This scope of Required Services (SRS) for Continuum of Care (CoC)-funded Permanent Supportive Housing (PSH) contains a written summary of, and links to, detailed information regarding the services that must be provided to eligible participants experiencing homelessness receiving CoC-funded PSH assistance. This SRS and the documents that are linked hereto, in combination with the Program Standards (contained in a separate document), as well as the Program Profile and Performance Targets, together comprise the entire Statement of Work for CoC-funded PSH. The Los Angeles Homeless Services (LAHSA) maintains the right to make changes related to prioritization, matching, and other aspects of the implementation of the complete Coordinated Entry System (CES). Programs will be notified through policies, interim guidance, and other forms of guidance when deemed necessary.

PERMANENT SUPPORTIVE HOUSING OVERVIEW

All PSH administered by LAHSA is funded through Department of Housing and Urban Development’s (HUD’s) CoC Program. The CoC Program Interim Rule defines PSH as permanent housing with long-term leasing or rental assistance paired with supportive services to assist homeless persons with a disability, or families with a qualifying household member with a disability, achieve housing stability. The goal of CoC-funded PSH is to assist eligible individuals, families, and/or youth with a long-term rental subsidy and/or supportive services, as established in the Program's application for CoC program funding submitted to HUD, to assist homeless persons achieve housing stability. 100% of CoC-funded PSH in the Los Angeles CoC (new and renewal) is designated as DedicatedPLUS, a type of PSH that limits eligibility to persons experiencing chronic homelessness, or who are most at risk of experiencing chronic homelessness.

DEFINITIONS

1. DedicatedPLUS: The FY 2019 CoC Program NOFA defines DedicatedPlus as a permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals, families, and/or youth, with a disability who at intake are:

   1.1. Experiencing chronic homelessness as defined in 24 CFR 578.3; or
   1.2. Residing in a Transitional Housing project that will be eliminated and met the definition of chronic homelessness in effect at the time in which the individual or family entered the transitional housing project; or
   1.3. Individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3, residing in a place not meant for human habitation, emergency shelter, or safe haven, who had been admitted and enrolled in a permanent housing project within the last year, and were unable to maintain a housing placement; or
   1.4. Residing in Transitional Housing funded by a Joint Transitional Housing (TH) and Rapid Re-housing (PH-RRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project; or
   1.5. Residing in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
   1.6. Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
2. **Housing First:** All programs operating in the LA CoC CES system must operate with a Housing First, Harm Reduction, Low Barrier and Trauma-Informed Care approach. More detailed definitions of these terms are found in the Program Standards.

3. **Qualifying Participant:** A qualifying participant is the person in a household that meets the eligibility criteria of the program and qualifies the household to participate in CoC funded services.

4. **Progressive Assistance:** CoC funded PSH programs provide their services (both case management and financial assistance) utilizing a Progressive Assistance approach. The program provides only the level of assistance necessary to effectively meet the household’s goals and offers assistance only as long as necessary. This requires careful planning and attention to the changing circumstances of the participant as they work on their Housing and Service Plan. As a part of a Progressive Assistance Approach, it is possible to separate out the provision of financial assistance from the case management services. They do not have to be linked. In fact, financial services could end while case management services continue, or vice versa.

5. **Case Management Services:** Case Management services are defined as participant-centered activities that focus on access, utilization, retention and adherence to housing, psychosocial, mental, and health services for persons experiencing homelessness.

6. **Care Coordination:** Care coordination synchronizes the delivery of a participant’s services from multiple providers and specialists. In this definition, all providers working with a participant share important information and have clear, shared expectations about their roles. Equally important, they work together to keep participants and their families informed and to ensure that effective referrals and transitions take place. The goals of coordinated care are to improve housing and health outcomes by ensuring that care from disparate providers is not delivered in silos, and that services are provided efficiently and effectively. Successful care coordination requires:

   6.1. Easy access to range of mental, medical, social, and housing services
   6.2. Good communication and effective plan transitions between providers
   6.3. A focus on the total needs of the participant
   6.4. Clear and simple information that participants can understand

**PARTICIPANT ELIGIBILITY CRITERIA**

7. **Participant Eligibility Criteria:** Greater details about eligible services and activities can be found in Appendix I.

   7.1.1. **Household Status:** Single adults, an adult member of the household, an unaccompanied youth, or a youth head of household.
      - Unaccompanied Minors are not eligible for enrollment or services.
      - An exemption can be made for unaccompanied minors who are legally emancipated; however, those cases are rare.
   7.1.2. **Disability:** Qualifying participants must have a disability that is expected to be long-continuing or of indefinite duration; substantially impedes the individual’s ability to live independently; and, could be improved by providing more suitable housing conditions.
7.1.3. **Housing Status**: The qualifying participant must meet the eligibility criteria under DedicatedPLUS. In the event the CES is unable to identify someone that is DedicatedPLUS eligible, in accordance with the CES prioritization policy, the PSH Program may enroll someone who is not DedicatedPLUS eligible but who is disabled and has the longest history of homelessness.

5.1.4. **Income**: A household’s gross annual income must be less than 50% Area Median Income (AMI), as established by HUD, at the time of intake to be eligible for PSH. The Program may institute more stringent income limits, such as a gross annual household income of less than 30% AMI, based on requirement from other funding sources. See https://www.huduser.gov/portal/datasets/il.html for information on current AMI amounts and adequate documentation must be provided to establish a household’s income.

5.1.5. **Identity**: Households must provide documentation to establish the identify of all household members at the time of intake.

**CES PARTICIPATION**

8. **Coordinated Entry System (CES) Participation.** Program must identify new participants through participation in the Coordinated Entry System (CES).

6.1. CoC-funded PSH programs are required to accept referrals only from the CoC Coordinated Entry System (CES). For more detail about CES in the Los Angeles CoC, please see the Coordinated Entry System Program Standards.

6.2. Program must adhere to all policies and protocols for accepting eligible participants who have been matched to PSH and may not screen out participants based on substance use (prior or current), mental health status, medication compliance, criminal history, income or employment status or any other perceived barriers that do not align with Housing First

**PRIORITIZATION**

7. **Prioritization**: Eligible participants will be prioritized for assistance in CoC-funded PSH in accordance with the CoC written standards and the CES prioritization policy and guidelines.

7.1. Where CES is not able to identify an eligible participant within the CoC’s geographic area at the time in which a vacancy occurs, CES may instead refer (in accordance with Los Angeles County CES prioritization policies and guidance) a participant who meets 5.1.3 but whose history of homelessness totals fewer than 12 months residing in a place not meant for human habitation, in a safe haven, or in an emergency shelter and is disabled.

7.2. If the Program must enroll a household outside of the CES, the Program must utilize Los Angeles County CES approved tools, processes, and protocols for identifying new participants through the Coordinated Entry System (CES).

7.3. Participants who identify as actively fleeing a domestic violence situation must be provided the choice as to which system to receive services from. If they choose to be served by the domestic violence system, an immediate connection should be provided. Programs are required to work collaboratively with domestic violence providers to ensure services are available if, and when, they are needed.

7.4. Programs are also required to work collaboratively with domestic violence shelters to ensure that services are made available to eligible participants participating in the domestic violence system.
8. **Documentation Requirements for Eligibility:** The Program will be responsible for documenting the participant’s placement through the CES and the participant’s periodization in accordance with LAHSA CES Standards and Procedures.

8.1. Programs will be responsible for documenting the determination of the participant’s eligibility in HMIS and in the participant’s master file. See Section 19.4 on Participant Master File for complete list.

8.2. Programs must utilize any standardized forms provided by LAHSA for documentation purposes.

8.3. Programs must obtain and maintain evidence of the participant’s disability in all CoC-funded PSH in accordance with the Final Rule on Defining “Homeless” and the Final Rule on Defining “Chronically Homeless.” Acceptable evidence of disability includes:

8.3.1. Written verification of the disability from a professional licensed by the state to diagnose and treat the disability; and his or her certification that the disability is expected to be long-continuing, or of indefinite duration; and substantially impedes the individual’s ability to live independently;

8.3.2. Written verification from the Social Security Administration;

8.3.3. Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);

8.3.4. Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by another form of evidence outlined in (1), (2), (3), or (5);

8.3.5. Other documents approved by HUD.

8.4. For participants who were enrolled in CoC-funded PSH before the effective date of the FY 2017 grant, Programs must have obtained and maintained evidence of the household’s homeless status (in PSH designated as non-dedicated at the time of enrollment) or chronically homeless status (in PSH designated as dedicated at the time of enrollment) in accordance with the Final Rule on Defining “Homeless” and the Final Rule on Defining “Chronically Homeless” at the time of their entry in the program.

8.5. For participants who are enrolled in CoC-funded PSH that is designated as DedicatedPLUS on or after the effective date of the FY 2017 grant, the Program must obtain and maintain where the participant is currently residing, as well as the participant’s history of residing in a place not meant for human habitation, in an emergency shelter, or in a safe haven.

8.5.1. At least four (4) months of third-party documentation must be obtained for each participant in accordance with HUD guidance for acceptable third-party documentation unless granted an exception by LAHSA for extenuating circumstances. Program will utilize LAHSA standardized forms, where applicable and available, when getting third-party verification.

8.5.2. Months documented with a third-party source do not need to be consecutive, but must all have been within the most recent three-year period.

8.5.3. Programs shall make every effort to obtain third-party documentation for the entire history of homelessness, however, where third-party documentation cannot be obtained, other months within the most recent three-year period may be documented with a written self-certification from the participant which specifies the months in which they were residing in a place not meant for human habitation, in a safe haven, or in an emergency shelter.
8.5.4. All months documented with a written self-certification from the participant must be accompanied by a certification from the Program which certifies that, based on their professional judgment, the statement provided by the participant is reasonably accurate. The Program shall also document what attempts were made to collect third-party documentation.

8.6. When no eligible participants have been identified by the CES and a participant meeting 5.1.3 above is referred instead, the Program must obtain written certification from the CES that documents what reasonable efforts were made to locate and identify eligible participants.

SERVICES AND ACTIVITIES

9. Programs will provide PSH services and assistance either directly, through subcontracted services arrangements, or through leveraged partnership with other community partners. PSH Programs must provide those services specifically needed by, and requested by each participant. Each participant must be uniquely assessed for the types of services needed. The services that can be provided are listed below, but are not limited to this list. Greater details about eligible services and activities can be found in Appendix II.

10. PSH, as with all other LAHSA Services Programs, is to be provided with a Housing First, Low Barrier, Harm Reduction approach. Participants will not be rejected or exited from participation in PSH due to any unnecessary barriers such as sobriety, income, mental health needs, disabilities, or due to being generally considered “difficult to work with.”

11. It is recommended that Programs maintain a ratio of approximately one (1) case manager to every twenty-five (25) participants for optimal service delivery. It is acceptable to maintain a smaller case manager-to-participant ratio when serving youth.

11.1. Caseloads should be determined through consultation between line and supervisory staff while examining the level of acuity/need, the amount of contact that is needed to successfully engage the household, and the length of time needed to meet participants where they reside.

11.2. Programs must ensure that qualified staff are available on-site or on-call 24 hours per day, 7 days per week to provide crisis intervention and support to participants in the event of emergency, crisis, disaster, and other related incidents.

12. Programs providing permanent supportive housing shall provide the following services directly to program participants:

12.1. Standardized Triage: Programs must complete (if one has not yet been conducted) the population appropriate Los Angeles CoC approved intake and triage tool (the CES Survey Packet for Single Adults, the VI-FSPDAT for Families, and the Next Step Tool for Youth) for all participants meeting the definition of literal homelessness. Programs are responsible for confirming eligibility for all referrals received. All Programs must use the most recent version of the appropriate triage tool.

12.2. Case Management & Supportive Services:

12.2.1. Case Management/Supportive Services must be offered and, if accepted, provided by PSH staff to assist participants in becoming stable in permanent housing. All programs shall provide case management and supportive service utilizing a care coordination model. The primary objective of housing-focused Case Management/Supportive Services is to extend support to participants,
through an individualized case management relationship, that will ultimately translate to increased housing stability. This includes, but is not limited to:

12.2.1.1. support with completing housing and service applications,
12.2.1.2. accompaniment to housing appointments and/or leasing appointments,
12.2.1.3. synchronizing the delivery of a participant’s services by working collaborative with the participant’s multiple housing, health, and public service providers and specialists, and
12.2.1.4. other support associated with the housing placement and retention process.

12.3. All programs must offer case management services. For CoC grants awarded post 2016 case management services, the amount of contact provided should be sufficient to successfully engage the household, but must be available at a level where all participants can receive a minimum of 1 hour of face-to-face case management per month, preferably in the participant’s home. Case Management includes all eligible costs associated with assessing, arranging, coordinating, and monitoring the delivery of individualized.

12.4. Case Management for Housing Stability: After the person has moved into permanent housing, the case manager and program participant work together to identify and address any barriers to housing stabilization and retention. Housing stabilization will most often include supports to assist participant to ensure they are able to pay rent (any combination of: budgeting, utilizing public assistance benefits, employment programs, connections to free or low-cost goods/services). The case manager will help the household to connect with community resources to maximize their ability to pay rent, such as finding affordable childcare so the parent can work. For some program participants, the case manager may also assist the person to prevent a recurrence of past problems with lease compliance, care of the unit, and conflict with other tenants or the landlord. This may include reviewing lease language, practicing conflict avoidance or de-escalation. All programs shall provide case management for Housing Stability utilizing a care coordination model. All resources are voluntary; the degree of engagement between participant and case manager and the person’s choice(s) will determine the services, timing and sequence of referrals.

12.4.1. Housing-focused case management sessions shall be dedicated to assessing and reassessing needs, educating participants on community resource opportunities, developing Housing and Service Plans, scheduling appointments, and providing necessary follow-up to ensure Housing and Service Plans are progressing on schedule and needs are adequately being addressed.

12.4.2. Programs must complete at least one (1) face-to-face contact per month with clients placed into permanent housing, preferably in the participant’s home, if the participant wishes to receive case management services.

12.4.3. Programs shall increase and decrease the intensity of case management services as needed. This includes increasing the frequency of meetings and home visits as needed. This Progressive Assistance approach is dependent on the ability of Program staff to create a positive and engaged relationship with the Participant to ensure that needs are met, but not overly prescribed.

12.5. Housing and Service Plans: Case Managers must develop a Housing and Service Plan (HSP) in coordination with the participant. The HSP will be the road map of services to be provided, actions that need to be taken (by both staff and the participant) and referrals that need to be made. The HSP will summarize the participant’s goals, and immediate action steps toward those goals. The Plans are updated as the person’s situation changes, and steps are completed or revised. Persons in crisis may experience varying levels of stress, which has potential to impact their ability to make or carry out plans, control emotions, or recall information. They may agree to goal plans but be unable to carry
them out. PSH programs must make attempts to create plans which minimize extraneous, inordinate, or superfluous action steps, including requiring participants to rapidly acquire new knowledge or skills, or make significant or simultaneous changes, in order to obtain, retain, and/or sustain permanent housing placement. Progress and problems implementing the plan should be reviewed and updated frequently.

12.6. **Support to Landlords:** To assure tenants have access to decent housing, PSH programs must develop partnerships with local landlords. As PSH participants may present with Tenant Screening Barriers, Program must work with landlords to advocate for PSH participant tenancy in order to encourage acceptance of participant applications, facilitate housing placement, and increase participant’s unit retention following the signing of the lease. PSH Programs must work with Landlords to streamline application processes, reduce and minimize screening of PSH program participants. Programs will work to provide supports to both the tenant and the landlord to ensure success of participant’s stay. This includes responding promptly to landlord calls, being attentive to issues that could jeopardize the participant’s housing, and, when needed, resolving problems that might arise after move-in. This is an essential component of PSH.

12.7. **Other Supportive Services:** While participants are enrolled in PSH, they are eligible for, and must be offered case management. If they accept case management, the Program must provide the case management. Program must continually assess for, provide, arrange and/or coordinate linkages to funded and leveraged activities wanted by the participant, including, but not limited to:

12.7.1. Crisis Intervention  
12.7.2. Physical Health Care  
12.7.3. Mental Health Care  
12.7.4. Mainstream Benefits Establishment  
12.7.5. Substance use Treatment  
12.7.6. Education  
12.7.7. Life Skills  
12.7.8. Legal Services  
12.7.9. Employment Services  
12.7.10. Vocational Training  
12.7.11. Credit Counseling & Financial Literacy Training  
12.7.12. Transportation  
12.7.13. Childcare  
12.7.14. Tenancy rights and responsibilities  
12.7.15. Landlord relations

12.8. The services offered should be tailored to the participant’s needs and part of a Housing and Service Plan to help them achieve self-sufficiency and obtain/maintain safe, decent, and affordable housing. When possible, the Program should create Assertive Community Treatment (ACT) teams, through funded or leverage services, to address the needs of the most vulnerable participants.

12.9. Program must continually assess the participant’s needs and provide the individualized services needed to make progress towards housing stability. Program must reevaluate, at least once annually, that the participant lacks sufficient resources and support networks to maintain housing without the support of the PSH program.
LENGTH OF ENROLLMENT

13. The length of enrollment in PSH will be based on the participant’s needs, but is not intended to be time-limited. Affordable housing with leasing assistance, paired with supportive services, must be provided without a time limit and based on the participant’s needs.

14. Program must NOT exit participant from PSH services without the collaboration of the participant due to:
   14.1. Active substance use
   14.2. Failure to follow medical guidance from professional
   14.3. Failure to abide by participant budget
   14.4. Noncompliance with Housing and Service Plan
   14.5. Disagreement with Landlord or eviction from Housing
   14.6. Active Health Issue
   14.7. Desire to be assigned another case manager

15. If participants must be unsuccessfully exited from PSH, the program must make every effort to limit the impact of the transition. This includes, but is not limited to, the following;
   15.1. Exploring the possibility of transitioning the participant to another PSH program with more intensive wrap-around services, if needed;
   15.2. Helping the participant apply for other permanent housing services;
   15.3. Helping the participant access funding for security deposits and first month’s rent to a new permanent housing unit;
   15.4. Helping the participants obtain emergency, bridge housing, or rapid-rehousing services;
   15.5. Providing a warm referral to medical care, public benefits, or other services;
   15.6. Sealing Unlawful Detainers after their exit;
   15.7. Forgiving or making repayment arrangements with participants with past due balances; and
   15.8. Providing neutral credit references.

PROGRAM OBLIGATIONS

16. Coordination with LAHSA:
   16.1. The CoC wide coordination of the program will be overseen by LAHSA. Each agency funded under this agreement is required to work with the appropriate system integration manager to ensure coordinated and standardized operations across all regions in the Continuum.

17. Operations:
   17.1. Programs must provide for the number of beds of CoC-funded PSH and serve the number of unduplicated eligible participants as specified in Program Profile during the contract term under this agreement.
   17.2. Programs must operate a clean, safe and well-maintained program in an apartment building or scattered site apartments located at the site addresses specified within the applicable Program Profile.
   17.3. Programs must ensure that appropriate property management/asset management services are provided for the project based or scattered site apartments described above, to ensure that the
Apartments/buildings are maintained in good repair, and meet or exceed all applicable local building and safety, health, and fire safety codes.

17.4. Programs must abide by the standards of the subsidy program; rent charged to program participants must be calculated according to the regulations of the housing subsidy in which the program participant is enrolled. In the case of direct administration of HUD Continuum of Care (CoC) housing subsidies, the provider must comply with standards equivalent to those set by HUD in Section 24 CFR 578.77.

17.5. Rent charged must be reasonable in comparison to rents charged for similar space or units, taking into account location, size, type, quality, amenities, facilities, and management services.

17.6. Program is required to maintain, at a minimum, an average of a 95%-unit (family or individual) occupancy rate throughout the term of this Agreement.

17.7. Program agrees to adhere to HUD Environmental Review standards in compliance with 24 CFR Part 50 & 58, where applicable, and submit documentation showing compliance.

18. **HMIS Participation:** In order to provide well-coordinated support for participants experiencing homelessness and manage the limited resources available in the CoC, programs shall utilize HMIS to track Households served and the services provided.

18.1. Programs shall ensure that staff utilize HMIS according to best practices as follows for CoC-funded PSH:

18.1.1. Create the participant’s record in HMIS within 48 business hours of the participant’s initial screening for entry into the program.

18.1.2. Update the participant’s standardized assessment in HMIS within 48 business hours of the completion of the standardized assessment.

18.1.3. Update the participant’s housing status within 48 business hours.

18.1.4. Update information on services provided to the participant within 48 business hours following the provision of services.

18.1.5. Update information on financial assistance benefits provided to the participant within 48 business hours of the benefits being requested.

18.1.6. Upload any required documents within 48 business hours after receiving the information.

19. **Documentation Requirements:**

19.1. **Referral Procedures:** Program must provide necessary support when linking participants to another housing or supportive services programs. Linkages should never be done merely in the form of a “referral,” but rather should be done as a “warm hand off.” Provider must work collaboratively with case managers in other program(s) as long as necessary to ensure that the transition is not disruptive to the participant. Documentation of referrals made and referral confirmation must be maintained in participant files. Program must build a referral network for supportive services not funded under this agreement. This referral network should contain but not limited to:

19.1.1. CES street and community outreach activities
19.1.2. CES Case Conferencing Meetings
19.1.3. CES and CoC Crisis and Bridge Housing
19.1.4. CES System Leads
19.1.5. LA County Department of Health Services Housing for Health, Housing & Jobs Collaborative
19.1.6. Countywide Benefits Advocacy Program
19.1.7. LA County Department of Mental Health Housing Programs
19.1.8. LA County Department of Public Social Services
19.1.9. LA County Department of Children and Family Services
19.1.10. LA County Department of Probation
19.1.11. HOPWA Services
19.1.12. Ryan White Services
19.1.13. Greater Los Angeles and Long Beach Veterans Administration (VA) systems
19.1.14. First Responders

19.2. **Progress Notes:** Case managers must routinely document the content and outcome of case management meetings with participants and document their progress in achieving the desired outcomes. Case Managers will document these meetings and log this service in the HMIS system. Program must use the standardized Monthly Update Form (Form 1082) or the HMIS case note report ([CLNT-101] Case Notes) to document Case Management meetings (and Program attempts towards participant engagement).

19.3. **Follow-up Case Notes:** When a participant exits PSH, agrees to be contacted, and provides the necessary contact information, case managers must perform follow-up contact for one month (e.g. phone calls, home visits, etc.). Case managers must adequately document the follow-up contact in the participant’s file. The purpose of the following should be to help support the participant’s transition if placed into permanent housing or re-engage the participant if it was an unsuccessful housing outcome. Program must utilize standardized case management plan that includes:
   19.3.1.1. Housing and Service Plan
   19.3.1.2. Monthly Update (Form 1082) or the HMIS Case Note Report [CLNT-101]
   19.3.1.3. Annual Recertification
   19.3.1.4. Exit Summary Plan (Form 1081) or HMIS Exit Summary Printout

19.4. **Participant’s Master File:** Program must maintain a file for each participant enrolled that includes but is not limited to Core Documents and necessary documentation of Financial Assistance provided to the participant:

<table>
<thead>
<tr>
<th>Participant’s Master File Items</th>
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<tbody>
<tr>
<td><strong>AT ENROLLMENT</strong></td>
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<tr>
<td>19.4.1 Participant Identification</td>
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<tr>
<td>19.4.2 Household Composition and Income Eligibility</td>
</tr>
<tr>
<td>19.4.3 CES Survey Packet, Next Step Tool for Youth, VI-FSPDAT</td>
</tr>
<tr>
<td>19.4.4 Disability Verification</td>
</tr>
</tbody>
</table>
| 19.4.5 | LA CoC Homeless Certification Form | • DedicatedPLUS Verification Packet &
• HMIS [CLNT-127] Homeless Status Timeline Report covering last three years prior to entrance &
• HMIS [CLNT – 125] Client Summary Report &
• Universal Homeless Verification Forms for episodes of homelessness not captured in CLNT-127 report:
  - Form 2199 - Observation of Homeless Status Form
  - Form 1444 – Third Party Verification Form
  - Form 1448 – Self Certification of Homeless Status. |
| 19.4.6 | Income Documentation | • Written proof of income such as a benefit statement, 2 most recent consecutive pay stubs, etc.... } Or
• 3rd Party Income Verification; Or
• Self-Certification or income (Form 1087) and
• Assets Declaration Form (Form 1085) - refer to [https://www.hud.gov/sites/documents/43503C5HSGH.PDF](https://www.hud.gov/sites/documents/43503C5HSGH.PDF) for directions on calculating assets.
• See the following guidance on calculating income: [https://www.hud.gov/sites/documents/43503C5HSGH.PDF](https://www.hud.gov/sites/documents/43503C5HSGH.PDF) |
| 19.4.7 | Participant Eligibility Screening Form | • HMIS Intake and Enrollment Form |
| 19.4.8 | PHA Application | • If applicable, Public Housing Authorities Universal Special Programs Application for Rental Assistance and supporting documentation |
| 19.4.10 | CoC Program Rent Determination Worksheet * | • See [https://www.hudexchange.info/resource/5654/coc-program-rent-determination-tools/](https://www.hudexchange.info/resource/5654/coc-program-rent-determination-tools/) for Form |
| 19.4.11 | Rent Reasonableness Checklist and Certification * | • See [https://files.hudexchange.info/resources/documents/RentReasonableChecklist.pdf](https://files.hudexchange.info/resources/documents/RentReasonableChecklist.pdf)
• See for additional directions [https://files.hudexchange.info/resources/documents/CoC-Rent-Reasonableness-and-FMR.pdf](https://files.hudexchange.info/resources/documents/CoC-Rent-Reasonableness-and-FMR.pdf) |
| 19.4.12 | Housing Quality Standards Form (HUD 52580 & 52580-A)* | • HUD 52580 – See [https://www.hud.gov/sites/documents/52580.PDF](https://www.hud.gov/sites/documents/52580.PDF)
| 19.4.13 | W-9 of Landlord* | • See [https://www.irs.gov/forms-pubs/about-form-w-9](https://www.irs.gov/forms-pubs/about-form-w-9); request new one each if ownership changes. |
| 19.4.14 | Rental Agreement/Lease | |
| 19.4.15 | Housing and Service Plan | • Form 1186 - Housing and Service Plan, or HMIS Serve |
### RE-CERTIFICATION

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>19.4.16</td>
<td>Re-Certification (Annual or Status update)</td>
<td>• Form 1156 – HMIS Update and Annual Assessment</td>
</tr>
<tr>
<td>19.4.17</td>
<td>Proof of Income</td>
<td>• See Income Documentation Above</td>
</tr>
</tbody>
</table>
| 19.4.18 | Updated Rent Reasonableness Checklist and Certification * | • See [https://files.hudexchange.info/resources/documents/RentReasonableChecklist.pdf](https://files.hudexchange.info/resources/documents/RentReasonableChecklist.pdf)  
• See for additional directions [https://files.hudexchange.info/resources/documents/CoC-Rent-Reasonableness-and-FMR.pdf](https://files.hudexchange.info/resources/documents/CoC-Rent-Reasonableness-and-FMR.pdf) |
| 19.4.19 | Housing Quality Standards Form (HUD 52580 & 52580-A) * | • HUD 52580 – See [https://www.hud.gov/sites/documents/52580.PDF](https://www.hud.gov/sites/documents/52580.PDF)  
| 19.4.20 | Rental Agreement/Lease | • If applicable, new executed rental agreement or rental agreement amendments / change notices |
| 19.4.21 | Housing and Service Plan | • Updated Housing and Service Plan |

### GOING FROM ENROLLMENT

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>19.4.22</td>
<td>Housing and Service Plan</td>
<td>• Enter date completed into HMIS</td>
</tr>
<tr>
<td>19.4.23</td>
<td>Case Notes</td>
<td>• HMIS [CLNT – 101] Case Notes Report</td>
</tr>
<tr>
<td>19.4.24</td>
<td>Monthly Update</td>
<td>• <a href="https://www.hudexchange.info/resources/documents/RentReasonableChecklist.pdf">Form 1082 – Monthly Update Form</a></td>
</tr>
</tbody>
</table>

### AT EXIT

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.4.25</td>
<td>Exit Form</td>
<td>• HMIS printout of Exit Information OR Form 1126 – HMIS Exit</td>
</tr>
</tbody>
</table>

*This only apply to programs that do not go through a public housing authority. This means the provider does not have to seek approval or submit any type of documentation to a housing authority to have the participant in the program.

19.5. Standardized forms will be furnished to providers by the LAHSA Permanent Supportive Housing Coordinator

20. **Project Budget:** Programs must reference their approved Project Budget in the approved New Project Application to ensure they provide Supportive Services to which they are funded. Programs must request budget modifications with LAHSA to ensure the program follows the approved Project Budget.
## Appendix I. Eligibility

<table>
<thead>
<tr>
<th>ELIGIBILITY</th>
<th>GUIDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population Served</strong></td>
<td>Very low-income (&lt;50% AMI) single adults, an adult member of the household, an unaccompanied youth, or a youth head of household who is DedicatedPLUS eligible. See <a href="https://www.hudexchange.info/faqs/3284/what-is-a-dedicatedplus-project/">https://www.hudexchange.info/faqs/3284/what-is-a-dedicatedplus-project/</a></td>
</tr>
<tr>
<td><strong>Subpopulation Served</strong></td>
<td>Eligible subpopulations are determined in each subrecipients HUD approved proposal</td>
</tr>
<tr>
<td><strong>Standardized Assessment</strong></td>
<td>Complete the LAHSA approved standardized triage tool or procedure as prescribed by the CES Family, Youth, or Adult systems.</td>
</tr>
<tr>
<td><strong>CES Participation</strong></td>
<td>Participants being enrolled into CoC Permanent Supportive Housing programs are required to have been screened and referred/matched to the Program’s program by CES. Programs may not screen and directly enroll homeless participants into their program.</td>
</tr>
<tr>
<td><strong>Income Threshold</strong></td>
<td>Must be below 50% AMI for Los Angeles County as determined by HUD income limits. See 24 CFR 5.609(b) and (c) for Income Inclusions and Exclusions <a href="https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_35699.pdf">https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_35699.pdf</a>.</td>
</tr>
<tr>
<td><strong>Veterans</strong></td>
<td>Veteran participants must not be eligible for Supportive Services for Veteran Families (SSVF) or HUD-VASH.</td>
</tr>
<tr>
<td><strong>Use with Other Subsidies</strong></td>
<td>Financial assistance cannot be provided to a program participant who is receiving financial assistance for housing from another source.</td>
</tr>
</tbody>
</table>
Appendix II. Supportive Services: The following supportive services are eligible under CoC funding. Program must reference their approved Project Budget in the Subrecipient approved New Project Application. Supportive service types not identified in Subrecipient budget are not allowable costs associated to Subrecipient CoC contract.

<table>
<thead>
<tr>
<th>SUPPORTIVE SERVICES</th>
<th>GUIDANCE</th>
</tr>
</thead>
</table>
| Case Management     | **Case Management Services**: Case Management services are defined as participant-centered activities that focus on access, utilization, retention and adherence to housing, psychosocial, mental, and health services for persons experiencing homelessness. Programs providing case management services must use a care coordination in the provision of their services. Care coordination synchronizes the delivery of a participant’s services from multiple providers and specialists. In this definition, all providers working with a participant share important information and have clear, shared expectations about their roles. Equally important, they work together to keep participants and their families informed and to ensure that effective referrals and transitions take place. The goals of coordinated care are to improve housing and health outcomes by ensuring that care from disparate providers is not delivered in silos, and that services are provided efficiently and effectively.

Case management includes assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of program participant(s), including:
- Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking
- Using the centralized or coordinated assessment system
- Counseling
- Developing, securing, and coordinating services
- Obtaining Federal, State, and local benefits
- Monitoring and evaluating program participant progress
- Providing information and referrals to other providers
- Developing an individualized housing and service plan, including planning a path to permanent housing stability
- Must be tailored to the individual needs of the client but must meet with participant at least once per month ((578.37(a)(1)(ii)(F)).
| Child Care          | The costs of establishing and operating child care and providing child care vouchers for children from families experiencing homelessness. Child Care facilities must be licensed.

CoC Supportive Services Funds for Child Care: If CoC funds are used to provide child care to homeless families, according to COC Interim Regulations at 24CFR578.53.4, the Program must ensure that:
- The children must be under the age of 13 unless they are disabled children
- Disabled children must be under the age of 18
- The child-care center must be licensed by the jurisdiction in which it operates in order for its cost to be eligible. |
<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education Services</strong></td>
<td>The costs of improving knowledge and basic educational skills</td>
</tr>
<tr>
<td><strong>Employment Assistance &amp; Job Training</strong></td>
<td>The costs of establishing and operating employment assistance and job training programs</td>
</tr>
<tr>
<td><strong>Food</strong></td>
<td>The cost of providing program participants with meals or groceries</td>
</tr>
</tbody>
</table>
| **Housing Search & Counseling Services** | Assist participants in locating, obtaining, and retaining suitable housing, including:  
- Housing search  
- Tenant counseling  
- Understanding leases  
- Arranging for utilities  
- Making moving arrangements  
- Mediation with property owners and landlords  
- Credit counseling, accessing a free personal credit report, and resolving personal credit issues  
- Payment of rental application fees |
| **Legal Services** | Costs of legal advice and representation in matters that interfere with the homeless individual’s or family’s ability to obtain and retain housing. Legal services or activities include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling. Filing fees and other necessary court costs are also eligible. Legal services are subject to the following provisions:  
(a) Eligible Billing Arrangements. CoC funds may be used for legal advice from and representation by licensed attorneys and by person(s) under the supervision of licensed attorneys. Costs may be based on:  
- Hourly fees  
- Fees based on the actual service performed (i.e., fee for service) but only if the cost would be less than the cost of hourly fees  
(b) Ineligible Billing Arrangements. Funds must not be used for legal advice and representation purchased through retainer fee arrangements or contingency fee arrangements.  
(c) Eligible Subject Matters. Landlord tenant disputes; child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; resolution of outstanding criminal warrants.  
(d) Ineligible Subject Matter. Legal services related to immigration and citizenship matters or related to mortgages and homeownership. |
<p>| <strong>Life Skills Training</strong> | The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness but that are necessary to function independently in the community. |
| <strong>Mental Health Services</strong> | The direct outpatient treatment of mental health conditions by licensed professionals. |
| <strong>Moving Costs</strong> | Reasonable one-time moving costs, including truck rental and hiring a moving company. |</p>
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Health Services</td>
<td>The direct outpatient treatment of medical conditions by licensed medical professionals.</td>
</tr>
<tr>
<td>Services</td>
<td>Activities to engage persons for the purpose of providing immediate support and intervention and for identifying potential program participants.</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing.</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>The costs of program participant’s travel on public transportation or in a vehicle provided by the recipient or subrecipient to and from medical care, employment, child care, or other eligible services.</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Payment of utility deposit, which constitutes a one-time fee paid to utility companies.</td>
</tr>
</tbody>
</table>

Reference: 24 CFR part 578.53

Appendix III: Financial Assistance

<table>
<thead>
<tr>
<th>Financial Assistance</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental Assistance</td>
<td>Grant funds may be used for rental assistance for homeless individuals and families. Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other Federal, State, or local sources.</td>
</tr>
<tr>
<td></td>
<td>• Long term rental assistance: there is no time limit for PSH rental assistance</td>
</tr>
<tr>
<td></td>
<td>• First &amp; Last month rent.</td>
</tr>
<tr>
<td></td>
<td>• Assistance may be tenant based, project based, or sponsor based, as determined by each subrecipients HUD-approved proposal</td>
</tr>
<tr>
<td>Security Deposit</td>
<td>Up to two (2) months</td>
</tr>
<tr>
<td>Damage Mitigation</td>
<td>May not exceed an amount equal to one (1) month of rent and limited to one (1) time per participant during enrollment.</td>
</tr>
<tr>
<td>Payment Standard</td>
<td>Financial assistance requests should take no more than five (5) business days to process. All payments must arrive on or before the prescribed due date.</td>
</tr>
</tbody>
</table>

Reference: 24 CFR part 578.51 & 578.37(a)(1)(ii)
### Appendix IV. Lease Standards

| **Housing Standards** | Units must meet HUD Housing Quality Standards. Prior to the issuance of any financial assistance, Program must physically inspect each unit to assure the housing being assisted meets the applicable Housing Quality Standards as outlined in 24 CFR 982.401. Housing which fails to meet Housing Quality Standards may not receive assistance, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection. All assisted housing units must be inspected annually to ensure they continue to meet Housing Quality Standards. See 578.75(b)(1) and (2).  
Initial Inspection: Before any assistance may be provided on behalf of a program participant, the grantee must physically inspect each unit using the HQS Long Form (52580-A) to assure that the unit meets HQS. Assistance will not be provided for units that fail to meet HQS, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the grantee verifies that all deficiencies have been corrected.  
Annual Inspection: Grantees must also inspect all units at least annually during the grant period to ensure that the units continue to meet HQS (annual must be started within 365 days of the last inspection). The HQS short form 52580 can be utilized on subsequent annual inspections.  
The assisted housing unit must have at least one bedroom or living/sleeping room for each two persons. See 578.75(b)(2)(c). |
| **Fair Market Rent (FMR) & Rent Reasonableness** | Units in a structure must comply with HUD’s rent reasonableness standards. See 6(g). For purposes of calculating rent under this section, the rent must equal the sum of the total monthly rent for the unit, any fees required for occupancy under the lease (other than late fees and pet fees) and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority for the area in which the housing is located. Program must review HUD guidance: https://www.hudexchange.info/resources/documents/CoC-Rent-Reasonableness-and-FMR.pdf  
Providers must use standardized “Rent Reasonableness” and “Utility Allowance” forms. |
| **Lease Requirements** | Program participants receiving TBRA must sign a lease of at least one year that is renewable for a minimum term of one month) and terminable only for cause. See 578.51(l)91.  
Lease must be between the owner and the program participant. |
| **Use With Other Subsidies** | Financial assistance cannot be provided to a program participant who is receiving financial assistance for housing from another source. |
| **Geography** | CoC Permanent Supportive Housing are no longer limited to the CoC’s geography. See amendment to 578.50: https://www.hudexchange.info/resource/5064/coc-program-interim-rule-amendment-to-578-51-c/  
Programs are permitted to locate housing outside of Los Angeles County if the participant desires to relocate. Participants must complete a Housing Habitability Standards Inspection Form as well as ensure that the Housing and Service Plan documents how relocating outside of Los Angeles County will ultimately result in the... |
participant achieving housing stability. If participant needs ongoing financial assistance and supportive services, Program must arrange to provide these services; geographic distance cannot be a barrier towards providing supportive services; services cannot be provided remotely, monthly in-person meetings are still required. If the participant does not need ongoing assistance after entering permanent housing, Program can provide financial assistance and exit the participant. If Program assess the needs of the participant and determines that the Program cannot meet the needs of the participant if ongoing assistance is needed, Program must link the participant to another program in the CoC to which the participant is seeking residence prior to the participant entering permanent housing.