

## Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps) &nbsp;- Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. &nbsp;- The HUD HRE Virtual Help Desk is available for submitting technical and policy questions. &nbsp;

### Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

## 1A. Continuum of Care (CoC) Identification

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at [www.hudhre.info](http://www.hudhre.info).

**CoC Name and Number (From CoC Registration):** NY-606 - Rockland County CoC

**CoC Lead Agency Name:** Rockland County Office of Community Development

# 1B. Continuum of Care (CoC) Primary Decision-Making Group

### Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Rockland County CoC Executive Committee

**Indicate the frequency of group meetings:** Monthly or more

**If less than bi-monthly, please explain (limit 500 characters):**

**Indicate the legal status of the group:** Not a legally recognized organization

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 75%

**\* Indicate the selection process of group members: (select all that apply)**

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input checked="" type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):**

Members are selected by the entire CoC membership. To be selected the person must attend regularly and not be a project sponsor. The process was selected to ensure that no potential project sponsor sat in a decision making position and gained an "advantage" over other potential applicants.

**\* Indicate the selection process of group leaders: (select all that apply):**

Elected:	<input type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**Specify "other" process(es):**

**If administrative funds were made available to the CoC, will the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring? Explain (limit to 750 characters):**

Yes, The Rockland County Office of Community Development currently serves as a HUD Grantee for CDBG, HOME, ESG, and is a Local Administrator for New York State Homes and Community Renewal for Section 8 Housing.

## 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

**Instructions:**

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

### Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
CoC Executive Committee	Sets agendas for all CoC committees, determines project priorities, provides final approval for the CoC application, and oversees application submission	Monthly or more
CoC Planning Committee	Conducts needs assessments, explores gaps in services and reviews proposals for new programs, expansions, program recommendations and supportive materials carried forward to the County Executive and County Legislature as review continues.	Monthly or more
CoC Writing Committee	Is Responsible for analyzing the HUD NOFA CoC for any changes from previous year, gathering information, assisting project sponsors with Exhibit 2 narratives, budgets, and application, and packaging the final CoC submission	Monthly or more
CoC Resource Committee	Is responsible for establishing a survey and distributes throughout the County to establish a directory of services that will provide a clear source in determining what services are already being provided and what services are still needed.	Monthly or more
CoC HMIS Committee	Is responsible to train the trainers, as well as to assess the need to expand services and technology upgrades for all participants. The HMIS Committee will also evaluate agency needs for technology and recommend funding so that all agencies will be utilizing the system to ensure unduplicated counts and services as well as a built in referral system.	Monthly or more

**If any group meets less than quarterly, please explain (limit 750 characters):**

## 1D. Continuum of Care (CoC) Member Organizations

**Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.**

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
Rockland County Office of Community Development	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Domestic Vio...
Rockland County Dept. of Social Services	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Rockland County Dept. of Mental Health	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Rockland County Sheriff Dept	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Seriously Me...
Rockland Family Shelter	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Domestic Vio...
Joseph's Home/Loeb House	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
New Beginnings Dignity, Inc	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Substance Abuse
Open Arms. Inc	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Substance Abuse
Children's Village	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Youth
Community Outreach Program	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Domestic Vio...
Rockland Housing Action Coalition	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans
Helping Hands	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Jane Doe	Individual	Homeles s	Primary Decision Making Group, Attend Consolidated Plan p...	Domestic Vio...
Teresa Mc....	Individual	Homeles s	Primary Decision Making Group, Attend Consolidated Plan p...	Domestic Vio...

Rockland BOCES	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Tomorrow's Work Place	Public Sector	Local w...	Committee/Sub-committee/Work Group	Veterans, Do...
Jewish Family Service	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substance Abuse
Haitian American Cultural Social Organization	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Substance Abuse
Rockland Psychiatric Center	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Together Our Unity Can Heal	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Good Samaritan Hospital	Private Sector	Hospita..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Upper Room House of Worship	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substance Abuse
Community Action Program of Rockland County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, Domes..
Konbit Neg Lakay	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Rockland Independent Living Center	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
VA Hudson Valley Health Care System	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans

# 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rockland County Office of Community Development

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence, HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Rental Assistance  
(select all that apply)

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- Services provided, if applicable

**Name of organization or individual:** Rockland County Dept. of Social Services

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Education, Street Outreach, Case Management, Utilities Assistance, Child Care, Transportation, Alcohol/Drug Abuse, Rental Assistance

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  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented - No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Rockland County Dept. of Mental Health

**Type of Membership: (public, private, or individual)** Public Sector

**Type of Organization: (Content depends on "Type of Membership" selection)** Local government agencies

**Role(s) of the organization: (select all that apply)** Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

**Subpopulation(s) represented by the organization: (No more than two subpopulations)** Seriously Mentally Ill

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Case Management, Mental health, Alcohol/Drug Abuse

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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rockland County Sheriff Dept

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Law enforcement/corrections  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Law Enforcement  
(select all that apply)

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  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented - No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Rockland Family Shelter

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence  
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Child Care, Life Skills, Legal Assistance, Transportation

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Joseph's Home/Loeb House

Type of Membership: Private Sector  
(public, private, or individual)

Type of Organization: Non-profit organizations  
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

**Subpopulation(s) represented by the organization:**  
**(No more than two subpopulations)** Seriously Mentally Ill

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:**  
**(select all that apply)** Counseling/Advocacy, Mental health, Alcohol/Drug Abuse

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** New Beginnings Dignity, Inc

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months  
**(select all that apply)**

**Subpopulation(s) represented by the organization:  
(No more than two subpopulations)** Substance Abuse

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:  
(select all that apply)** Counseling/Advocacy

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Open Arms. Inc

**Type of Membership:  
(public, private, or individual)** Private Sector

**Type of Organization:  
(Content depends on "Type of Membership" selection)** Non-profit organizations

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Substance Abuse  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse  
**(select all that apply)**

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Children's Village

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Youth  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach  
**(select all that apply)**

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  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented - No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Community Outreach Program

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Domestic Violence, Substance Abuse  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Life Skills  
**(select all that apply)**

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  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented - No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Rockland Housing Action Coalition

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Veterans  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Not Applicable  
**(select all that apply)**

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  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented - No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Helping Hands

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Jane Doe

**Type of Membership:** Individual  
**(public, private, or individual)**

**Type of Organization:** Homeless  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Domestic Violence  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Not Applicable  
**(select all that apply)**

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Teresa Mc....

**Type of Membership:** Individual  
(public, private, or individual)

**Type of Organization:** Homeless  
(Content depends on "Type of Membership"  
selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend  
(select all that apply) Consolidated Plan planning meetings during past  
12 months, Attend 10-year planning meetings  
during past 12 months, Committee/Sub-  
committee/Work Group, Attend Consolidated  
Plan focus groups/public forums during past 12  
months

**Subpopulation(s) represented by the** Domestic Violence  
**organization:**  
(No more than two subpopulations)

**Does the organization provide direct services** No  
**to homeless people?**

**Services provided to homeless persons and** Not Applicable  
**families:**  
(select all that apply)

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- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rockland BOCES

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** School systems/Universities  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Life Skills  
(select all that apply)

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- Services provided, if applicable

**Name of organization or individual:** Tomorrow's Work Place

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local workforce investment act boards  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Veterans, Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Employment  
(select all that apply)

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- Type of organization
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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Jewish Family Service

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Haitian American Cultural Social Organization

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rockland Psychiatric Center

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Mental health  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Together Our Unity Can Heal

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Good Samaritan Hospital

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Hospitals/med representatives  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Healthcare, Mental health, Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Upper Room House of Worship

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Alcohol/Drug Abuse, Employment  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Community Action Program of Rockland County

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

**Subpopulation(s) represented by the organization:** Youth, Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Employment  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Konbit Neg Lakay

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Education, Life Skills, Employment  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rockland Independent Living Center

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy  
(select all that apply)

# 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** VA Hudson Valley Health Care System

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** Veterans  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy  
(select all that apply)

# 1E. Continuum of Care (CoC) Project Review and Selection Process

## Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

**Open Solicitation Methods: (select all that apply)** f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

**Rating and Performance Assessment Measure(s): (select all that apply)** g. Site Visit(s), b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

**Voting/Decision-Making Method(s): (select all that apply)** a. Unbiased Panel/Review Committee, d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?** No

**If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):**

## 1F. Continuum of Care (CoC) Housing Inventory Count--Change in Beds Available

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

**Emergency Shelter:** No

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

**HPRP Beds:** No

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):

**Safe Haven:** Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

**Transitional Housing:** No

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

**Permanent Housing:** No

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

## **1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods**

**Instructions:**

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

**Did the CoC submit the HIC data in HDX by  
May 31, 2011?** Yes

**If no, briefly explain why the HIC data was not  
submitted  
by May 31, 2011 (limit 750 characters).**

**Indicate the type of data sources or methods  
used  
to complete the housing inventory count:  
(select all that apply)** HMIS plus housing inventory survey

**Indicate the steps taken to ensure the  
accuracy of the data collected and included in  
the housing inventory count:  
(select all that apply)** Follow-up, Instructions, Updated prior housing  
inventory information, Confirmation, HMIS

**Must specify other:**

**Indicate the type of data or method(s) used to  
determine unmet need:  
(select all that apply):** Unsheltered count, Local studies or non-HMIS  
data sources, Other, Housing inventory, Provider  
opinion through discussion or survey forms

**Specify "other" data types:**

Rockland County Consolidated Plan 2010-2014  
Rockland County Impediments to Fair Housing 2010

**If more than one method was selected, describe how these methods were  
used together (limit 750 characters):**

The CoC Planning Committee reviewed all of the sources listed and evaluated the unmet need based on a series of monthly meetings. Heavily weighted in the method were reports(Consolidated Plan, Impediments to Fair Housing, and county wide housing market study) performed by various County agencies.

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

<b>Select the HMIS implementation coverage area:</b>	Single CoC
<b>Select the CoC(s) covered by the HMIS: (select all that apply)</b>	NY-606 - Rockland County CoC
<b>Is the HMIS Lead Agency the same as the CoC Lead Agency?</b>	Yes
<b>Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?</b>	Yes
<b>Has the CoC selected an HMIS software product?</b>	Yes
<b>If "No" select reason:</b>	
<b>If "Yes" list the name of the product:</b>	AWARDS
<b>What is the name of the HMIS software company?</b>	Foothold Technology
<b>Does the CoC plan to change HMIS software within the next 18 months?</b>	No
<b>Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)</b>	06/15/2003
<b>Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):</b>	No or low participation of SHP funded providers, Inability to integrate data from providers with legacy data systems, No or low participation by non-HUD funded providers
<b>If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).</b>	
<b>If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).</b>	

The service provider for the current SHG was changed and the new providers have been utilizing HMIS since the inception. The challenges are difficult as agencies not receiving HUD funds and not applying, find it time consuming and with little financial resources available, difficult to justify the expense.

## 2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

**Organization Name** Rockland County Office of Community Development

**Street Address 1** 185 North Main Street

**Street Address 2** Room 211

**City** Spring Valley

**State** New York

**Zip Code** 10977

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** State or Local Government

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?** No

## **2C. Homeless Management Information System (HMIS) Bed Coverage**

**Instructions:**

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.**

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	76-85%

**How often does the CoC review or assess its HMIS bed coverage?** At least Annually

**If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:**

## 2D. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	0%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	0%
* Name	0%	0%

**How frequently does the CoC review the quality of program level data?** At least Monthly

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):**

Initial and annual training is performed by Foothold Technology on AWARDS (HMIS) for all participants. Through the SHG, computer hardware and internet access is provided for all participants. A staff member of the Rockland County Office of Community Development is available for technical assistance for all participants with the AWARDS system.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):**

All participating agencies have executed a user subscription with the County of Rockland for the AWARDS system. The system and all data are monitored and reviewed weekly.

**Indicate which reports the CoC or subset of the CoC submitted usable data:** 2010 AHAR  
**(Select all that apply)**

**Indicate which reports the CoC or subset of the CoC plans to submit usable data:** 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans, 2011 PULSE  
**(Select all that apply)**

## 2E. Homeless Management Information System (HMIS) Data Usage

### Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the frequency in which the CoC uses HMIS data for each of the following:**

<b>Integrating or warehousing data to generate unduplicated counts:</b>	At least Annually
<b>Point-in-time count of sheltered persons:</b>	At least Annually
<b>Point-in-time count of unsheltered persons:</b>	At least Annually
<b>Measuring the performance of participating housing and service providers:</b>	At least Quarterly
<b>Using data for program management:</b>	At least Quarterly
<b>Integration of HMIS data with data from mainstream resources:</b>	Never

## 2F. Homeless Management Information System (HMIS) Data and Technical Standards

**Instructions:**

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:**

* Unique user name and password	At least Annually
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Annually
* Compliance with HMIS Policy and Procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Annually

**How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards?** At least Annually

**How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?** At least Monthly

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 12/07/2010

**If 'No' indicate when development of manual will be completed (mm/dd/yyyy):**

## **2G. Homeless Management Information System (HMIS) Training**

**Instructions:**

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:**

* Privacy/Ethics training	At least Annually
* Data Security training	At least Annually
* Data Quality training	At least Annually
* Using Data Locally	At least Annually
* Using HMIS data for assessing program performance	At least Annually
* Basic computer skills training	At least Annually
* HMIS software training	At least Annually

## 2H. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

### Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

**How frequently does the CoC conduct a point-in-time count?** annually (every year)

**\*Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/26/2011

**If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011?** No

**Did the CoC submit the point-in-time count data in HDX by May 31, 2011?** Yes

**If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).**

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)** 01/30/2012

**Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.**

**Emergency Shelter: 100%**  
**Transitional Housing: 100%**

**Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).**

There was a slight decrease in the number of persons sheltered from 89 to 80 and a decrease in the number unsheltered from 52 to 32. The main factor is that the County was able to house several of the chronically homeless individuals from the previous year into housing and were able to fully lease the transitional housing units under the SHG for domestic violence victims. HPRP funds were also utilized to assist with homeless prevention

## 2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:  
(Select all that apply):**

<b>Survey Providers:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Extrapolation:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe the methods used by the CoC, as indicated by the above selected method(s), to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters):**

HMIS was used for agencies current in the system. For all other providers, a chart was developed and used to indicate the count for the point in time of January 26,2011. All data was collected from both sources and a master listing formed for the final count.

## 2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

### Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons and, with the exception of chronically homeless and veterans, optional for unsheltered persons. Sheltered chronically homeless persons are those living in emergency shelters only.

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):**

<b>HMIS</b>	<input checked="" type="checkbox"/>
<b>HMIS plus extrapolation:</b>	<input type="checkbox"/>
<b>Sample of PIT interviews plus extrapolation:</b>	<input type="checkbox"/>
<b>Sample strategy:</b>	Stratified Sample
<b>Provider expertise:</b>	<input checked="" type="checkbox"/>
<b>Interviews:</b>	<input type="checkbox"/>
<b>Non-HMIS client level information:</b>	<input type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):**

The same collection system was used as with sheltered homeless population. HMIS was used for agencies current in the system. For all other providers, a chart was developed and used to indicate the count for the point in time of January 26,2011. All data was collected from both sources and a master listing formed for the final count.

## 2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to verify the data quality of sheltered homeless persons: (select all that apply)**

<b>Instructions:</b>	<input checked="" type="checkbox"/>
<b>Training:</b>	<input checked="" type="checkbox"/>
<b>Remind/Follow-up</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Non-HMIS de-duplication techniques:</b>	<input type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).**

**Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):**

The same collection system was used as with sheltered homeless population. HMIS was used for agencies current in the system. For all other providers, a chart was developed and used to indicate the count for the point in time of January 26,2011. All data was collected from both sources and a master listing formed for the final count.

## 2L. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons:  
(select all that apply)

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

### If Other, specify:

A "sweep" of known homeless encampments was performed by the Department of Social Services, volunteers, and several not-for-profit housing providers.

**Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).**

The same collection system was used as with sheltered homeless population. HMIS was used for agencies current in the system. For all other providers, a chart was developed and used to indicate the count for the point in time of January 26,2011. All data was collected from both sources and a master listing formed for the final count.

## 2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

**Instructions:**

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:** Non-Shelter Services

**If Other, specify:**

## 2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)**

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input type="checkbox"/>
Survey Question:	<input type="checkbox"/>
Enumerator Observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

**Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):**

For the Point-in-Time, everyone meets at a central location first and then is assigned an area to count without overlapping any area. This eliminates duplication based on the time and sweep.

**Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):**

CoCs reaches out to community groups, as well as, government agencies to describe programs and services that are available to households with dependent children. First and foremost, the Department of Social Services immediately places homeless families with children in a county operated shelter. In addition, various community groups and religious institutions provide temporary shelter and food during the winter months. Special emphasis is placed upon assisting homeless families with children. CoC collaborates with housing providers to ensure that all families are sheltered.

**Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):**

Members of the CoC collaborative, consisting of community groups, government agencies, housing advocates and others, periodically visit areas where homeless individuals and families congregate. During these visits the CoC collaborative members refer the homeless to DSS and faith based organizations. In addition, temporary emergency housing is available to all.

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

#### **Objective 1: Create new permanent housing beds for chronically homeless persons.**

**Instructions:**

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

- How many permanent housing beds are currently in place for chronically homeless persons?** 25
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 30
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 35
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 55

**Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):**

The Rockland County CoC Planning Committee identified several needs for the 2010-2014 Consolidated Plan's action steps to assist the chronically homeless. The Planning Committee and Department of Social Services Housing Unit confronts significant obstacles in securing and retaining permanent housing. These barriers to positive outcomes will be addressed by developing a rapport with consumers that will allow for the design of a mutually agreed plan that will serve as a pathway to permanency. Best practices suggest that when the homeless give voice to where to live, what activities to engage in, and what services will be accepted, the probability of securing and retaining permanent housing increases. This, together with the demonstrated credibility of the county's housing staff to provide scattered site housing, the action plan is to develop a TBRA program. The Rockland County Office of Community Development will provide 5 HOME TBRA

**Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):**

The Rockland County CoC Planning Committee identified the greatest priority for Rockland County as the chronic substance abusers and ex-offenders and has identified two potential projects. The first is a 12-bed project has been discussed and submitted for funding on past CoC funding rounds but has been delayed due to lack of site control. The Office of Community Development is assisting with securing site control through HOME funds for a future application. The second project would be the purchase of a 24-bed community residence licensed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). The goal is to offer drug and alcohol free housing that will enhance the effectiveness of treatment and result in employment opportunities. This project has also been discussed for past CoC funding rounds but not submitted. The CoC Planning committee is working with Open Arms and Community Development to secure site control and services for a future application.

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

**Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.**

**Instructions:**

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?** 0

**In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 0

**In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 0

**In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 0

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):**

N/A

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):**

N/A

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

**Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.**

**Instructions:**

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 100

**In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 100

**In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 100

**In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 100

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).**

The transitional housing program services delivery model encompasses a case management approach. The program approach are specifically designed for families leaving the emergency residential shelter to find temporary and, ultimately, permanent affordable housing in the community. As an applicant is housed in the transitional housing program they will work very closely to access all available affordable housing list in the county while working on their self sufficiency goals. The assistance provided will include, but not limited to help with: locating transitional/permanent housing; moving into the new apartment; understanding and signing leases; completing paperwork related to utilities, telephone, and other services; getting utilities turned on; securing adequate furnishings as necessary; and assisting the women and their families to re-establish their lives after leaving the shelter. These services will be ongoing throughout the grant period.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):**

The program is based on both housing activities and supportive housing services. The staff will help clients access community services that may be needed depending on their individual circumstances. These services may include information and referrals; , Section 8 housing vouchers and other affordable housing list, keeping employment; transportation to and from appointments and/or work; arranging for child care; registering children for school; accessing food pantries; budgeting finances; emergency financial assistance as required; and help with accessing DSS, including Medicaid, food stamps and cash assistance.

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

#### **Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.**

##### **Instructions:**

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** 57

**In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** 60

**In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 62

**In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 65

#### **Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).**

The CoC will continue to utilize the services of Tomorrow's Workplace, Inc. They will continue to assist homeless families and individuals in obtaining computer and internet training, resume writing and interviewing skills. Tomorrow's Workplace's services in securing employment for those consumers will also be used.

In addition, services of Next Steps, an employment readiness program funded by the RCDSS, will be used to assist consumers in obtaining job preparedness skills and in obtaining employment.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit to 1000 characters):**

Numerous agencies in Rockland County assist families and individuals in obtaining skills necessary to facilitate obtaining employment. They include the above-described Tomorrow's Workplace, Inc. and Next Steps, as well as Guidance Center, Independent Living Center, Inc., VESID, BOCES and Jawonio, Inc. (It should be noted that services provided by Jawonio and Independent Living Center are aimed at assisting disabled persons). In terms of long-term objectives, it is anticipated that the case management services provided by RCDSS will include an assessment of which of the above-referenced agencies services most particularly meet the needs of a homeless family or individual. Referrals will be made accordingly.

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

#### Objective 5: Decrease the number of homeless households with children.

##### Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 16

**In 12 months, what will be the total number of homeless households with children?** 14

**In 5 years, what will be the total number of homeless households with children?** 12

**In 10 years, what will be the total number of homeless households with children?** 10

##### Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters):

In the next 12 months, approval for classifying homeless families with children as a priority for obtaining a voucher under the Section 8 Housing Voucher Program will be sought by the Rockland County Office of Community Development which administers the Section 8 Voucher Program for Rockland County. In addition, other Section 8 PHA's (Town of Ramapo Housing Authority, Village of Nyack Housing Authority, Village of Spring Valley Housing Authority and Villages of Kaser and New Square) will also be approached and urged by Rockland County's CoC to obtain approval for giving a higher priority for homeless families with dependent children. If such approvals are obtained, homeless families' opportunity to locate affordable housing will be greatly expanded.

##### Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters):

The key to reducing the number of homeless families with dependent children lies in increasing availability of permanent housing. As noted above, Rockland County CofC is committed to developing and fostering projects that will result in the creation of 36 affordable permanent housing beds for the homeless in the next ten years.

## 3B. Continuum of Care (CoC) Discharge Planning

### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, SRO). For each system of care, CoCs are to address the following:

**What:** Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

**Where:** Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

**Who:** Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).**

### Foster Care (Youth Aging Out):

A child is discharged from foster care after an assessment is made that there are no safety factors present in the home that would place the child at risk of being harmed or that appropriate safe housing is over come. This is determined by completion of a Family Service Plan assessment, reports to Family Court, and a determination by the Family Court Judge that the child may return home or discharged to an alternative living resource.

### Health Care:

Since March 2000, a protocol and procedure was established by HIP Coordinators to ensure that HIP Coordinator properly receives Homeless Intervention Program (HIP) referrals from Health Care rehabs in a timely manner for planning purposes. Referrals are faxed to HIP Coordinators 1-2 weeks prior to release. HIP Coordinators calls the rehab to schedule emergency housing assessment at either the facility or at DSS at time of temporary assistance intake. Determination of placement is made upon completion of housing assessment

**Mental Health:**

Since March 2000, a protocol and procedure was established by HIP Coordinator to ensure that HIP Coordinator properly receives HIP referrals from Mental Health inpatient facilities in a timely manner for planning purposes. Referrals are either called in directly or faxed to HIP Coordinator 1-2 weeks prior to release. HIP Coordinator calls inpatient unit to schedule emergency housing assessment at either the facility or at DSS at time of temporary assistance intake. Determination of placement is made upon completion of housing assessment

**Corrections:**

Since March 2000, a protocol and procedure was established by HIP Coordinators to ensure that HIP Coordinator properly receives Homeless Intervention Program (HIP) referrals from Health Care rehabs in a timely manner for planning purposes. Referrals are faxed to HIP Coordinators 1-2 weeks prior to release. HIP Coordinators calls the rehab to schedule emergency housing assessment at either the facility or at DSS at time of temporary assistance intake. Determination of placement is made upon completion of housing assessment.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

**Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?** Yes

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:**  
Create new TH beds for single women and children.  
Create a single point of access for services for homeless.  
Create new permanent beds for chronic homeless individuals.

**Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):**

The Office of Community Development met with representatives of neighborhood associations, not-for-profit organizations, Continuum of Care members, and consortium communities to assist in the development of the Substantial Amendment to the County's 2008 Consolidated/Action Plan in a manner consistent with the Citizen Participation process. The Office of Community Development consulted with the Continuum of Care members, committees, and sub-committees regarding activities to formulate a plan that will assist with homeless prevention and rapid re-housing. Throughout the course of three monthly general CoC and all committee meetings, the proposed Substantial Amendment and administrative policies and procedures were presented, discussed, and approved by the CoC. A public hearing was held on May 5, 2009 for citizen comments. The Continuum of Care assisted in establishing the administrative policies and procedures for the HPRP program and will hold quarterly evaluations on the progress of the program. The first quarterly review was conducted on November 5th, resulting in better defining levels of assistance for eligible families. The CoC recommended that, based on the volume of requests for utility assistance, more communications and quicker turn around was necessary to prevent shut offs, especially in the heating season.

**Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?**

Rockland County did not receive NSP or HUD/VASH directly from HUD and only received HPRP. Two not-for-profit agencies, RHAC and Legal Aid Society received NSP through a competitive grant from New York State.

As described above, the CoC is very active in assisting in the formulation of the HPRP Substatinal Amendment and administrative policies and procedures, as well as examining the program's performance quarterly.

The two agencies are active members of the CoC and consulted with the CoC members, committees, and sub-committees regarding the submission of the competitive application and activities to formulate a plan that would assist with mortgage foreclosures assistance and counseling.

Although HUD/VASH vouchers were not awarded to Rockland, the Office of Community Development has requested vouchers to assist with the development of the Homes for Heroes (Murphy Gardens) through New York State. A representative from the Veterans Administration has been an active member of the CoC and is working with members on the HUD/VASH program.

**Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?** Yes

**If yes, please describe the established policies that are in currently in place.**

Any family that is deemed homeless has been assessed by a caseworker. During that assessment process the educational needs of the children are addressed. The current school information is verified by the caseworker. If the children are not enrolled in school that is the first order to be addressed. The family is put in contact with the school officials and the children are immediately enrolled. During the assessment if there is a question regarding additional or specialized services, referrals are made to the appropriate agencies for evaluation. (Referrals may include but are not limited to Special Education association for evaluation, mental health, etc.)

**Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)**

Each school district in the county has a liaison to the Dept. of Social Services which is a member of the CoC. The school liaison will contact the Department of Social Services if a family is identified as possibly homeless. DSS will contact the family and conduct an assessment. If the family is deemed homeless they will be offered emergency housing placement. All of the agencies and community groups involved in the CoC will contact the DSS if they become aware of a family that may be homeless. Any family that is deemed homeless and is referred to emergency housing is immediately informed of their rights under McKinney-Vento. DSS has a handbook that is given to the family. ¿Short Guide to the Educational Rights of Children and Youth Living in Temporary Housing in New York State¿ The school liaisons and the staff in emergency housing communicate on a regular basis to inform of new homeless families and to discuss any special needs or services these families may need.

**Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)**

When a family is placed in emergency or temporary housing, the caseworker and the family complete a lengthy needs assessment. It is made clear to the family that our goal is the least amount of disruption to the children. The family has the choice of continuing in their current school or transferring to the school district of the shelter or emergency housing. All transportation arrangements to and from school are set up the day the family arrives at the shelter. During the interim period the shelter provides transportation to and from school. If there are special tutorials in place for the children arrangements are made to continue without interruption. Again, we make sure the family has the handbook in their possession.

**Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)**

Members of the CoC work closely with the Veterans Administration in the Lower Hudson Valley. If a veteran presents homeless a referral to the VA liaison is made. Veteran services can assess for substance abuse issues, mental health issues, medical needs as well as homelessness. The VA liaison will make the referral to the appropriate veterans program. If the veteran is eligible they will be linked to HUD/VASH. DSS can provide emergency housing during this process.

**Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters):**

Since 1984, Project Turning Point (PTP), a collaborative program of the Rockland County Department of Social Services and Youth Bureau, has provided temporary emergency shelter and supportive services for a vulnerable population of youth ages 14-21 years old that are homeless or in a crisis that makes it unsafe for them to be at home. PTP is a co-ed, six-bed shelter located in Rockland County, New York. Runaway and Homeless Youth are provided services 24 hours a day/ 365 days a year. Project Turning Point is the only New York State Office of Children and Family Services certified RHY program in Rockland County.

Services are provided to cover these areas of need for youth:

- RHY: youth that have either left home or been pushed out and therefore legally fit the description of homeless. They need food, shelter and support services. These services are provided to 16-21 year old youth for up to 30 days; no parental consent is required.
- Respite: youth and/or families that need separation for short periods of time in order to allow staff to assist in either providing or securing support or reconciliation services. These services are for 14-15 year olds for up to 72 hours and 21 days for 16-21 year olds. Consent by parent(s)/guardian(s) and youth are required.
- Crisis Intervention: Hotline services that offer 24 hour available counseling and support to any youth that calls and requests assistance. This service helps mitigate crisis and reduces runaway behavior.

### 3D. Hold Harmless Need (HHN) Reallocation

**Instructions:**

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?** No

**Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?** No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

## 4A. Continuum of Care (CoC) 2010 Achievements

### Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	5	Beds	0	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	0	%	0	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	100	%	100	%
Increase the percentage of homeless persons employed at exit to at least 20%	75	%	57	%
Decrease the number of homeless households with children.	14	Households	16	Households

**Did the CoC submit an Exhibit 1 application in FY2010?** Yes

**If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)**

1. Project funded through FY2010 CoC to add CH beds, but not started as project currently in Technical Submissions stage.
2. There are no PH reported in the APR, TH only.
4. Based on deteriorating economic conditions and families dealing with additional hardships staying in shelters for a longer period of time.

## 4B. Continuum of Care (CoC) Chronic Homeless Progress

**Instructions:**

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

**Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.**

Year	Number of CH Persons	Number of PH beds for the CH
2009	47	33
2010	55	69
2011	52	25

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.** 0

**Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2010 and January 31, 2011.**

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations					
<b>Total</b>	\$0	\$0	\$0	\$0	\$0

**If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):**

The number of CH beds decreased as a result of conversations with TA provider while completing the AHAR. It was pointed out that a number of beds in the HIC were from a state mental hospital and did not qualify as homeless beds as per the discharge policy.

## 4C. Continuum of Care (CoC) Housing Performance

**Instructions:**

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as:  $c+d, \text{ divided by } a+b, \text{ multiplied by } 100.$  the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted?** No

<b>Participants in Permanent Housing (PH)</b>	
a. Number of participants who exited permanent housing project(s)	0
b. Number of participants who did not leave the project(s)	0
c. Number of participants who exited after staying 6 months or longer	0
d. Number of participants who did not exit after staying 6 months or longer	0
e. Number of participants who did not exit and were enrolled for less than 6 months	0
<b>TOTAL PH (%)</b>	<b>0</b>

**Instructions:**

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

**Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
<b>a. Number of participants who exited TH project(s), including unknown destination</b>	7
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	7
<b>TOTAL TH (%)</b>	100

## 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

**Instructions:**

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Total Number of Exiting Adults: 7**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	0	0	%
SSDI	0	0	%
Social Security	0	0	%
General Public Assistance	3	43	%
TANF	0	0	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	4	57	%
Unemployment Benefits	1	14	%
Veterans Health Care	0	0	%
Medicaid	0	0	%
Food Stamps	3	43	%
Other (Please specify below)	2	29	%
Child Support			
No Financial Resources	0	0	%

**The percentage values will be calculated by the system when you click the "save" button.**

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** Yes

## 4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

### Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** No

## 4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

**Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?** Yes

**If 'Yes', describe the process and the frequency that it occurs.**

The APR is reviewed prior to submission by the entire CoC committee for performance quality.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** Yes

**If "Yes", indicate all meeting dates in the past 12 months.**

January 11, 2011  
March 8, 2011  
May 10, 2011  
July 12, 2011  
September 13, 2011

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** Yes

**Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?** Yes

**If yes, identify these staff members** Provider Staff

**Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.** Yes

**If "Yes", specify the frequency of the training.** semi-annually (twice a year)

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** No

**If "Yes", indicate for which mainstream programs HMIS completes screening.**

**Has the CoC participated in SOAR training?** No

**If "Yes", indicate training date(s).**

## 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

**Indicate the percentage of homeless assistance providers that are implementing the following activities:**

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
Clients are accompanied and/or referred to DSS to file for benefits if they are eligible.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	80%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	100%
SPOA, DSS	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	100%
<b>4a. Describe the follow-up process:</b>	
Providers schedule follow-up phone calls and appointments with clients.	

## Continuum of Care (CoC) Project Listing

**Instructions:**

IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps).

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Community Develop...	2011-10-04 08:41:...	2 Years	Rockland County, ...	445,796	New Project	SHP	PH	F1
HMIS 2011	2011-09-14 12:33:...	1 Year	Rockland County, ...	74,000	Renewal Project	SHP	HMIS	F
Transitional Hous...	2011-09-14 12:41:...	1 Year	Rockland County, ...	215,610	Renewal Project	SHP	TH	F
Community Develop...	2011-10-04 08:38:...	2 Years	Rockland County, ...	110,310	New Project	SHP	PH	P2

## Budget Summary

<b>FPRN</b>	\$735,406
<b>Permanent Housing Bonus</b>	\$110,310
<b>SPC Renewal</b>	\$0
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Con Plan Con.	09/23/2011

## Attachment Details

**Document Description:** Con Plan Con.