both if they choose differently. Participants may have direct access to Rapid Re-housing.

The Joint TH-RRH model incorporates participant-choice, in both finding permanent housing and in determining when to exit crisis housing. Meaning the participant decides when they are ready to move on to the RRH part of the model, not the program. This includes participants deciding to skip the TH part of the model all together and go directly into RRH.

As with RRH programs, Joint TH-RRH programs in Chicago are also committed to including and expanding practices that emphasize a person-centered and strengths-based approach toward assistance and services. Joint TH-RRH programs should incorporate progressive engagement and “employment first.” These approaches should be incorporated into every Joint TH-RRH project. In order to effectively utilize scarce resources, the Chicago CoC encourages all Joint TH-RRH projects to incorporate a “just-enough” philosophy to the provision of financial assistance and services especially in the RRH component.

The core components of a RRH program are:
1. Housing Identification;
2. Financial Assistance; and

All Joint TH-RRH programs funded through the CoC funding sources may serve homeless participants meeting Category 1 and 4 of the **HUD homeless definition**.

**POPULATION SPECIALIZATION**

**Youth:** Target and prioritize young people age 18-24 with the highest needs, including youth who are unsheltered, have been homeless for a long time or repeatedly, are most vulnerable to violence of harm; and have the highest barriers to access and maintaining permanent housing. In addition, programs should include strategies to provide a safe and supportive environment for young people who are disproportionately impacted in Chicago including youth who are African American, LGBTQ-specifically transgender women of color, justice involved, child welfare involved, pregnant, parenting.

**Domestic Violence:** Any household fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions including victims of human trafficking that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence.

**MINIMUM STANDARDS FOR JOINT TRANSITIONAL HOUSING-PERMANENT HOUSING RAPID RE-HOUSING ASSISTANCE**

- Serve participants/households meeting the definition of homelessness by their funder. Most programs utilize the HUD definition of homelessness.
- Offer short-term crisis housing to provide stability.
- Align with the Chicago CoC’s Rapid Re-housing Written Standards for RRH component
- Joint TH-RRH is a time-limited intervention. Most participants/households should be enrolled in no more than 24 months on average. Funders may determine limits on enrollment above this amount.
- Follow the designated CES process for program referrals
- The Chicago CoC’s best practice is to separate housing identification from case management. The skills and experience for effective housing identification are different and specific from those of case management.
- Supportive services designed to meet the needs of the participants must be made available to the participants throughout the duration of enrollment in RRH. Programs
should implement progressive engagement to ensure a participant-centered and directed approach.

- Participants in RRH component must enter into a lease agreement in the participant’s name for an initial term of at least one year that is renewable and is terminable only for cause. Leases must be renewable for a minimum term of one month.
- Participants in RRH component must pay their portion of the rent directly to their landlord.
- Rental assistance should utilize a declining subsidy overtime, which minimizes the “cliff effect” for participants once the rental subsidy has ended.

**TIME LIMIT**

**Medium Term:** Average of 24 months for majority of households

**ESSENTIAL ELEMENTS**

- Percent of households enrolled that exit to permanent housing
  - Minimum threshold is 50% of households
  - Challenge target is 60% of households
- Percent of households enrolled that maintain or increase income (employment income and/or benefits)
  - Minimum threshold is 50% of households maintain or increase income
  - Challenge target is 25% of households increase income
- Percent of households with increased income potential
  - Minimum threshold is TBD of households
  - Challenge target is TBD of households
- Percent of households exited to permanent housing that maintain their housing after their exit
  - Minimum threshold is TBD of households
  - Challenge target is TBD of households

**OUTCOME**

**Obtain and maintain permanent housing.**

**INDICATORS**

- Percent of households enrolled that exit to permanent housing
  - Minimum threshold is 70% of households
  - Challenge target is 73% of households
• Percent of households enrolled that maintain or increase income (employment income and/or benefits)
  o Minimum threshold is 66% of households maintain or increase income
  o Challenge target is 25% of households increase income
• Percent of households with increased income potential
  o Minimum threshold is TBD of households
  o Challenge target is TBD of households
• Percent of households exited to permanent housing that maintain their housing after their exit
  o Minimum threshold is TBD of households
  o Challenge target is TBD of households

SAFE HAVEN

Safe Havens were created to serve a specific target population of individual adults who are chronically homeless, who have a severe mental illness and a history of reluctance to participate in services or treatment and who are highly vulnerable on the street. The model includes a low-demand, engagement-rich approach with program rules only as necessary to maintain safety and health. Highly trained staff employ targeted and flexible interventions to form relationships with participants and engage them in services that will increase their stability and help them to meet their own goals. Many Safe Haven residents will move on, as they are ready, to an appropriate level of care, often PSH.

Participants in a Safe Haven maintain their homeless status. A significant change in HUD policy in 2008 allowed people living in programs that identified as a Safe Haven to maintain their status as “chronically homeless”, allowing them access to more PSH options.

All Safe Haven programs may only serve homeless participants meeting Category 1 of the HUD homeless definition.

MINIMUM STANDARDS FOR SAFE HAVEN ASSISTANCE

• Serve single adults meeting the definition of homelessness by HUD and are chronically homeless with severe and persistent mental illness, primarily coming directly from the streets.
• Programs provide low-demand services and referrals
• Housing is located in a facility or structure and provides 24-hour residency for an unspecified duration.
• Safe Havens provide private or semi-private accommodations, meal support/assistance, dining room and bathroom spaces.
- Safe Havens accommodate no more than 25 residents.
- Participants are prohibited from using illegal drugs in the program space.
- Services and treatment are voluntary, with the onus on the staff to make the services attractive and engaging to participants.

**TIME LIMIT**

**Long Term:** No time limit.

**ESSENTIAL ELEMENTS**

- Low Demand with High Intensity Services
- Basic Needs (Food, shelter, safety)
- Case Management
- Linkage/Referrals to services: income benefits legal aid, medical services (physical, mental, addiction, etc.), etc
- Skills for Daily Living/Preparation for Independent Living

**OUTCOME**

**Retention and connection to appropriate levels of care and housing**

**INDICATORS**

- Percent of participants retained in housing
  - Minimum threshold is 80% of participants
  - Challenge target is 93% of participants
- Percent of participants enrolled that exit to appropriate housing/level of care
  - Minimum threshold is 60% of participants
  - Challenge target is 71% of participants
- Percent of households enrolled that maintain or increase income (employment income and/or benefits)
  - Minimum threshold is 33% of households maintain or increase income
  - Challenge target is 50% of households maintain or increase income

**SHELTER**

Shelters provide a safe, accessible place to stay for those experiencing homelessness and to move them towards and into appropriate and stable permanent housing. Shelters achieve this ultimate goal by connecting homeless households with appropriate housing options as well as other services and community resources that will help them obtain or maintain housing.
(including building income and addressing a variety of physical, mental, emotional, and other needs).

Shelters of all kinds make up a critical part of the Chicago CoC’s crisis response system. Chicago’s homeless and domestic violence shelter system works to stabilize those in crisis and helps lay the foundation for a better future for individuals, families, and youth.

Shelter programs may serve homeless participants meeting Category 1 and 4 of the HUD homeless definition.

**POPULATION SPECIALIZATION**

**Youth:** Unaccompanied youth aged 14-24 years old, however programs serving youth under 18 must comply with State licensing and regulatory guidelines.

**Domestic Violence:** Any household fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions including victims of human trafficking that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence.

**MINIMUM STANDARDS FOR SHELTER ASSISTANCE**

- Short-term program that rapidly rehouses households into appropriate more stable or permanent housing
- Programs must inform participants of their rights, responsibilities, and expectations prior to enrollment into the program
- Housing referrals and linkages to location placement services are provided
- Provides linkage to community supports and/or wraparound services
- Access to crisis intervention
- Provisions of basic services provided
- Free of charge (no fees or rent)
- A participant lease/occupancy agreement must be in place for at least 1 month for all HUD CoC Program funded grantees

**TIME LIMIT**

**Short Term:** Days or months.

**ESSENTIAL ELEMENTS**
• Low barrier to entry
• Diversion: Creative, problem-solving conversation
• On-site basic needs: meals or kitchen access; showers and toiletries; limited storage
• Connection to housing options
• Case management (on-site or connection to) to ensure clients are linked to services and community resources that will help clients obtain or maintain housing, e.g. building income, building independent living skills, developing education/career path, addressing a variety of physical, mental, emotional, and other needs

OUTCOME

Connection to appropriate and stable housing

INDICATORS

• Percent of households enrolled that exit to more stable or permanent housing
  o Minimum threshold is 30% of households exit to more stable or permanent housing
  o Challenge target is 27% of households exit to permanent housing
• Percent of households enrolled that maintain or increase income (employment income and/or benefits)
  o Minimum threshold is 40% of households maintain or increase income
  o Challenge target is 52% of households maintain or increase income
• Percent of households with increased income potential
  o Minimum threshold is TBD of households
  o Challenge target is TBD of households
• Percent of households enrolled with completed CES assessment
  o Minimum threshold is 40% of households have a completed CES assessment
  o Challenge target is 60% of households have a completed CES assessment
Eligibility for HUD funded housing programs must align with the **HUD homeless definition**:

**Category 1 – Literal homelessness**

1. Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
   
   i. Has a primary nighttime residence that is a public or private place not meant for human habitation;
   
   ii. Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
   
   iii. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

**Category 2 – Imminent risk of homelessness**

2. Individual or family who will imminently lose their primary nighttime residence, provided that:

   i. Residence will be lost within 14 days of the date of application for homeless assistance;
   
   ii. No subsequent residence has been identified; and
   
   iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing

**Category 3 – Homeless under other federal statutes**

3. Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:

   i. Are defined as homeless under the other listed federal statutes;
   
   ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
   
   iii. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
   
   iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers
Category 4 – Fleeing/Attempting to flee DV

(4) Any individual or family who:
   (i) Is fleeing, or is attempting to flee, domestic violence;
   (ii) Has no other residence; and
   (iii) Lacks the resources or support networks to obtain other permanent housing
APPENDIX B: PROGRAM MODEL CHART

Program Models that have been updated are listed below. Additional models are listed here:

<INSERT PROGRAM MODEL CHART>
APPENDIX C: GLOSSARY OF TERMS

**Adult**: An individual who is 18 years of age and older

**CHA**: Chicago Housing Authority

**CoC**: Continuum of Care

**CoC 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. ([https://www.hudexchange.info/programs/coc/](https://www.hudexchange.info/programs/coc/))

**Coordinated Entry (CE)**: Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

**Domestic Violence (DV)**: Violent or aggressive behavior within the home, typically involving the violent abuse of a spouse or partner


**Emergency Solutions Grant (ESG)**: Emergency Solutions Grants (ESG) program assists individuals and families to quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG provides grants by formula to states, metropolitan cities, urban counties and U.S. territories to support homelessness prevention, emergency shelter and related services.

**Housing Choice Voucher (HCV)**: The housing choice voucher program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects. Housing choice vouchers are administered locally by public housing agencies (PHAs). The PHAs receive federal funds from the U.S. Department of
Housing and Urban Development (HUD) to administer the voucher program. (https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/about/fact_sheet)

HEARTH Act: The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 was signed into law on May 20, 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, which include consolidation of HUD's competitive grant programs.

Homeless Management Information System (HMIS): A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Housing Opportunities for Persons With AIDS (HOPWA) Program: The Housing Opportunities for Persons with AIDS (HOPWA) program, managed by HUD's Office of HIV/AIDS Housing, was established to provide housing assistance and related supportive services for low-income persons living with HIV/AIDS and their families. (https://www.hudexchange.info/programs/hopwa/hopwa-eligibility-requirements/)

Human Trafficking: Federal law defines a ‘severe form of trafficking in persons’ as: **Sex Trafficking**—the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act which is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or **Labor Trafficking**—the recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud or coercion, for the purpose of subjecting to involuntary servitude, peonage, debt bondage or slavery. (https://freedomnetworkusa.org/human-trafficking/)

McKinney–Vento Homeless Assistance Act of 1987: A United States federal law that provides federal money for homeless shelter programs.

Persons with Lived Experience of Homelessness (PLEs):

Progressive Engagement: An approach to helping households end their homelessness as rapidly as possible, despite barriers, with minimal financial and support resources.

Supportive Services for Veteran Families (SSVF): The U.S. Department of Veterans Affairs' program that awards grants to private nonprofit organizations and consumer cooperatives who can provide supportive services to very low-income Veteran families living in or transitioning to permanent housing.

Students in Transitional Living Situations (STLS): Children and youth who lack a fixed, regular and adequate nighttime residence. This includes children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason (referred
to as “doubled-up”); are living in motels, hotels, trailer parks or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; Children and youth who have a primary nighttime residence that is a private or public place not designed for or ordinarily used as a regular sleeping accommodation for human beings; Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and Migratory children who qualify as homeless because they are living in circumstances described in any of the above situations. Participants in need of STLS assistance can call (773) 553-2242, or email at STLInformation@cps.edu.


**Youth-Serving Provider:** a private nonprofit organization whose primary mission is to provide services to youth aged 24 and under and families headed by youth aged 24 and under

**Youth:** According to HUD’s definition of homelessness, this group is defined as ages 18 through 24.