

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

1A-2. Collaborative Applicant Name: Rochester/Monroe County Homeless Continuum of Care, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Rochester/Monroe County Homeless Continuum of Care

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
-------	--	--

In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	4
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	5
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	6
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	4
10.	Homeless or Formerly Homeless Person(s)	Yes	3
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	3
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	5

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	4
19.	Local Jail(s)	Yes	2
20.	Mental Health Service Organization(s)	Yes	5
21.	Mental Illness Advocate(s)	Yes	6
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	4
24.	Other nonprofit homeless assistance provider(s)	Yes	9
25.	Other social service provider(s)	Yes	9
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	8
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	0
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	Yes	0
40.	State Sexual Assault Coalition	Yes	0
41.	Youth Advocate(s)	Yes	0
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	0
44.	Other Homeless Assistance Provider(s)	Yes	11
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	Genesee Land Trust	Yes	1
47.	Insurance Consultant, Medical Consultant	Yes	1

1B-2.	Open Invitation for New Members.	
-------	----------------------------------	--

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The CoC has two membership bodies: the CoC Board and its stakeholder body, the Homeless Services Network (HSN). HSN is open to anyone who wants to address homelessness, and people can join at any time of year. New members can take part fully, including voting, as soon as they join. HSN meets monthly on Zoom, and each meeting includes open discussion. HSN elects two of its members to the CoC Board.

The CoC's Policies & Procedures require the CoC to invite new members to join publicly at least once a year. Each year Partners Ending Homelessness, the CoC's Collaborative Applicant and 501c3 for NY-500, sends the invitation to its 400+ member email list. The invitation is also announced at every HSN meeting and is open year-round on the CoC's website (letsendhomelessness.org), where anyone can join HSN. Current members are asked to pass it on to colleagues and partner networks. The HSN and CoC bylaws, which set out who can join, are posted on the website. PEH staff email signatures include a link to join HSN.

The CoC Board's Governance Committee recruits new Board members every year. It looks for people with experience in homelessness, health and behavioral health, housing development, finance, and law, and for people with lived experience of homelessness. Formerly homeless members vote on the Board and serve on the Rank and Review Committee and the Coordinated Entry Oversight Committee. PEH is forming a Lived Experience Advisory Board with funds from a local grant.

The Policies & Procedures list the groups the CoC seeks as members. These include homeless service providers, victim service providers, faith-based organizations, government, businesses, school districts, mental health providers, hospitals, universities, housing developers, law enforcement, veteran organizations, and people who have been homeless. Outreach targets sectors that are missing from current membership.

Meetings are accessible. They are held on Zoom or in accessible locations; closed captioning and phone dial-in are available, and sign language interpreters are provided at full membership meetings.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
-------	--	--

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The CoC gathers input on its performance, strategies, and priorities throughout the year. HSN meets monthly on Zoom with open discussion at every meeting and added breakout sessions in 2025. In 2025, HSN held a mini-symposium in June and a fall discussion on HUD policy changes, and each drew more than 100 people. The full CoC membership meets twice a year, and the HSN Steering Committee holds an annual planning meeting.

HSN, our stakeholder group, consists of members from faith-based communities, housing providers, local government, people with lived experience, community members, health and mental health providers, SUD providers, landlords, lawyers, victim advocates, other non-profits, and members of the business community. Each year PEH asks HSN members to set Community Priorities. Members review the Housing Inventory Count, the Point-in-Time count, and what front-line staff are seeing. They then rank housing types, subpopulations, special needs, and barriers to housing. PEH tallies the results and shares them with the community and the CoC Board before the local competition opens. The rubrics used to score projects are built on those priorities, in addition to HUD's. The 2026 priorities include:

- more prevention
- better coordination between street outreach teams
- links to RochesterWorks and ACCES-VR for job training
- medical, mental health, and substance use providers connected to shelters
- transitional housing as a short-term bridge to permanent housing

People with lived experience are part of this work. Formerly homeless members sit on the CoC Board, the Rank and Review Committee, and the CE Oversight Committee. In 2026, outreach staff gathered the reasons people give for turning down shelter, and a resident wrote an account of housing instability with ten recommendations.

Workgroups and partner tables add other perspectives. They include the Chronic Homeless Workgroup, the CE Oversight Committee, the City/County Unsheltered Homeless Advisory Council, the weekly Homeless Outreach Team with Rochester Police and County staff, landlord groups, and health partners such as Common Ground Health and the 1115 Waiver workgroup. City and County staff serve on the CoC Board.

For, the CoC reviews the System Performance Measures (SPM) Report and the PIT/HIC results at a membership meeting and posts them on its website. Additionally, the weekly newsletter reaches more than 400 people and invites feedback.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
-------	--	--

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.
--

(limit 2,500 characters)

The local competition is open to any eligible organization, including those that have never received CoC funds and faith-based groups. Under the CoC's Policies & Procedures, PEH issues a Request for Proposals after each NOFO. The RFP lists funding available, the scoring rubrics, the timeline, and how reallocation and appeals work. It is posted on the CoC's website, emailed to the 400+ member list and weekly newsletter, and announced at HSN meetings. PEH holds a training for applicants that covers budgets, match, and the scoring rubrics, and posts all questions and answers online. Applicants who cannot submit electronically can contact PEH for help.

Before each competition, PEH does targeted outreach to organizations that have not applied before. This includes new HSN members, the County Health Department, the Community Health Improvement Workgroup, and housing and service providers that have not received CoC funding.

A non-conflicted Review and Ranking Committee scores every new and renewal application using the published rubric. Members may not work for, fund, or sit on the board of any applicant. The New Project Rubric scores alignment with community priorities, population served, Coordinated Entry participation, HMIS use, leverage, and capacity. Every applicant gets a letter with its ranking and can appeal within three days. The final ranking is posted online after Board approval.

This year the CoC received new-project proposals from three organizations that have never received CoC Program funding in NY-500:

- Jewish Family Services of Rochester, an agency grounded in Jewish values, applied for an SSO project for adults 55 and older.
- Recovery Houses of Rochester, a peer-led recovery residence, applied for sober transitional housing.
- Center for Community Alternatives applied for an evening drop-in center for unsheltered people. CCA has CoC funding in Syracuse (NY-505) but none in NY-500.

All three were reviewed with the same rubric as other applicants.

All documents are posted as accessible PDFs. PEH communicates by email, phone, and TTY, and provides ASL interpretation on request.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
------	--

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The gap we are focused on is people living outside with high behavioral health needs who will not or cannot use shelter. Unsheltered homelessness in the PIT rose from 73 people in 2025 to 92 in 2026, even as the total count fell from 1,194 to 859. Tents were seen at 35 sites on 8/7/2026 and 25 sites on 9/9/2026. When outreach staff asked people in June 2026 why they refused shelter, the answers were: couples being split up, pets, DHS sanctions, fear of detox and drug use in shelters, language barriers, and overcrowding. City Council's 2026 Report on Homelessness also calls for a low-barrier option.

Our strategy has three parts. The HOME Team is a City and County case conference designed to meet every two weeks to help high-acuity unsheltered people. It brings City DRHS, County DSS, the County Office of Mental Health, SUD providers, and outreach teams together under shared consent forms, with PEH facilitating the case conferences. Peace Village is a proposed low-barrier site of 15 two-bed pallet units run by PCHO. It would take people under DHS sanctions and connect guests to treatment, including Delphi Rise's 24/7 Open Access Center. The third piece is a new CoC Intensive Street Outreach project at PCHO, expected to reach 900 unsheltered people a year. Specific groups that are also covered: older adults through the JFS SSO, transition-age youth through CFY TAY outreach, people with SUD through Delphi Rise Open Access (24/7), and families through DSS family shelter. Anyone scoring 10+ on the Street Outreach Triage Form should get a HOME case conference within 24 hours, though that threshold is under review.

The CoC will measure progress through the unsheltered PIT count and SPM 7a.1 (successful street outreach exits). The HOME Team process was drafted in April 2026, and the pilot that started in May 2026 is being revised to better meet community needs. Peace Village is targeted to open around November 1, 2026, and CoC outreach begins when the FY2026 grant starts. The City funding requested for Peace Village is about \$1.1 to 1.2M for 8 months, mainly opioid settlement funds plus HOME-ARP. The CoC SSO project adds \$1,299,767, and County OMH and DSS contribute staff time.

1B-5a	Confirmation of Plan Coverage.
-------	--------------------------------

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	15%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

We are not a rural CoC.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The CoC works with a set of licensed outpatient providers that together offer a full range of care. Several CoC projects, including PCHO, VOA, SCPO and JFS, have written agreements with them.

Delphi Rise runs an OASAS-licensed outpatient SUD clinic that offers medication-supported treatment, counseling and care coordination. Delphi is one of four agencies in NYS in an OASAS pilot that delivers outpatient treatment in community settings. Delphi's Open Access Center is Monroe County's only 24/7 SUD access center, open to walk-ins. No appointment or insurance is needed, and it serves more than 1,500 people a year. Clinicians assess each person and connect them to outpatient care, withdrawal management, inpatient care or medication treatment. Delphi has MOUs with several CoC applicants, including PCHO and VOA. Under the VOA MOU, Delphi runs counseling and weekly groups on site at VOA housing.

Huther Doyle provides outpatient treatment and medication for opioid use disorder, including methadone, often with same-day evaluations (MOU with Spiritus Christi Prison Outreach, 12/2025). Helio Health, Strong Ties (UR Medicine) and Rochester Regional Health provide outpatient mental health care, psychiatric evaluation and medication management. FLACRA, a Certified Community Behavioral Health Clinic, signed an MOU with PEH on 9/25/2026. It offers outpatient clinics, residential treatment, detox, care management and methadone through its Opioid Treatment Program, and PEH and FLACRA refer clients to each other. Villa of Hope (MOU with PEH, 7/27/2026) provides outpatient treatment, detox and inpatient care and accepts Coordinated Entry referrals.

For psychosocial support, VOA case managers use motivational interviewing, strengths-based case management and individual service plans. PCHO projects add clinical supervision and in-home groups, and PCHO's proposed outreach project budgets 8 hours a week of psychiatric support from Regional Health Reach. Villa of Hope's Hope Place, a psychiatric diversion drop-in center run by certified peer specialists, connects people in pre-crisis or crisis to treatment and housing.

For suicide prevention, partners do safety planning and coordinate with 988 and URM Mobile Crisis. MHA Rochester facilitates Partners for Suicide Prevention, a coalition covering awareness, intervention and postvention.

For recovery supports, VOA hosts weekly on-site AA and NA meetings, and MHA offers peer recovery coaching.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Peer support is an important part of treatment and housing across the CoC.

Delphi Rise's Open Access Center has trained peers with lived experience on duty 24 hours a day, 365 days a year. They work alongside clinicians and meet people the moment they ask for help. Delphi employs more than 20 peer advocates, including 5 former clients.

MHA Rochester runs adult peer support and youth and family peer support, inpatient hospital peer support and community navigation, the Woods Center for Wellbeing, which has support groups and a crisis drop-in center, and Peer Training Academies that prepare people for peer careers. MHA also provides peer support in Drug Court and Family Court. VOA refers residents to MHA for recovery coaching, Certified Recovery Peer Advocate (CRPA) services, and help earn peer certification.

Several CoC projects employ peers directly. VOA has a Life Skills Specialist who is a Certified Peer Support Specialist and hosts weekly on-site AA and NA meetings.

Spiritus Christi Prison Outreach (SCPO) budgets a full-time peer specialist at Jennifer House and a part-time peer at Nielsen House. About 85% of SCPO direct-service staff have experience.

Recovery Houses of Rochester, a new applicant, has been peer-led since 2002 and budgets five full-time peer specialists.

CCA's CORE Center, an OASAS-licensed recovery center, has staff and volunteers who all have experienced substance use disorder.

Villa of Hope's Hope Place is a peer-run "Living Room" for people in a psychiatric crisis. It is covered by the Villa of Hope MOU with PEH (7/27/2026).

The CoC supports peers in its own work. The Homeless Services Network (HSN) training committee offers skills training that people with lived experience can attend, whether they work, volunteer, or are simply interested. People with lived experience also help shape the CoC through the CoC Board, Rank and Review, and the Point-in-Time count.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

People with Serious Mental Illness are identified using Coordinated Entry assessments with the Homelessness Assessment Tool (used since June 2025), which captures disability and daily functioning, disability verification at program intake, street outreach triage, and referrals from hospitals, CPEP, and behavioral health providers.

PSH, RRH, and TH case managers use an Acuity Index to track changes in functioning and increase service intensity when symptoms worsen, using this information to make referrals for more intensive services.

The main route to intensive services is the Monroe County Office of Mental Health's Single Point of Access (SPOA). Coordinated Entry works directly with County OMH and SPOA, and OMH wrote a letter supporting the CoC's Coordinated Entry application. Through SPOA, people are referred to Assertive Community Treatment (ACT) teams, including Project ACT at Strong Ties, intensive care coordination and Health Home care management, Assisted Outpatient Treatment when a court orders it, or OMH supportive housing. Under the 2026 OMH supportive housing guidelines, people on court-ordered outpatient treatment, people with high Medicaid costs, and people living on the street get priority. Those guidelines also require housing providers to coordinate with ACT, Health Homes, and other care teams. The CoC's Coordinated Entry also works with the SAMHSA-funded Crisis to Stability program.

The HOME Team reaches unsheltered people through a City and County case conference for people living on the street, designed to meet every two weeks (process drafted April 2026). PEH helps facilitate the case conferences. With the person's signed consent, County OMH shares information through the NYS OMH 11C release so the team can review a person's treatment history and plan care together. Anyone scoring 10 or higher on the Street Outreach Triage Form gets a case conference within 24 hours (threshold under review). The team makes one agency the lead for each person and follows up weekly until the person is connected to treatment and housing.

When a participant's condition worsens, housing staff increase contact and refer to crisis services or a higher level of care. In the process, they work with ACT teams and Health Home care managers, including through VOA's partnership with Elite Home Health Care.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

Spiritus Christi Prison Outreach (SCPO), a CoC-funded provider, has an MOU with Rochester Drug Treatment Court and Monroe County Mental Health Court, signed by Hon. John E. Elliott and effective 12/9/2025. MHA Rochester provides peer support in Drug Court and Family Court. The County Office of Mental Health's SPOA handles AOT referrals to housing.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

Under the MOU, SCPO, the Drug Treatment Court, and the Mental Health Court refer people to each other and share compliance information. The courts refer participants to SCPO's housing. SCPO has 20 transitional beds at Jennifer House and Nielsen House, plus 78 PSH units (including CoC-funded and ESSHI-funded units) for justice-involved people with disabilities. SCPO, in turn, tells the court how residents are doing and helps them meet the court's expectations.

The court order becomes a tool for stability. Residents know treatment is part of their court plan, and staff uses that structure to keep them engaged. The SCPO peer specialists and staff with lived experience help residents get through it.

SCPO links court participants to treatment through its MOU with Huther Doyle, which offers outpatient care and medication for opioid use disorder, often with a same-day evaluation. Its MOU with the Judicial Process Commission adds record sealing and certificates of rehabilitation, which remove barriers to jobs and housing.

As residents stabilize, SCPO helps them move into permanent housing, including its own PSH units or other housing through Coordinated Entry. In SCPO's joint TH-RRH project, 81% of RRH participants exited to permanent housing.

MHA Rochester peers work in Drug Court and Family Court. They support participants and help connect them to housing and community services.

For people under Assisted Outpatient Treatment (Kendra's Law), the County Office of Mental Health's SPOA coordinates housing. Under the 2026 OMH supportive housing guidelines, people on court-ordered outpatient treatment get priority for supportive housing. Housing providers then work with the person's ACT team or care manager to keep treatment and housing in step. The CoC's HOME Team can also plan for unsheltered people.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC works with Monroe County's crisis system:

- 988
- URMIC Mobile Crisis
- the City's Person in Crisis Team, which sends crisis workers in place of police
- CPEP
- Rochester Regional Health's Behavioral Health Access & Crisis Center
- Delphi Rise Open Access, 24/7
- MHA's crisis drop-in center
- Villa of Hope's Hope Place peer crisis center (MOU with PEH)
- FLACRA crisis services and Mobile Response Unit (CCBHC; MOU with PEH, 9/25/26)

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	230

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes	

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The CoC has a formal MOU with Finger Lakes Area Counseling and Recovery Agency (FLACRA), signed on 9/25/2026. FLACRA is a Certified Community Behavioral Health Clinic (CCBHC) and an OASAS Center of Treatment Innovation. It offers outpatient clinics, detox, residential treatment, crisis services, a Mobile Response Unit, and methadone treatment. PEH and FLACRA make and receive referrals and, with consent, share client progress.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

Recovery Houses of Rochester, a new TH applicant this year, proposes to run 30 sober recovery beds for men. The program includes 10 rooms at 720 West Main Street and two cottages on the Villa of Hope campus. Residents agree to stay alcohol- and drug-free under house guidelines based on NARR standards. The program is peer-led and would serve about 60 men a year. Volunteers of America's new Transitional Housing Programs at Pinnacle Heights and Foundation House will also be run as sober housing.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The CoC's warm hand-offs are built on the agreements behind questions 1C-1a through 1C-1i, so that someone leaving treatment goes to a person, not a phone number.

Under PEH's MOU with FLACRA (9/25/2026), a CCBHC, the two agencies make and receive timely referrals and, with consent, share client progress so care is not duplicated. Under the Villa of Hope MOU (7/27/2026), Villa of Hope accepts Coordinated Entry referrals into its detox, inpatient and outpatient programs, assigns a CoC liaison and joins case conferencing. PEH provides warm hand-offs to CoC housing resources. The Delphi Rise-PCHO MOU commits both agencies to joint case conferencing and service planning. When someone who walks into Open Access has no stable housing, Delphi staff connect them to Coordinated Entry and to housing programs that partner with Delphi, including Home Safe, Delphi's own RRH project. Police also bring people directly to Open Access as an alternative to arrest, which gives staff a chance to start that connection.

For people in the court system, SCPO works with Drug Treatment Court, Mental Health Court and Huther Doyle. People are referred to SCPO housing as they enter or leave treatment. In The Center for Youth Services' transitional housing, youth keep their beds during inpatient stays of under six weeks. SCPO runs two weekly groups inside the Monroe County Jail and starts discharge planning before release to reduce releases to homelessness.

For people with serious mental illness, County OMH's SPOA coordinates discharge from psyc units to supportive housing, ACT or care management. The HOME Team case conference adds DSS, OMH, outreach and treatment providers for people who are unsheltered. One lead agency is named for each person, and progress is tracked weekly.

To keep people from becoming homeless in the first place:

- VOA, PCHO and other providers help participants get to appointments.
- VOA case managers coordinate with treatment providers, with consent, after a participant moves in.
- The CoC's RRH Written Standards call for warm hand-offs to mainstream and community services. The PSH standards require case managers to stay in contact with a receiving agency until the participant engages.
- Recovery Houses of Rochester checks in with men 6 and 12 months after they leave.
- JFS and URMC are building a hospital-to-housing referral path for older adults, since hospital discharges to shelter rose from 52 in 2020 to 245 in 2024.

1C-2.	Supportive Services Investment.
-------	---------------------------------

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$17,046,741
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$5,949,138
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	35%

4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$3,997,548
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	58%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%
--	---------

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The CoC area has two local ESG recipients: the City of Rochester and Monroe County, and New York State (OTDA) is the state recipient. The City and County pool their ESG planning. They issue one joint RFP, and agencies submit one application. The RFP is built on the CoC's priority needs as set by the Homeless Services Network. A joint committee of City and County staff, the CoC Board, and a formerly homeless community member scores and awards proposals.

The CoC consults with the ESG recipients in several ways:

- Planning meetings - the City, the County, and PEH meet throughout each program year to plan ESG together and meet monthly on homelessness coordination.
- Board and competition roles - City and County representatives sit on the CoC Board, where they see which agencies perform well and which do not. City staff also serve on the HSN Steering Committee and review projects in the CoC local competition.
- Performance standards - the City, County, and CoC confirm the ESG written performance standards each year, most recently for program year 2024-25. The ESG Proposal Review Committee scores projects against them each spring. The CoC charter also includes a written process for evaluating ESG recipients' outcomes.
- Data - PEH gives the recipients the HMIS data they need for the CAPER and for planning. It also provides HMIS licenses and training to ESG subrecipients at no cost.
- Consolidated Plan - The CoC's data and priorities feed into the City's Consolidated Plan and Annual Action Plan.

In FY2024, the City received \$714,761 in ESG. It allocated \$357,087 to shelter, \$184,000 to RRH, \$61,067 to outreach and Coordinated Entry, \$59,000 to prevention, and \$53,607 to administration. Shelter requests regularly exceed the City's 60% cap on shelter and outreach spending.

Going forward, PEH will continue to sit on the joint ESG review committee and provide HMIS data for the CAPER. It will also bring System Performance Measure results to the joint planning meetings, so ESG dollars follow what is working.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

In Monroe County, the County Department of Human Services (DHS/DSS) is the front door to shelter. DSS places people in emergency shelters, and then the emergency shelters connect them to Coordinated Entry (CE). Under an agreement between the DSS Housing Unit and CCSI, the CE lead, DSS placements flow into CE. DSS values this work at \$210,901.60 a year. In 2025, DSS made 8,234 emergency housing placements, and 93% of them into shelters.

The CoC has an Emergency Shelter Written Standards document that was approved by the CoC Board in November 2025. This document applies to all 19 shelters and states that shelters must: enter each guest in HMIS within 72 hours, complete the Homelessness Assessment Tool (HAT) within 96 hours, refer the guest to the CE Prioritization List and stay in contact while they wait. Once a housing provider is assigned, work with the housing case manager begins. Shelters also help guests with mainstream benefits and other housing options. HAT training is required before anyone can access the Prioritization List.

All CoC-funded TH, RRH, and PSH openings are filled only through CE referrals, so a shelter stay is a direct path to CoC housing. In the last program year:

- 2,389 households were placed on the Prioritization List
- 740 were referred to CoC and ESG housing

The CoC has taken several steps to make this work:

- Shared data: a WellSky import tool now moves data from two of the county's largest shelters, which use Mission Tracker, into HMIS. This covers about 1,330 people a year without double entry, so these guests appear on the Prioritization List.
- Case conferencing: the HOME Team conferences bring shelter, outreach, DSS and OMH staff together for people who move between the street and shelter.
- Embedded staff: PCHO's new outreach project will place a DSS Emergency Shelter Outreach Worker at DSS. The worker would screen for TANF, SNAP, and Emergency Assistance and help people move from the street into shelter.

PEH also provides free HMIS licenses and training to ESG-funded shelters.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

PEH is both the Collaborative Applicant and the HMIS Lead. The CoC shares PIT, HIC, HMIS, and System Performance data with state and local government as its HMIS policies allow. The CoC's Policies & Procedures require the CoC to review and approve the HMIS privacy, security, and data quality plans with the HMIS Advisory Group. Participants sign the CoC Release of Information for HMIS and Coordinated Entry (updated 5/19/2026). That release lists the agencies that can receive shared data, including Monroe County DHS, NYS OTDA, the Rochester Housing Authority, and FLPPS.

The CoC shares data in a variety of ways:

- PIT and HIC - The CoC Board approves the results before PEH uploads them to HUD's HDX. The results are presented at a membership meeting and posted on PEH's website.
- State - HMIS data, including PIT data, is submitted to NYS OTDA.
- City and County - PEH gives the City of Rochester and Monroe County the HMIS reports they need for the ESG CAPER and for monitoring. The County contributes to and uses HMIS data to guide shelter funding and to ensure County-funded shelters use Coordinated Entry. The City has announced access to an HMIS dashboard for planning. In addition, PEH gave PIT and funding data to the Rochester City Council for its 2026 Report on Homelessness.
- System Performance Measures and APRs - PEH takes part in monthly City-County-CoC coordination meetings and presents SPM results to the CoC Board, where City and County staff sit.

Data quality supports this sharing. The CoC's HMIS (WellSky) covers 98% of beds on the 2024-2025 HIC, and the 2026 HIC/PIT, LSA, and SPM were all submitted to HUD on time. WellSky's Privacy and Security Incident Response Policy (version 3, effective 3/2025) requires it to notify client organizations of any breach.

Only aggregate or de-identified data is shared publicly. Client-level data is shared only with signed consent and coordinating care, as in the HOME Team case conferences. When a participant refuses consent, protected information is not shared.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The CoC uses data from outside HMIS to plan care for high-need people and to see gaps HMIS does not show.

Case conferencing is the main place this happens. The HOME Team, a City and County case conference for people living on the street that PEH facilitates, combines, with the person's signed consent:

- HMIS history
- County DSS records
- County Office of Mental Health treatment information, shared through the NYS OMH 11C release
- contacts with police, EMS, and hospitals, as reported by providers

The weekly tracking form records ED visits, arrests or jail stays, overdoses, and police or code enforcement contact at encampments. People are prioritized partly on how often they appear in these systems. Each person's plan is built on this full picture. When a person does not consent, protected information is left out.

Street outreach teams also bring in their own data. At the weekly Homeless Outreach Team meeting with Rochester Police and City DRHS, teams pull encampment and contact information straight from their own databases. The City's human services department sends weekly encampment lists to outreach partners such as Center for Community Alternatives (CCA), a reentry-focused organization. The Chronic Homeless Workgroup shares encampment locations and tracks closures. The CoC participates in these meetings and communicates with each group regularly.

Other data sources the CoC uses:

- Health and Medicaid data: Many CoC providers belong to the Medicaid 1115 waiver Social Care Network run by Forward Leading IPA (FLIPA). Its Monroe County network list (12/10/2025) includes PCHO, Delphi Rise, Spiritus Christi, Recovery Houses of Rochester, MHA, Catholic Charities, and The Salvation Army. Staff screen for health-related social needs and share referrals through the network's platform, under HIPAA and 42 CFR Part 2 agreements.
- Shelter data: A WellSky import tool now moves data from two large shelters' Mission Tracker system into HMIS.
- Corrections data: The CoC's PSH, RRH, and TH Written Standards direct case managers who lose contact with a participant to check the Monroe County Sheriff's jail roster and the NYS Incarcerated Lookup, so no one is exited without an effort to find them.
- County data: Monroe County DHS reports shelter placements by cause, including 392 after release from jail or prison and 245 after hospital discharge in 2024. The CoC uses these figures to target reentry and hospital-discharge partnerships.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

RochesterWorks, the local workforce board and American Job Center, supports the CoC (letter to PEH, 8/4/2026) and has MOUs with CoC-funded Delphi Rise and Volunteers of America (VOA) covering job readiness, apprenticeships and placement. PEH, RochesterWorks and TogetherNow are also developing a pilot program linking CoC housing participants to RochesterWorks advisors, training and jobs. Spiritus Christi Prison Outreach has an MOU with Monroe Community College's Workforce Development Center, and Villa of Hope provides support for employment. VOA also has an MOU with Cornerstone Training Institute. The programs that the CoC funds connect recipients to local Personalized Recovery Oriented Services (PROS), which include job readiness training as well as Rochester Rehabilitation for job readiness training and employment connection.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Street outreach in Rochester works closely with police and first responders. SPM 7a.1, the rate of successful exits from street outreach, rose from 69.0% in 2023 to 77.4% in 2024 and 80.0% in 2025.

Every week, outreach providers meet as the Homeless Outreach Team with the Rochester Police Department (RPD), City Recreation and Human Services (DRHS), the County, County Office of Mental Health, faith partners, and health and SUD providers to review encampments and plan the next day's outreach. Under the City's six-phase process, outreach goes first, and sites with unsafe or illegal activity are referred to RPD for enforcement. PCHO, Monroe County and City staff (RPD, Security, Neighborhood Service Centers and Housing) wrote a joint police protocol for contact with unsheltered people, which RPD uses in training.

Several partners offer co-response and alternatives to arrest. The City's Person in Crisis Team sends trained crisis workers instead of police to mental health and substance use calls, 24/7, and police bring people directly to Delphi Rise's 24/7 Open Access Center as a safe alternative to arrest. County OMH's Forensic Intervention Team pairs clinicians with all 11 law enforcement agencies in the county, 24/7, and in 2023 it served 2,389 people in 3,440 crisis encounters. Center for Youth has an MOU with RPD, and its Safe Harbour program works with RPD to find and shelter trafficked and runaway youth.

Outreach providers, police, the City and the County can all refer people to the HOME Team, a City and County case conference for people living on the street that PEH helps facilitate. Frequent contact with police, EMS or hospitals raises a person's priority, and outreach, DSS, OMH and treatment providers then build one plan together.

The Street Outreach Written Standards (CoC Board, 12/9/2025) require outreach providers to partner with law enforcement and first responders to help people reach shelter, treatment, housing or family, and not to interfere with local laws or law enforcement. PCHO outreach coordinates with RPD, the Department of Transportation, and RTS and covers every quadrant of the city and each suburb. In 2025, 253 of 322 people who left PCHO outreach went to positive destinations. The Salvation Army's new outreach project works with police, fire, and EMS and joins planned outreach before and during encampment closures.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

Family and friends are the most common place people in Monroe County lose housing, and often the most realistic place to return to. In 2025, 67% of the County's 8,234 emergency housing placements (5,493) happened because a primary tenant, usually a relative or friend, asked the person to leave. That is why the CoC builds reunification into diversion, outreach, case management, and case conferencing.

At the front door, Monroe County DHS's Diversion Unit works with households before a shelter placement, including paying arrears so people can keep their housing.

On the street, the CoC's Street Outreach Written Standards (12/9/2025) direct outreach providers to work with law enforcement and first responders to help people reach shelter, treatment, housing, or reunification with family. PCHO outreach counts "family or natural support reunification" as a positive exit. The Salvation Army outreach team explores reunification during encampment response. The HOME Team case conference form includes a "Family housing / reunification" pathway, so the team plans for it intentionally rather than by chance.

In CoC projects, case managers help participants rebuild ties with family and support networks as part of service planning. This includes helping parents reunite with children who are in care. YWCA, for example, moves mothers from single rooms into apartments so their children can return to them. Center for Youth works with youth and their families on reunification when it is safe. Monroe County DHS also contracts with preventive programs at Hillside, Villa of Hope, Together for Youth, and Catholic Charities for families whose children are expected to return home within 3 to 6 months.

When domestic violence is a concern, staff use safety planning from Willow Domestic Violence Center, which has an MOU with PEH.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	No	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The CoC works with local government and first responders on public safety and does not interfere with or impede their work. The CoC does this in various ways.

Regarding encampments, PEH and CoC outreach providers attend the City's weekly Homeless Outreach Team meeting. RPD, City DRHS, and County staff attend, review encampment locations, and plan the next day's outreach. The CoC's Street Outreach Written Standards (CoC Board, 12/9/2025) require outreach providers to partner with law enforcement and first responders and state that they "will not interfere with local laws and law enforcement." Outreach applicants PCHO and the Salvation Army also commit in their project applications not to interfere with the enforcement of camping or drug laws and to conduct outreach during planned closures. The City's encampment response guidance sets a phased process with advance notice, and sites with unsafe or illegal activity are referred to RPD for enforcement.

Regarding public drug use, outreach teams and Delphi Rise's Open Access Center give police a place to take people for treatment instead of jail. Under the Street Outreach Written Standards, outreach workers are trained to use Narcan whenever possible. They connect people to medication treatment and detox.

When a person may meet the standard for involuntary evaluation, outreach and housing staff call 911, the City's Person in Crisis Team, Mobile Crisis, or County OMH's Forensic Intervention Team. They give responders the background information they need. County OMH shares information at HOME Team conferences through the NYS OMH 11C release.

Regarding SORNA, CoC providers follow New York's Sex Offender Registration Act. The HOME Team documentation checklist includes a registry check where required. The Salvation Army's outreach project will provide location information when the law requires it.

The HOME Team, a City and County case conference that PEH helps facilitate, accepts referrals from outreach providers, police, the City, and the County. People with frequent police, EMS, or hospital contact are prioritized. Every referral gets a lead agency and a housing plan.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The CoC covers Monroe County, including Rochester, Irondequoit, and Greece. It does not own public property and has no authority to clear encampments. That authority rests with the City of Rochester, Monroe County, NYS, and property owners.

Active laws and policies that assist in outreach and protecting public safety are listed here:

- Rochester Code §79-11 bars camping in any City park without a permit. Monroe Parks Law §323-6 requires permits for all camping in County Parks, and §323-3 closes County Parks from 10 p.m. to 6 a.m.
- The City's encampment response process gives advance notice, with outreach before, during, and after a closure. Sites with unsafe or illegal activity go to RPD. Belongings are stored for 90 days.
- The weekly Homeless Outreach Team comprises RPD, City and County staff, outreach providers, and faith groups. The HOME Team case conference, which PEH helps facilitate, plans for high-acuity people living outside.

Factors impede the CoC's ability to help people in encampments include:

- Too little outreach, shelter, behavioral health and transportation capacity, and no single entity with authority across the City and County.
- A fast clearance without notice, outreach, a place to go, or a way to keep belongings can push people to less visible places and cut ties to treatment and benefits.
- Rent is out of reach. The shelter allowance for a 2-bedroom is \$450 against a Fair Market Rent of \$1,573.

The CoC, City, and County are developing an encampment response plan. It will set points of contact; give early notice to outreach and social services; require repeated, documented engagement before a closure; line up shelter, treatment, transportation and housing; address belongings and accommodations; and follow up after relocation. Immediate dangers go to emergency services. New outreach projects in this NOFO, including PCHO's Intensive Street Outreach (900 people a year), add capacity. Peace Village, 15 low-barrier units, is set to open November 2026.

This data provides a look at encampments in Monroe:

- Tents were at 35 sites on 8/7/2026 and 25 on 9/9/2026.
- Unsheltered PIT: 73 (2025) and 92 (2026).
- 80% of street outreach exits in 2025 were successful (SPM 7a.1).
- Qualitative: in June 2026, outreach recorded that people camp rather than enter shelter because couples are split up, pets are barred, DHS sanctions block placement, or they fear drug use and overcrowding in shelter.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

NY-500 covers Monroe County. The 2026 Point-in-Time count on January 22 found 92 people unsheltered, up from 73 in 2025, while the total count fell from 1,194 to 859. Much of the unsheltered increase reflects better coverage. Before the count, outreach staff contacted people in abandoned buildings and encampments, and the Homeless Outreach Team supplied current encampment locations.

Outreach staff find people staying in encampments, abandoned buildings, City parking garages, and on state DOT land, mostly in the City of Rochester. The PIT measures one night. It is not a census of tents or encampments and does not capture everyone who is unsheltered during the year.

The City of Rochester keeps a list of observed encampments and shares it with outreach providers, including agencies and faith-based groups, through the weekly Homeless Outreach Team. The City also logs each encampment on City property with the date first seen and the closure date. On 9/9/2026, tents were observed at 25 locations, down from a high of 35 on 8/7/2026.

The City's CAPER notes that unsheltered people have much higher needs than people in shelter, with addiction commonplace. Many have turned down shelter because they would be separated from a partner, cannot bring a pet, are under DHS sanctions, or fear drug use and theft in shelters.

The CoC's response includes:

- the HOME Team case conference for high-acuity people living outside, which PEH helps facilitate
- PCHO's proposed Intensive Street Outreach project
- outreach teams added in 2025 (Helio Health and House of Mercy)
- Helio Health and Trillium/Delphi street outreach teams, which provide on-site SUD support, connections to housing, and site clean-up
- Liberty Resources' SOS team, which provides on-site mental health clinical support and connections to housing
- Peace Village, a proposed 15-unit low-barrier site targeted to open in November 2026.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Several laws and policies help protect public safety and decrease the public use of illicit drugs. These include:

- New York law prohibits unlawful possession, sale, and use of controlled substances, and local police respond to illegal conduct and immediate threats.
- New York's 911 Good Samaritan law protects people who call for help during an overdose. Naloxone is widely available, including through the County's IMPACT 24/7 overdose line.
- Police can take people to Delphi Rise's Open Access Center, the county's only 24/7 SUD access center, instead of arresting them. The City's Person in Crisis Team responds to substance use calls alongside or in place of police.
- FLACRA, a CCBHC with an MOU with PEH (9/25/2026), adds a Mobile Response Unit, crisis services, detox, and methadone treatment.
- The CoC's Street Outreach Written Standards call for Narcan training and for outreach to work with law enforcement without interfering.

Ways that impede the CoC's ability to implement changes include:

- The CoC has no law enforcement authority and cannot compel arrest or treatment.
- People fear that calling for help will lead to arrest or loss of shelter or belongings.
- At the City's 2024-2025 opioid input sessions, residents named treatment barriers: ID, residency and insurance requirements, inconsistent admission rules, long waits, few beds, business-hours-only services, and transportation.
- Enforcement alone may move drug use elsewhere without treating addiction or ending homelessness.

The CoC's plan to create change includes:

1. Through County partners, set contact protocols linking providers with EMS, police, mobile crisis, OASAS providers, hospitals, and DSS.
2. Encourage outreach teams, including Helio Health's SUD team, to carry naloxone and fentanyl test strips, explain Good Samaritan protections, and offer same-day links to MAT and detox.
3. Call 911 for medical or safety emergencies and refer suspected crimes or threats to the police agency with jurisdiction.
4. Work with RPD and the City to review and expand RPD's Street-to-Treatment pilot and Open Access drop-offs.
5. Track outreach contacts, naloxone use, emergency referrals, and treatment connections.

The data shows progress being made in this area:

- Overdose deaths fell from 512 (2023) to 292 (2024) to 243 (2025). Opioid-involved deaths fell from 433 to 216 to 135.
- Open Access serves more than 1,500 people a year.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Overdose and illicit drug use remain public health and public safety concerns in Monroe County, but overdose deaths have dropped sharply: from a record 512 in 2023 to 292 in 2024 and 243 in 2025, a decline of about 53%. Opioid-involved deaths fell from 433 to 216 to 135, and more deaths now involve cocaine. Local officials credit education and wide naloxone distribution, including more than 35,000 kits and about 600 public Naloxboxes. CCA reports xylazine and medetomidine in the local drug supply.

Public drug use is concentrated in parts of Rochester. At City Council hearings for the 2026 Report on Homelessness, residents of the Lyell-Otis, North Clinton and Monroe Avenue corridors described needles, open drug use and overdoses on church steps. At the City's four opioid input sessions (September 2024 to January 2025), residents described abandoned properties and vacant lots used for drug activity and more discarded drug paraphernalia. Local partners report use in wooded areas, parks, vehicles, transit locations, and abandoned buildings.

State and county data do not consistently record whether an overdose happened in a public space, an encampment, a residence, or a shelter. HMIS is not a public health surveillance system, and people not engaged with homeless services do not appear in it. The CoC therefore cannot reliably count public-space overdoses. It does not assume a person uses drugs because they are homeless or living outside.

To improve its picture, the CoC will request aggregate, non-identifying data from County Public Health, EMS, law enforcement, hospitals, OASAS providers, and outreach programs, including location categories, naloxone use, repeat overdoses, and treatment connections. It will use this to target outreach, naloxone access, and connections to treatment and housing. Within the homeless system, the HOME Team triage form already scores overdose in the past 90 days, and Helio Health joined street outreach in 2025 as an SUD-focused team.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

There are several laws and policies that help protect public safety when there are people who are in danger to themselves or others, including:

- NY Mental Hygiene Law Article 9 sets standards and designated authorities for emergency psychiatric evaluation and involuntary admission.

Homelessness, mental illness, SUD, or refusing services is not enough on its own. The decision-maker must find mental illness and conduct likely to cause serious harm, which includes a substantial risk of harm from being unable, because of mental illness, to meet essential needs such as food, medical care, or shelter.

- Kendra's Law (Assisted Outpatient Treatment) lets courts order outpatient treatment, and OMH gives people under AOT priority for supportive housing.

- Monroe's crisis system: 988, URMCMobile Crisis, the City's Person in Crisis Team, County OMH's Forensic Intervention Team (24/7 with all 11 law enforcement agencies), CPEP, Rochester Regional Health's Behavioral Health Access & Crisis Center, and FLACRA's crisis services and Mobile Response Unit (MOU with PEH, 9/2026).

- The HOME Team case conference, which PEH helps facilitate, brings County OMH, DSS, outreach, and treatment providers together for high-acuity people living outside. With signed consent, OMH shares treatment history, and one lead agency follows up weekly.

Some barriers prevent the CoC from making change in this area, including:

- The CoC and most providers cannot order involuntary transport or admission.

- Psychiatric capacity is limited, staff familiarity with the standards varies, and follow-up after discharge is weak. Hospital discharges into shelters rose from 52 in 2020 to 245 in 2024.

- Involuntary care may resolve an emergency but does not end homelessness or ensure ongoing treatment.

The CoC's plan to mitigate this issue includes:

1. Write a crisis-coordination protocol for naming County contacts, mobile crisis and emergency services, when calling 911 or 988, and who can act under Article 9.

2. Train staff to document behavior and risk objectively and to distinguish homelessness from the legal standard.

3. Coordinate discharges with hospitals, County OMH, DSS, outreach, shelter, and housing providers, with consent, and use the HOME Team for people who cycle through CPEP.

The data illustrates this issue:

- 2026 PIT: 151 people with serious mental illness.

- The Forensic Intervention Team served 2,389 people in 3,440 crisis encounters in 2023.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

New York State has not been found by the U.S. Department of Justice to have substantially implemented the federal Sex Offender Registration and Notification Act (SORNA). New York collects and discloses registry information under its Sex Offender Registration Act (SORA). The CoC does not run the registry and cannot change state registration or notification rules.

Practices that help: the Division of Criminal Justice Services (DCJS) Sex Offender Registry, its public online directory for Level 2 and Level 3 registrants, the DCJS information line, and state and local law enforcement registration and notification. CoC providers can use public registry information and law enforcement contacts to help participants understand and meet registration requirements, find legally permissible housing, and coordinate discharge or reentry planning when authorized. The HOME Team documentation checklist includes a registry check when required.

Things that hinder: differences between SORNA and SORA in classification, registration, and public disclosure; limits on public access to some registry information; and confidentiality rules for HMIS and participant records. The CoC cannot disclose confidential HMIS information just because a person may be subject to registration. HMIS information is disclosed only when authorized by law, participant consent, a valid court order or warrant, or another disclosure allowed by privacy policy. Victim service provider data keeps its stronger protections. Registrants also face severely limited housing options.

During the grant period, the CoC will: (1) consult with local law enforcement, DCJS, counsel, and the HMIS Lead to document what may lawfully be shared; (2) write referral and communication protocols that separate public registry information from protected HMIS information; (3) train providers on SORA, lawful disclosures, and participant privacy; and (4) help registrants meet reporting obligations and find housing that complies with lawful restrictions.

Data: Delphi Rise's Home Safe RRH project serves people returning from incarceration, including registered sex offenders. County data show 392 shelter placements after release from jail or prison in 2024, and Grace House, a reentry shelter, had 571 placements in 2025.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

Outreach covers the whole CoC, including the City of Rochester, the towns of Irondequoit and Greece, and the rest of Monroe. Anyone can report someone living outside through one front door: the Street Outreach Notification Form. In the City, City DRHS staff and outreach providers check on people and do triage weekly. Outside the City, outreach providers do weekly checks.

Teams and coverage:

- PCHO's outreach team covers every quadrant of the city and each suburb. In 2025 it served 420 people in 269 households, 184 of them chronically homeless. Of 322 people who left outreach, 253 (about 80%) went to positive destinations.
- Liberty Resources' SOS team does outreach and sends Coordinated Entry monthly updates on the unsheltered.
- Helio Health (SUD provider) and House of Mercy joined as outreach teams in 2025. Trillium (FQHC) and Delphi also provide outreach. PEH keeps a shared outreach calendar to not overlap.
- The Center for Youth reaches unsheltered youth and in more than 50 schools. Its proposed TAY outreach project targets 100 young adults aged 18-25 a year.
- The Salvation Army's proposed outreach project places a case manager across its 3 shelters to reach people who leave or avoid shelter.

Reaching people not engaged in services:

- Outreach hires staff with lived experience who often learn where peers are staying.
- Teams go out on weekdays and evenings on a set schedule so people know where to find them. They carry food and hygiene to open conversations.
- New locations come from police, businesses, clergy and neighbors, and from the weekly Homeless Outreach Team meeting with RPD and the City.
- Before the PIT count, outreach staff leave posters in abandoned buildings asking people to come outside.
- People with the highest needs go to the HOME Team case conference. There, outreach, DSS, County OMH, and treatment providers agree on one plan.

Families and others at risk:

- Families with children reach help through the County DHS front door and 211. Under the Street Outreach Written Standards (12/2025), staff who find a household with minor children refer them to shelter first. If the family refuses and a child is at risk, a supervisor considers a CPS call. Center for Youth's Safe Place can shelter children if parents agree.
- During Code Blue (temperatures below freezing), extra outreach runs and warming sites open in Monroe County. Rochester Transit provides free transportation to warming centers.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
--------	---	--

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.	After school and full day summer programs	Yes

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
---------	---	--

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

CoC projects inform families of their children's educational rights through written participant agreements and case management. The PCHO participant occupancy agreement requires children under 18 to be enrolled and attending school, and tells families that the program tracks their children's education. YWCA case managers notify schools of address changes and arrange transportation so children can stay in the same school. Center for Youth staff are trained in McKinney-Vento rights, connect with liaisons across the county, and have staff in more than 50 schools. The VOA operates 2 Family Shelters and ensures children staying at the shelters are attending school and adheres to McKinney-Vento in all their programs. The CoC regularly monitors projects for compliance with having their own McKinney-Vento liaison and ensuring attendance for school-age children.

The CoC works with the Rochester City School District's Families in Transition (FIT) program. FIT is the district's McKinney-Vento office. It makes sure homeless students are identified and enrolled right away, that students and families know their rights, and that barriers to attendance are removed. FIT runs a drop-in site where families get help with school registration, advocacy, case management, and referrals, including to housing, and coordinates transportation so students can attend consistently. RCSD's McKinney-Vento Liaison wrote in support of the CoC's 2026 application as an active CoC partner. Head Start and Early Head Start providers are also HSN members and share program information with the membership.

The CoC is collaborating with RMAPI, Monroe County, City of Rochester Schools, and other local nonprofits and the eviction courts to develop a system to proactively identify families at risk of eviction to intervene on their behalf to prevent eviction whenever possible by connecting them to appropriate resources. When eviction cannot be prevented, families are provided with appropriate resources, including their McKinney-Vento liaison information.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

Few youth enter the homeless system straight from foster care in Monroe County. The City's CAPER reports it happens once or twice a year. The CoC and County work to keep it that way.

Monroe County DHS runs child welfare and foster care. When a youth leaving care shows up at a shelter, the shelter must notify DHS so the failed discharge is reported and DHS can re-engage. The Center for Youth Services (CFY) works with Monroe County Child Protection and Foster Care Services and with the Attorney for the Child on youth in its programs. CFY has served runaway and homeless youth for more than 40 years, and since 2019 its shelter has been the county's only emergency shelter for minors. It provides assessment and, where safe, family reunification.

For youth aging out, Monroe County DHS's foster care team continues to serve youth ages 16-21, and independent living programs at Villa of Hope and Hillside Children's Center prepare young people for adult housing. Through the Family Unification Program, Rochester Housing Authority provides Housing Choice Vouchers, on DHS referral, to youth ages 18-21 who left foster care at 16 or older and lack adequate housing, and to families whose housing threatens a child's placement in or return from foster care. Youth 18-24 who need housing are assessed through Coordinated Entry and, under the CoC's TH Written Standards (7/1/2026), placed in youth TH whenever possible, such as CFY's transitional living program and its proposed Transition Age Youth projects. Villa of Hope (MOU with PEH, 7/27/2026) runs a program for youth 13-21 and accepts Coordinated Entry referrals.

New York regulation 18 NYCRR 430.12(f), overseen by the Office of Children and Family Services, bars discharging youth in foster care to an adult shelter, family shelter, SRO hotel, or other congregate setting housing more than 10 unrelated people. The discharge residence must be expected to remain available for at least 12 months. The County must refer the youth to needed services, including the Monroe County RHY Coordinator at DHS, who sits on the CoC Board.

The CoC also plans with these systems. The Monroe County Department of Planning and Development and the Department of Human Services hold seats on the CoC Board, bringing guidance and expertise on foster care and child welfare. Organizations serving youth and young adults take part in all CoC planning committees and workgroups.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The Center for Youth Services (CFY) is the only agency in Monroe County with HHS-funded Runaway and Homeless Youth (RHY) programs. Other providers have closed their programs over the years. CFY runs HHS-funded Basic Center (shelter for youth ages 12-17), Transitional Living and Maternity Group Home programs, and HHS-funded Street Outreach through September 29, 2026. The Basic Center grant was renewed for another three years, and CFY will continue street outreach with ESG funds and agency fundraising.

In 2023, CFY made over 400 contacts with street-involved youth under 18, sheltered 105 youth ages 12-17 for over 1,200 nights, and served 66 youth ages 16-24 in its Maternity Group Home and Transitional Living programs. Chrysalis House, its maternity group home, has six rooms for pregnant and parenting youth with staff on site 24/7.

The CoC coordinates with CFY and the County in several ways:

- Governance: The Monroe County RHY Coordinator, who oversees services for all runaway and homeless youth and the cooperation between community providers and public systems of care, is a member of the CoC Board.
- Coordinated Entry: The RHY Coordinator, staff, and youth from CFY's RHY programs take part in Coordinated Entry. CFY programs for youth 18 and older accept Coordinated Entry referrals, and minors are served through CFY's own RHY intake so they stay out of adult shelters.
- Planning: The RHY Coordinator, CFY staff, and youth participate in the Homeless Services Network and other workgroups led by, or informing, the CoC. CFY applied in this competition for a Transition Age Youth outreach project and a TH project for ages 18-24.
- Data: CFY uses HMIS.
- Outreach and safety: CFY works with RPD through an MOU and its Safe Harbor program to find and shelter trafficked and runaway youth, and is present in more than 50 schools.
- Consent: New York's FY2026 budget lets runaway and homeless youth consent to their own services.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

YWCA of Rochester & Monroe County's DV Rapid Rehousing project (NY1189) serves domestic violence survivors, and all 30 households it served last year were families with children (50 children). It has 15 units. PCHO's Family First transitional housing project (new, 11 units) mainly serves families with children and parenting youth.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

At YWCA DV Rapid Rehousing, RRH advocates build an income plan with each parent as part of housing-focused case management. Parents are referred to RochesterWorks, the local workforce board, for job search, training, and placement; to Rochester Rehabilitation Center for job training and employment services; and to ACCES-VR if they have a disability and want to work. While parents look for work, advocates help them apply for public assistance, SNAP, Medicaid, and SSI/SSDI so the family can pay rent as the subsidy steps down. The Legal Aid Society of Rochester handles family, education, housing, and consumer law issues that can block employment or income, such as child support orders. In the latest year, 28% of enrolled adults increased employment income.

In PCHO Family First, every adult in the project agrees to 20 hours a week of activity toward stability, which can include work, job search, school, training or treatment, and case managers connecting parents to ACCES-VR and employment coaching. In the most recent APR, 6 of 16 adult leavers (38%) gained or increased earned income, and 10 of 16 (63%) increased total income.

PEH is also in the early stages of a pilot with RochesterWorks and TogetherNow, a Rochester nonprofit whose MyWayfinder platform coordinates health, education, and human services, and parents in both projects can be referred once it starts. The parent's housing case manager continues to provide housing support. RochesterWorks' Social Care Navigator, an existing funded position, uses MyWayfinder, with consent, to coordinate help with needs beyond the housing provider's scope, then makes a warm handoff to a RochesterWorks advisor who reviews the parent's goals, work history, and job and training options. Parents can pursue open jobs, training, or on-the-job training, with education support if they need more preparation, and if enough participants share similar needs, the partners plan to test a time-limited job readiness cohort with stipends. After placement, the case manager, Navigator, and advisor stay involved and can work with the employer on issues that could affect job retention. RochesterWorks has reviewed the workflow and sent a letter of support for the CoC's application; TogetherNow is seeking funding to launch the pilot; and the Greater Rochester Chamber of Commerce has expressed interest. PEH will track employment income among participating households.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

YWCA's DV Rapid Rehousing project leverages mainstream family service systems. The program advocates connect every family to mainstream benefits at entry and keep them enrolled. These include Temporary Assistance (Family Assistance and Safety Net Assistance), SNAP, WIC, Medicaid, and SSI/SSDI for parents or children with disabilities. The project also brings in a private cash match of \$115,260 for FY2026. Willow Domestic Violence Center provides counseling and safety planning under its MOU with YWCA and Legal Aid.

Another program is PCHO Family First, where staff helps families apply for and keep Medicaid, SNAP, TANF, WIC, SSI/SSDI, child care assistance, and child support. At exit in the most recent APR:

- 29 people had Medicaid, and no leavers were without health insurance
- 9 adults had SNAP
- 1 family received WIC
- 2 received TANF-funded services

PCHO also provides Health Home care management, which is funded by Medicaid and used as a match for its CoC projects, which keeps families connected to health care and benefits after the CoC subsidy ends.

The CoC supports both projects at the system level. Monroe County DHS administers TANF and runs the shelter front door, and the County has a representative on the CoC Board. A DHS benefits screener would work with PCHO's outreach team under a draft MOU. Families can be screened for TANF, SNAP, and emergency assistance as early as the first contact. DHS also gives families experiencing homelessness a Child Care Certificate that guarantees 30 days of child care assistance while eligibility is determined.

Monroe County DHS also offers TANF-linked housing help, including Emergency Assistance to Families for rent arrears, a TANF shelter supplement (in place since 2015) for up to 125 families facing imminent homelessness for up to 12 months, and Keep the Keys, a pilot rental subsidy for up to 100 TANF families with school-age children facing eviction, for up to two years.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

YWCA DV Rapid Rehousing: Families move into their own apartments with rental assistance, and children stay with their parents throughout the process. RRH advocates:

- tell schools about each change of address and arrange transportation so children can stay in the same school
 - help with school supplies
 - connect parents to child care assistance so they can work or attend school
- Willow Domestic Violence Center provides counseling and safety planning for parents and children. Mental health treatment is available on site at YWCA's 175 N. Clinton Avenue building. Advocates connect families to WIC and Medicaid. Legal Aid Society of Rochester helps with custody, family court, and education law issues.

PCHO Family First. Families live in scattered-site apartments: 1 one-bedroom, 5 two-bedroom, and 5 three-bedroom units, each with its own kitchen and bath. Units are chosen with school stability in mind. Parenting activities count toward each adult's 20 weekly hours of activity. Case managers coordinate child care and school enrollment, and the participant agreement requires children to be enrolled in and attending school. The budget funds family therapy and household management training. PCHO Health Home care managers keep parents and children connected to primary care, prenatal care, and pediatric care through Medicaid. In the most recent APR, the project served 16 children in 9 households with children, and all 32 people who left moved to permanent housing.

Across the CoC, families also have access to Center for Youth's Crisis Nursery for emergency child care and Skill Builders parenting classes. Pregnant and parenting youth can stay at CFY's Chrysalis House. Monroe County DHS gives families experiencing homelessness a Child Care Certificate that guarantees 30 days of child care assistance while eligibility is determined, so parents can work, look for work, or attend school right away.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

PEH has MOUs with two veteran-serving organizations. Soldier On (signed 2/9/2026) provides transitional housing, RRH, PSH, and wraparound services for veterans and their families. Eagle Star Housing (signed 1/9/2026) provides veteran TH and PSH. Both accept referrals and coordinate through the CoC. The Salvation Army Safe Haven also reserves 25% of its beds for chronically homeless veterans.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	No
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	No

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

PEH has an MOU with Willow Domestic Violence Center, the only state-licensed DV provider in Monroe County (signed 3/31/2026). Willow provides referrals, safety planning, danger assessment, court accompaniment, and housing navigation, and trains CoC staff. Willow sits on the CE Oversight Committee, runs a 49-bed shelter and a 24/7 hotline, and partners with YWCA DV RRH.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

Spiritus Christi Prison Outreach (SCPO) has an MOU with the Monroe County Sheriff's Office and runs two weekly groups in the County Jail. Staff there identify people who would be released into homelessness and plan their housing before release. SCPO also has MOUs with Drug Treatment Court and Mental Health Court, and provides 20 TH beds and 78 PSH units for justice-involved people. Under its MOU with PEH (9/25/2026), FLACRA also offers reentry services.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

Jewish Family Services' new Older Adult Housing Stability & Wellness project will serve 76 adults 55+ a year, including people discharged from hospitals, and is building a hospital-to-housing pathway with URM. PCHO has an MOU with His Branches (signed 7/9/2026) for street medicine by an RN and nurse practitioners. YWCA and URM Strong run an enhanced shelter for people leaving the hospital.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Jewish Family Services' new Older Adult Housing Stability & Wellness project (SSO) will serve 76 people aged 55+ each year. It has a full-time Behavioral Health Specialist and partners with URM. In 2025, 738 adults aged 55+ used shelter or outreach. Episcopal SeniorLife wrote in support of the CoC's Coordinated Entry project.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

PCHO's Permanent Supportive Housing project (100 units) is 100% dedicated to chronically homeless households referred through Coordinated Entry. VOA's Home Today PSH (20 units) and YWCA's PSH for Chronically Homeless (10 units) are also 100% dedicated to chronically homeless households.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

PCHO Permanent Supportive Housing's project (100 units, 100% chronically homeless) provides behavioral health care both on site in participants' homes and in its program community spaces. Its services include:

- clinical groups and home visits led by Dr. Sherry Nau, who also supervises staff
- primary care and behavioral health from Regional Health Reach
- street and home medical and mental health care from His Branches, under a 7/9/2026 MOU
- substance use treatment, recovery support, and case conferencing from Delphi Rise under a 6/30/2026 MOU. Delphi runs the county's only 24/7 SUD access center.

The PCHO participant agreement includes engaging in behavioral health services when clinically essential to the service plan. Ten units require engagement in substance use treatment. PCHO care managers are also a Medicaid Health Home, so they coordinate psychiatric, primary, and SUD care for each person. In the latest APR year, 96% of participants stayed housed or left for other permanent housing.

VOA Home Today (20 units, 100% chronically homeless) has substance use treatment on site. Delphi Rise provides individual counseling and weekly therapy groups in VOA housing under its MOU with VOA. Huther Doyle provides outpatient SUD treatment, valued at \$87,500 in in-kind match for this project. VOA hosts weekly AA and NA meetings on site. A Life Skills Specialist who is a Certified Peer Support Specialist runs recovery groups and mentoring. VOA case managers use motivational interviewing and an Acuity Index to track changes in mental health. They coordinate with psychiatrists, Strong Ties and Helio Health for medication management.

Both projects use 988 (24/7), URMCMobile Crisis and, in the City, the Person in Crisis Team. When someone needs more than on-site care, staff make warm hand-offs to Delphi's Open Access Center, and to Villa of Hope programs through PEH's MOU with Villa of Hope.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

The CoC's PSH Written Standards, approved 6/23/2026, require every CoC-funded PSH case manager to complete the Supportive Housing Assessment (SHA) and the Acuity Index with each participant within 30 days of move-in, enter both in HMIS, and update them as the participant progresses, at least once a year. Case managers meet participants in person at least monthly and visit the home at least quarterly. When the assessment shows a need, the case manager makes the referral and stays in contact with the receiving agency until the participant engages.

PCHO Permanent Supportive Housing and VOA Home Today both use the Acuity Index this way. PCHO's Acuity Index scores each participant on health, behavioral health, engagement, and risk of losing housing, and people with higher scores get more frequent contact. Staff use changes in the score to decide whether a participant needs more intensive support. PCHO supervisors run case conferencing, and the participant agreement commits participants to engage in behavioral health services when clinically essential.

VOA case managers take the same approach through Acuity Index assessments, service planning sessions, and wellness checks. They track changes in functioning and increase contact when symptoms or risks increase, and they refer participants to crisis services, psychiatric care, or higher levels of care as needed, including ACT teams, Assisted Outpatient Treatment, and Health Home care management through Elite Home Health Care.

Outside the projects themselves, the HOME Team case conference has a "Medical respite / higher level of care" pathway, with County OMH and DSS at the table. County OMH's Single Point of Access (SPOA) handles referrals to ACT, licensed residential programs, and OMH housing. Under its 7/27/2026 MOU with PEH, Villa of Hope accepts referrals to Living Hope detox and inpatient SUD care, and Monroe Community Hospital provides long-term and skilled nursing care.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The CoC's PSH Written Standards (approved 6/23/2026) set no length of stay. They direct projects to focus on moving toward self-sufficiency and exiting to permanent housing without subsidy. Case managers track readiness through the Supportive Housing Assessment and Acuity Index, which they complete within 30 days of move-in and update at least yearly. PCHO Permanent Supportive Housing and VOA Home Today follow this in regular service planning.

At PCHO, changes in the Acuity Index help staff decide whether a participant still needs intensive support or can move to a lower level of service. The participant agreement commits staff to "work towards a graduation of the program" when possible, with links to supports such as funding sources like Section 8. The case manager and participant review readiness together. If the participant is ready, staff help them apply for a Housing Choice Voucher or affordable housing and keep working with them through the move. PCHO Health Home care management can continue after the move to keep Medicaid, benefits, and treatment in place.

VOA Home Today uses service planning and Acuity Index assessments in the same way. Participants "ultimately graduate to permanent housing that they can independently maintain."

System supports:

- OMH housing: OMH supportive housing guidelines include move-on planning through the County's single point of access.
- County help with the move: Monroe County DSS pays the first month's rent for eligible households. PSH participants who may lose PSH because of funding cuts qualify for Project Anchor, the County's state-funded Rental Supplement Program run by Catholic Charities Family and Community Services, though capacity is limited.
- Coordinated Entry: Each PSH unit freed by a move-on returns to Coordinated Entry to the next chronically homeless household on the Prioritization List.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
-------	---	--

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
--------	--	--

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026
--	---	------------

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
--------	--	--

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026
--	---	------------

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
--	---	-----

1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
--------	--	--

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	07/31/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
--------	--	--

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	07/31/2026
--	---	------------

1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
-------	--	--

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. Process: Reallocation is written into the CoC Policies & Procedures (approved 6/9/2026, Section VI.F and Appendix VI-1). Renewal projects are scored each year on an APR pulled from HMIS for one common date range, covering utilization, exits to permanent housing, income, returns to homelessness, data quality, and Coordinated Entry use. Scoring also counts CoC and HUD monitoring results, spending, and timely APRs and drawdowns. CoC monitoring scores also go to the Committee. The Committee is trained on how to identify low performers and on the reallocation process. It makes reallocation recommendations at its ranking meeting. A project can be reallocated in whole or in part if:

- it has a history of under-performance and has not followed an improvement plan
- it has ongoing operating problems
- it has underspent HUD funds
- it has been under-utilized
- the applicant chooses not to renew, or asks to reallocate to a new project

2. Low performers identified this year: Yes.

Renewal scoring showed performance concerns in:

- the Salvation Army Safe Haven (51.7% stayed in or exited to permanent housing)
- RHA #18 and #27 (late APRs and recaptured funds)
- RHA/VOA #21 (71% utilization)
- Shelter Star PSH (61-66% utilization)

3. Reallocation this year: Yes.

VOA reallocated Project ReDirect (reduced to \$95,000) and its RRH project to fund a new supportive services project. The Salvation Army's new outreach project also uses reallocated funds. PCHO voluntarily moved two PSH projects, ODM and Providence PBV, into transitional housing through transition grants. The PBV move was a performance improvement step after PCHO took over lower-ranked Providence projects. Applicants were notified in writing on 7/31/2026.

4. Low performers that were not reallocated and reasons why: The Salvation Army Safe Haven was a low-performing project, but the Rank and Review Committee this year decided to keep the program because it is our only Safe Haven in the CoC and felt it was important to keep. They are now receiving monthly technical assistance to improve their performance.

Providence Housing's Shelter Star was not reallocated because it was voluntarily transferred in 7/2026 to a new agency that performs well.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
--------	---	--

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
--	--	----

FY2026 CoC Application	Page 47	09/30/2026
------------------------	---------	------------

2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	WellSky
--	---	---------

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
--	--	---------------

2A-3.	PIT Count—Methodology Change.	
-------	-------------------------------	--

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

For the 2026 count, the CoC strengthened its unsheltered count in several ways:

- Earlier outreach: Street outreach workers did extra outreach in the weeks before the count.
- Abandoned buildings: Volunteers are not allowed into abandoned buildings, so outreach staff who know where people stay left posters and brochures ahead of time. These asked people to come outside at a set time on the night of the count, and workers met them there.
- Better encampment data: PEH now attends the City's weekly Homeless Outreach Team meeting with Police, City, and County staff and outreach providers. That gave the CoC a current list of encampment locations to assign to count teams.
- Survey language was updated to more accurately collect disability data. For example, "Do you have any substance use problems, such as drug or alcohol use?" was changed to "Does drug use prevent you from maintaining housing?" and "Does alcohol use prevent you from maintaining housing?" We also changed our online survey programming to more accurately capture unsheltered families.

Better encampment data and earlier outreach (especially with persons staying in abandoned buildings) helped the CoC find more people living outside, especially in not easily visible encampments and abandoned buildings that were hard to reach in past years. The unsheltered count rose from 73 people in 2025 to 92 in 2026. The total count fell from 1,194 to 859. The CoC believes much of the unsheltered increase reflects the count changes implemented, not only more people outside. Encampment locations and abandoned buildings that volunteers could not reach before were covered by outreach staff who already knew the people staying there.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

Evaluation period: January 1 to December 31, 2025

During this period, the City of Rochester, Monroe County, and the CoC changed how the community responds to encampments with outreach first and police support as needed.

Actions taken:

- Weekly Homeless Outreach Team: PEH joined the team in 2025. Facilitated by RPD, the meetings review known encampments and plan for the next day's outreach and include City Recreation and Human Services, County DSS and the County Office of Mental Health, Faith partners, health and SUD providers, street outreach and crisis teams.

- Six-phase engagement. In 2025 the City drafted encampment response guidance with a six-phase process (pending any active safety concerns - sites with unsafe or illegal activity are referred to RPD):

1. Outreach occurs with recording of encampment,
2. Assessments of encampment members are completed,
3. Engagement of encampment members is completed with referrals and housing plan discussion
4. Notification encampment will be closed if they continue to refuse services
5. Belongings are stored for 90 days, closure of encampment
6. Monitor and follow-up that the site doesn't reopen and encampment members maintain connections with resources

- Joint police protocol: PCHO, the County and City staff wrote a joint police protocol for contact with people outside, and RPD uses it in training.

- More outreach teams: Helio Health and House of Mercy were added as outreach teams. Helio is focused on people using drugs. PEH started a shared outreach calendar so teams cover more ground without overlap.

- Tracking encampments: The Chronic Homeless Workgroup began sharing encampment locations and tracking closures, and started work on heat maps and a by-name list.

- State land: The team coordinated with NYS DOT to reach people camping on state property.

- Code Blue: Warming sites were expanded

- Longer-term capacity: The City, PCHO, and partners planned Peace Village as a low-barrier alternative, with County housing staff joining, and monthly City-County-CoC coordination meetings began.

In 2025, PCHO's outreach team served 420 people in 269 households. Of the 322 people who left outreach, 253 moved to shelter, housing, or another positive destination. Successful exits from street outreach (SPM 7a.1) rose from 77.4% in 2024 to 80.0% in 2025.

The CoC did not have a consistent count of encampments or of people in them at the start and end of 2025. Weekly tracking of tent locations began in 2026

2A-4a.	Reduce Encampments—Number of Encampments.	
--------	---	--

1. Enter the estimated number of encampments in the beginning of your evaluation period.	16
2. Enter the reduction in the number of encampments during your evaluation period.	13

2A-4b.	Reduce Encampments—Number of People in Encampments.	
--------	---	--

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	16
2. Enter the reduction in the number of people in encampments during your evaluation period.	13

 nbsp;nbsp;

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
--------	---

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

The CoC plans to reduce encampments and the number of people living in them through five steps. Progress will be reported to the City/County Unsheltered Homeless Advisory Council and the CoC Board.

1. Weekly tracking: Outreach providers, RPD, and City and County staff will keep recording tent locations every week and begin recording the number of people at each site. Tents were seen at 35 locations on 8/7/2026 and 25 locations on 9/9/2026. This gives the CoC a baseline for measuring progress. The City also logs each encampment on City property in an internal dashboard, and plans to map outreach data in City GIS and match it to HMIS.

2. HOME Team case conferencing: PEH organizes and facilitates biweekly and emergency case conferencing people living outside. It includes PEH, City DRHS, County DSS, County OMH, SUD providers, and outreach teams. Anyone scoring 10 or more on the Street Outreach Triage Form is conferenced within 24 business hours. One lead agency is named for each person; weekly tasks are set, and a housing stage from 0 to 5 is recorded until the person is housed.

3. Somewhere to go: Peace Village will add 15 low-barrier pallet units for up to 30 people who will not use emergency shelters. It will accept people under DHS sanctions and people with substance use disorders. There will be on-site staff to provide links to treatment and a housing plan from day one. Opening is targeted for about November 1, 2026, with City funding pending Council approval.

4. More outreach: PCHO's new CoC Intensive Street Outreach project will serve 900 people a year and will have a DSS worker screening people for benefits and shelter on the spot. Center for Youth's Transition Age Youth outreach and the Salvation Army outreach projects would add coverage for youth and for people leaving shelter.

5. Closures: PCHO and the City are finalizing an MOU so that PCHO outreach is involved before, during, and after any closure under the City's encampment response guidance.

Progress will be measured by the weekly tent-location count and the unsheltered PIT count.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

First-time homelessness (SPM 5.2) fell from 4,056 people in FY2023 to 3,841 in FY2024, then held nearly flat at 3,861 in FY2025. That is about 5% below FY2023. The share of system entries who were homeless for the first time fell from 75% (3,841 of 5,155) to 70% (3,861 of 5,526).

Data on causes: In 2025, 67% of Monroe County's 8,234 emergency housing placements (5,493) happened because a friend or relative asked the person to leave. Release from hospitals, treatment programs, jails, or prisons caused 10%, and landlord evictions 7%.

Strategies:

1. Diversion at the front door: County DHS's Diversion Unit works with households before a shelter placement to find a safe alternative, including staying with family or friends. DHS staff are at Rochester Housing Court's Eviction Diversion Resource Center every week to take applications for state Shelter Arrears Eviction Forestallment funds.
2. Prevention and legal help:
 - City and County ESG and CCSI's ESG prevention program pay arrears for households at risk.
 - The City funds tenant-landlord services and legal advocacy for 467 people a year.
 - Empire Justice Center represents tenants at settlement hearings.
 - The City passed Good Cause Eviction in December 2024. Evictions fell from 3,144 in 2024 to 2,545 in 2025.
3. County subsidies: DHS pays rent arrears through public assistance and emergency grants. It also runs a program called Keep the Keys that utilizes TANF shelter supplement for families facing imminent homelessness, and Project Anchor, a rental supplement for about 210 families run by Catholic Charities. DHS, ROC the Future, and RMAPI are starting early outreach to public assistance households facing eviction.
4. County housing plan: Monroe County's \$7.8 million plan funds housing search navigators and aftercare, landlord incentives, and landlord-tenant mediation. ARPA-funded mediation helped more than 100 households keep their housing.
5. Institutional discharge:
 - SCPO runs two weekly groups inside the County Jail to plan housing before release.
 - JFS's new project for adults 55+ is building a hospital-to-housing pathway with URM.

Measure: Progress is tracked through SPM 5.2 (first-time homelessness).

Oversight: PEH and Monroe County DHS lead these strategies, with the CE Oversight Committee reviewing results.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

Length of time homeless (SPM 1.2., which counts ES, SH, and TH stays) rose slightly. The average went from 71.0 nights in FY 2024 to 72.8 nights in FY 2025, and the median remained 42 nights. The main cause of the increase is the lack of affordable units. The public assistance shelter allowance for a two-bedroom is \$450 a month against a Fair Market Rent of \$1,573, and fewer than 5,000 rental units in the City are affordable to about 25,000 extremely low-income households.

Strategies:

1. Increased Coordinated Entry efficiency - The new Homeless Assessment Tool, launched in June 2025, requires annual training and updated how households are prioritized for more appropriate placements.
2. More landlords - The CE Landlord Engagement Committee runs a free website where landlords list units for case managers. Monroe County's \$7.8 million housing plan adds landlord incentives and housing search navigators with aftercare. The Rochester Housing Stability Fund, launched in 2024, supports anti-displacement work.
3. There were decreased CoC beds available from the Tier 2 funding cut in 2025; however, PEH is working with NYS to increase participation with ESSHI providers through CE to ensure that street homeless and other vulnerable populations are prioritized for these units. There are new ESSHI projects currently leasing up, and more are scheduled to come online in the coming months and years.
4. PEH is beginning the process of collaboration with Monroe County OMH to prioritize street homeless individuals for specialized OMH mental health housing and will increase this partnership throughout the fiscal year.
5. Quicker RRH move-ins - Delphi Rise Reentry RRH averaged 29.75 days from start to move-in. The CoC will share Delphi Rise's approach with other RRH projects.
6. Case conferencing - The Home Team sets weekly tasks and a housing stage for each high-need unsheltered person to ensure that no one stalls in the process of securing housing.

The CoC Written Standards set targets that drive this work:

Emergency shelter stays average under 30 days;

Program entry required within 14 days of receiving a referral;

RRH move-in within 30 days and PSH move-in within 45 days of program entry

PEH will work to bring the SPM 1.2 average back below 71 nights, and the median below 42, by FY2027 SPM.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
-------	---	--

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	49.00%
---	--------

Describe how you calculated the data for this response.

(limit 2,500 characters)

The CoC ran a report pulling exit destinations from CoC-funded Projects in HMIS for all persons with exits between 10/01/2024 - 09/30/2025, a 12-month period within October 1, 2023 to December 31, 2025. The universe was every person who exited a CoC-funded Transitional Housing, Rapid Rehousing, or Permanent Supportive Housing project during that period: 546 leavers from 28 projects. Street outreach, emergency shelter, Safe Haven, and SSO projects were excluded.

We counted exits to the following four HMIS Data Element 3.12 destinations, adding them together to arrive at our total unsubsidized housing exits:

- staying or living with family, permanent tenure
- staying or living with friends, permanent tenure
- rental by client, no ongoing housing subsidy
- owned by client, no ongoing housing subsidy

266 people exited to unsubsidized housing. 266 divided by 546 leavers is 49%. Each person was counted once, at their last exit in the period. If we remove people who exited due to being deceased, we have 266 people exiting to unsubsidized housing divided by 528 leavers, which is 50%.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
-------	---	--

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026
--	---	------------

2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
--------	---	--

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
--	--	-----

2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
---	-----

2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
--------	---	--

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
--	--	-----

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
-------	---	--

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	731	49	716	91.79%
2. Safe Haven (SH) beds	12	0	12	100.00%
3. Transitional Housing (TH) beds	165	0	165	100.00%
4. Rapid Re-Housing (RRH) beds	272	0	272	100.00%
5. Permanent Supportive Housing (PSH) beds	1,537	0	1,537	100.00%
6. Other Permanent Housing (OPH) beds	363	0	363	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
--------	--	--

For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

All project bed coverage rates were above 85%.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
------	---

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	01 1C-1	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	2 1C1f	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	3 1C3	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	4 1C10 City County	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	5 1D1	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	6 1D2c	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	7 2A-8b	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	8 3A1 2996	09/30/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP	09/30/2026
11. Other	No	Optional Attachments	09/30/2026

Attachment Details

Document Description: 01 1C-1

Attachment Details

Document Description: 2 1C1f

Attachment Details

Document Description: 3 1C3

Attachment Details

Document Description: 4 1C10 City County

Attachment Details

Document Description: 5 1D1

Attachment Details

Document Description: 6 1D2c

Attachment Details

Document Description: 7 2A-8b

Attachment Details

Document Description: 8 3A1 2996

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP

Attachment Details

Document Description: Optional Attachments

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/27/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Program Name	Project Name	Project Type	Is On-Site Treatment Provided?	Treatment Provider
PEH CoC Planning	Planning	Planning	N/A	
Rochester/Monroe County Continuum of Care, Inc. DBA Partners Ending Homelessness	HMS for RMCCoC	HMS	N/A	
Coordinated Care Services, Inc.	Coordinated Entry Renewal	Coordinated Entry	N/A	
Person Centered Housing Options	PCHO Rapid Rehousing	Rapid Rehousing (RRH)	No	
Volunteers of America of Western New York, Inc.	VOA's Home Forward PSH	Permanent Supportive Housing (PSH)	No	
Delphi Drug & Alcohol Council, Inc. DBA Delphi Rise	Home Safe	RRH	Yes	Delphi Drug & Alcohol Council, Inc. DBA Delphi Rise
Volunteers of America of Western New York, Inc.	VOA Homeward Bound	PSH	No	
Spiritus Christi Prison Outreach, Inc.	Spiritus Christi Voters Block Community PSH	PSH	No	
Volunteers of America of Western New York, Inc.	VOA Home Today	PSH	No	
YWCA of Rochester and Monroe County	PSH for Chronically Homeless	PSH	No	
Volunteers of America of Western New York, Inc.	VOA's Permanent Supportive Housing at Cooper Union	RRH	Yes	Delphi Drug & Alcohol Council, Inc. DBA Delphi Rise
Spiritus Christi Prison Outreach, Inc.	SCPO TH/RRH	Transitional/Rapid Rehousing (TH/RRH)	No	
Person Centered Housing Options	PCHO Permanent Supportive Housing (Formerly PCHO Housing First)	PSH	No	
YWCA of Rochester and Monroe County	YWCA DV Rapid Rehousing	RRH	No	
Rochester Housing Authority	RHA/PC #18	PSH	No	
Rochester Housing Authority	RHA/VOA #21	PSH	No	
Rochester Housing Authority	RHA/HAS #27	PSH	No	
Volunteers of America of Western New York, Inc.	VOA Project ReDirect	PSH	No	
Person Centered Housing Options	PCHO Shelter Star Program	PSH	No	
Spiritus Christi Prison Outreach, Inc.	TH	Transitional Housing (TH)	No	
The Center for Youth Services	Transition Age Youth (TAY) Street Outreach	Support Services Only (SSO) Street Outreach	N/A	
The Center for Youth Services	TAY Street Outreach	SSO Street Outreach	N/A	
Person Centered Housing Options (PCHO)	CE Intensive Street Outreach	SSO Street Outreach	N/A	
Person Centered Housing Options	PBV Transition to TH	TH	No	
Person Centered Housing Options (PCHO)	ODM Transition	TH and Transitional Grant	No	
Jewish Family Services	SSO Standalone	SSO Standalone	N/A	
Center for Community Alternatives	SSO Standalone	SSO Standalone	N/A	
The Salvation Army	Safe Haven (Renewal)	Safe Haven	No	
Volunteers of America of Western New York, Inc.	Transitional Housing at Foundation House	TH	Yes	Delphi Drug & Alcohol Council, Inc. DBA Delphi Rise
Volunteers of America of Western New York, Inc.	Transitional Housing at Pinnacle Heights	TH	Yes	Delphi Drug & Alcohol Council, Inc. DBA Delphi Rise
Person Centered Housing Options	Safeway Home TH	TH	No	
The Center for Youth Services	TAY TH	TH	No	
The Center for Youth Services	TH	TH	No	
Salvation Army	SSO Street Outreach	Bonus Street Outreach	N/A	
Recovery Houses of Rochester	TH	Bonus Transitional Housing	No	
Total			4 out of 28	15%

Number of units that require program participant engagement in substance use treatment services as a condition of continued participation in the program

Program Name	Project Name	Project Type	# of Units
PEH CoC Planning	Planning	Planning	N/A
Rochester/Monroe County Continuum of Care, Inc. DBA Partners Ending Homelessness	HMIS for RMCCoC	HMIS	N/A
Coordinated Care Services, Inc.	Coordinated Entry Renewal	Coordinated Entry	N/A
Person Centered Housing Options	PCHO Rapid Rehousing	Rapid ReHousing (RRH)	30
Volunteers of America of Western New York, Inc.	VOA's Home Forward PSH	Permanent Supportive Housing (PSH)	20
Delphi Drug & Alcohol Council, Inc. DBA Delphi Rise	Home Safe	RRH	15
Volunteers of America of Western New York, Inc.	VOA Homeward Bound	PSH	20
Spiritus Christi Prison Outreach, Inc.	Spiritus Christi Voters Block Community PSH	PSH	1
Volunteers of America of Western New York, Inc.	VOA Home Today	PSH	8
YWCA of Rochester and Monroe County	PSH for Chronically Homeless	PSH	0
Volunteers of America of Western New York, Inc.	VOA's Permanent Supportive Housing at Cooper Union	RRH	7
Spiritus Christi Prison Outreach, Inc.	SCPO TH/RRH	Transitional/Rapid ReHousing (TH/RRH)	1
Person Centered Housing Options	PCHO Permanent Supportive Housing (Formerly PCHO Housing First)	PSH	10
YWCA of Rochester and Monroe County	YWCA DV Rapid Rehousing	RRH	0
Rochester Housing Authority	RHA/JPC #18	PSH	0
Rochester Housing Authority	RHA/VOA #21	PSH	0
Rochester Housing Authority	RHA/HAS #27	PSH	0
Volunteers of America of Western New York, Inc.	VOA Project ReDirect	PSH	0
Person Centered Housing Options	PCHO Shelter Star Program	PSH	10
Spiritus Christi Prison Outreach, Inc.	TH	Transitional Housing (TH)	1
The Center for Youth Services	Transition Age Youth (TAY) Street Outreach	Support Services Only (SSO) Street Outreach	N/A
The Center for Youth Services	TAY Street Outreach	SSO Street Outreach	N/A
Person Centered Housing Options (PCHO)	CE Intensive Street Outreach	SSO Street Outreach	N/A
Person Centered Housing Options	PBV Transition to TH	TH	25
Person Centered Housing Options (PCHO)	ODM Transition	TH and Transitional Grant	2
Jewish Family Services	SSO Standalone	SSO Standalone	N/A
Center for Community Alternatives	SSO Standalone	SSO Standalone	N/A
The Salvation Army	Safe Haven (Renewal)	Safe Haven	0
Volunteers of America of Western New York, Inc.	Transitional Housing at Foundation House	TH	25
Volunteers of America of Western New York, Inc.	Transitional Housing at Pinnacle Heights	TH	5
Person Centered Housing Options	Safeway Home TH	TH	20
The Center for Youth Services	TAY TH	TH	0
The Center for Youth Services	TH	TH	0
Salvation Army	SSO Street Outreach	Bonus Street Outreach	N/A
Recovery Houses of Rochester	TH	Bonus Transitional Housing	30

Total	230
--------------	-----

All unit numbers are pulled from projects local applications.



Home Safe Program Guidelines and Acknowledgement

Please read this form with your Housing Specialist. Ask questions at any time. We will give you a copy after you sign it.

What Home Safe Does

Home Safe is a Rapid Rehousing program. It gives rent help for a short time. It also offers services to people who have been homeless. Our goal is to help you keep a safe home. We will help you plan to pay for housing when the program ends.

Rent help often lasts up to one year. It may last longer based on your needs and program funds. It cannot last more than 24 months. Staff will review your needs. Staff will also review the amount of help you receive.

Your Supportive Services Agreement

You must take part in supportive services. This is a rule of Home Safe. Your services will be based on your needs and goals. They can help you keep your home. They can also help you become more independent.

- Meet with your Housing Specialist at least once each month. Meetings may be at your home, in the office, by video, or by phone when staff approve it.
- Make a Housing Stability Plan with staff. The plan will list your goals, steps, and due dates.
- Take part in the services listed in your plan. This may include work, job training, school, benefits, budgeting, health care, child care, transportation, or help with your lease.
- Complete the steps you agree to take. Tell staff right away if you cannot complete a step or attend a meeting.
- Work with staff to review and update your plan when your needs change. Staff will also review your service needs at least once each year.
- Give staff the papers needed to confirm your income, household members, rent, and need for help.

Your Housing Responsibilities

- Pay your required share of rent and utilities on time.
- Follow your lease and work with staff to solve landlord concerns.
- Tell staff about any change in income, benefits, household members, or housing.
- Do not let someone move into your home without telling your landlord and Housing Specialist first.
- Stay in contact. If your phone number or address changes, tell staff as soon as you can.
- Allow required home visits and housing checks after proper notice.

Your Share of Housing Costs

You must pay the amount set by Home Safe. The amount is based on program rules and your income. It may include part of the rent and utilities. Tell staff when your income changes. Give staff proof, such as pay stubs, a benefit letter, or a bank record.

If you have no income, staff will help you apply for benefits. Staff can also help you look at ways to earn more when you are able. You must take part in the steps in your plan. Give staff the papers they need. Go to required appointments.

If There Is a Problem

Tell your Housing Specialist if something makes the plan hard to follow. This may be illness, disability, child care, a ride, or a safety concern. Staff will help you work through the problem. Staff may change the plan when needed. You may ask for a reasonable accommodation for a disability.

If you do not follow a program rule, Home Safe may take these steps:

1. Contact you and talk about what happened.
2. Offer help and review your plan for needed changes.
3. Give you a written warning and a chance to fix the problem when it is safe to do so.
4. End program help if the problem continues or is serious.

Home Safe may end help for reasons such as not taking part in required supportive services, not meeting with your Housing Specialist each month, not paying your required share when you are able, not giving required information, breaking program rules, abandoning the home, or losing eligibility.

If Home Safe Plans to End Your Help

You will get a written notice. It will tell you why. You may ask for a review and share your side. You may do this in writing or in person. A person who did not make the first choice will review it. You will get the final answer in writing. Ending help now does not always stop you from getting help again later.

Home Safe will follow all fair housing, disability, and safety laws. Help will not be denied or ended because you are a survivor of domestic violence, dating violence, sexual assault, or stalking. Ask staff about safety protections or an emergency move.

If You Leave the Home or Go to an Institution

Tell staff at once if you move, leave the home, enter jail, or enter a hospital or other facility. A short stay of 90 days or less does not count as leaving the unit under HUD rules. Staff will review the facts, your lease, and program rules before making a decision.

Client Acknowledgement

I received and reviewed these guidelines. I understand that I must take part in the supportive services in my plan and follow Home Safe rules. I had the chance to ask questions. I know I may ask for help or a reasonable accommodation.

Client name: _____

Client signature: _____

Date: _____

Staff signature: _____

Date: _____



Recovery House of Rochester (RHR)

Communal Living Guidelines

Cross Referenced: NARR 1 C- 7 a, c; 4 J- 31 a, b

I. Purpose

To provide the residents of RHR guidance regarding their responsibility towards maintaining a safe, welcoming, and clean community conducive to recovery.

II. Policy Statement

Residents at Recovery Houses of Rochester reside in a communal setting. As such, the staff expects all residents to participate in routine house responsibilities. Upon beginning their residency at Recovery Houses of Rochester, each resident will be assigned an individual morning responsibility to be completed for one calendar month.

III. Details

All morning responsibilities must be completed by 9 a.m. each weekday, Monday-Friday. Morning responsibilities will be assigned by staff to each resident who has not been excused. Residents may be excused from morning responsibilities if they have an appointment with a treatment provider, social worker, job interview, or other valid conflict. Residents are

encouraged to notify staff of this conflict at least twenty-four (24) hours in advance or as soon as they are aware of this obligation to be excused.

Failure to comply with and complete assigned responsibilities will lead to a discussion with staff to problem solve and address any identified barriers. Residents who consistently do not adhere to their assigned responsibilities are at risk of being discharged from RHR.

In addition to completing house responsibilities, residents at Recovery Houses of Rochester are expected to observe the following communal living guidelines:

IV. Communal Guidelines

Alcohol, Illicit Drugs, and Cigarettes

1. Residents must abstain from the use of alcohol and other illicit drugs including marijuana while living at RHR (please refer to the alcohol and illicit drug use policies for further details).
2. Should a resident be a cigarette smoker, they are expected to smoke cigarettes, including electronic cigarettes, outside of the home only in designated areas (smoke porches).

Community- Based Support Groups and House Meetings

3. Residents are encouraged to attend a community-based support group during the probationary period of the first 30 days of residing at RHR.
4. Residents are encouraged to find a community-based support group and a sponsor or mentor during the probationary period of the first 30 days.
5. Residents are expected to attend the RHR weekly peer support meeting, unless given permission to be absent by staff.
6. All residents are expected to attend the RHR weekly house meeting, unless given permission to be absent by staff.

Probationary Period

7. Residents must adhere to the curfew of 5:00 p.m. (EST) during the probationary period of the first 30 days of residency. This will increase to 9:00 p.m. (EST) after the first 30 days of residency and 12:00 a.m. (EST) after 90 days of residency.
8. Residents are allowed overnights after the probationary period of the first 30 days of residency if they are preapproved at the weekly house meeting **or** 3 days/72 hours before the actual overnight. A pass must be completed.
9. Residents will not be given a key code the first 14 days of residency at RHR.

Food and Meals

10. Residents are expected to participate on either a cook team to assist with the preparation of meals or a cleaning team to help clean the items used to prepare the meals.
11. Residents are not allowed to store food items in their bedrooms.

Guests and Visitors

12. Residents' guests/visitors are only allowed in the house after 9:00 a.m. (EST) and before 9:00 p.m. (EST).
13. Residents are not allowed to have guests/visitors in their bedrooms at any time. All guests/visitors must stay in the common area of the home.

General Responsibilities

14. Weapons are not permitted on the property under any circumstance. Failure to comply with this will result in immediate discharge.
15. Residents are expected to have an Individualized Recovery Plan (ILP) and are expected to follow this plan. Failure to follow their ILP may jeopardize their stay at RHR.
16. Profanity tears down others, and residents are to make every effort to talk with each other respectfully. Failure to respectfully engage with other residents could result in the termination of their stay.
17. Residents must respect all the house's furnishings. This includes phones, televisions, appliances, furniture, etc.
18. Residents are expected to clean up after themselves daily, which consists of making their bed, keeping their bedrooms clean, and maintaining good personal hygiene.
19. Residents are responsible for safely storing prescription medications out of sight. RHR is not responsible for unsafe storage of prescription medication.
20. RHR staff and volunteers will not be held responsible for the theft or loss of resident's personal belongings or effects.
21. Residents who leave RHR, for any reason(s), have 30 days in which to remove all their personal belongings and effects. If belongings are not removed from the house within 30 days, they will be donated to a charity.

By signing below, you indicate that you have read, understand and agreed to the above statements.

Resident Signature

Date

Witness

Date

**THE CENTER FOR YOUTH SERVICES
TRANSITIONAL LIVING PROGRAM
RESIDENTIAL PARTICIPATION AGREEMENT**

While you are a resident in the Transitional Living Program (TLP) the program staff will work with you to help you develop the skills to successfully live independently. Staff will treat you with respect, honesty, and dignity and ask that in return you treat yourself, other residents, and staff in the same way. Please read the following statements carefully and sign at the end if you agree to follow them.

As a resident in The Center for Youth Services Transitional Living Program I,

_____, understand and agree with the following statements.
I will be residing at:

Address

General Program:

- I understand that the TLP apartments are drug and alcohol free. I will make sure that there are no drugs, alcohol, or related paraphernalia in my apartment (this includes making sure that my guests understand this and do not bring these items into my apartment). This also means that I, or any of my guests, will not be under the influence in my apartment or on the apartment property.
- I understand that my safety and the safety of others is extremely important. This means that I, or any of my guests, will not bring any item that may be dangerous or potentially dangerous into my apartment or on the apartment property. This includes but is not limited to guns, knives, and pellet/ BB guns.
- To ensure a place of safety, neither I nor any of my guests will engage in violent behavior either against another person or on the property. I understand that I will be responsible for paying for the repairs or replacement of any property damaged by me or my guests.
- I am aware that it is my responsibility to make sure that all guests are gone from the apartment when I am not in the apartment with them.

Residential Specific:

- I understand that I am expected to attend the Life Skills Workshop every Tuesday from 4-5pm. If I am unable to attend due to illness I will notify my case manager at least 1 hour before the meeting begins. Because coming into a workshop late interrupts the presenter and distracts the audience, I understand that if I am late I will not be allowed to participate in the workshop and my tardiness will be counted as an unexcused absence.
- To work towards becoming independent, I will develop a set of goals with my case manager and I will meet with them every week to work together on

achieving those goals. If I am unable to make an appointment, I will notify my case manager at least 1 hour in advance and reschedule the meeting.

- I am aware that all furnishings in my apartment are the property of The Center for Youth Services and will be inventoried when I move in. I will not remove these items for any reason without written permission from the program manager.
- I understand that I am responsible for the cleanliness of my apartment and recognize that maintaining a clean apartment contributes to my health and well-being. Because knowing how to clean effectively will aid my success in living independently, I will be given the necessary supplies when I move in, and my case manager will assist me in learning these skills. I am aware that my case manager will check on my progress weekly and that it is my responsibility to follow up with any suggested improvements.
- I understand that I will be responsible for my entire rent within 3-6 months of entry into the program.
- When I achieve the goals of my service plan, my case manager and I will discuss the process of transitioning into my own independent living situation at least 60 days in advance. I understand that my discharge date may be before I complete 18 months in the program.
- I understand that when I identify and secure stable housing, I will need to set a move-out date with my case manager so they can work with me to ensure a smooth transition.
- I acknowledge that I am responsible for moving my personal belongings into and out of my apartment. Because the apartment is fully furnished, I understand that I am not allowed to bring my own furniture or large appliances. On my move-in date, my case manager can assist me with up to 2 loads of items with the agency vehicle.
- I understand that there are no pets allowed in my apartment at any time.
- I understand that no smoking or vaping of any kind is allowed in my apartment or anywhere else in the building. Smoking is only allowed outside of the apartment building.
- I am aware that there is a CFY emergency hotline (271-7670) that I can contact in case of an emergency.
- I understand that apartment checks will occur randomly, conducted by program staff.

Participant Specific:

- I understand that because I am working towards becoming self-sufficient, it is important that I identify a plan that includes employment. My plan may also include vocational/educational training.
- I understand that it is expected of me to be engaged in **30 hours** of productivity a week. This includes, school, work, volunteering, counseling, life skills workshops or other activities agreed upon with my case manager.
- I understand that if I am not in an educational/vocational program or attending high school, I will be expected to find full-time employment. If, after two months, I have not found employment, I will be expected to participate in **at least 20 hours per week of volunteer work or other productive activities**, in addition to **actively searching for employment**. Parenting teens will be expected to work on an individualized project, in place of volunteer work, while looking for employment.
- It is my responsibility to notify the school or workplace and my case manager immediately if I am unable to attend classes or work due to illness, appointment, etc.
- I understand that a large part of living independently is learning how to budget my income to become financially stable. For this reason, my case manager and I will assess my income and develop an appropriate budget. To do this effectively, I will provide my case manager with my pay stubs and bank statements monthly. I will listen to the information and any suggestions my case manager might provide. I understand how important it is to contribute money to a savings account to ensure I am financially secure when I leave TLP. I will not make any major purchases without first consulting my case manager.
- I understand that I may be asked to be assessed by a licensed clinician for any challenges I may be experiencing regarding substance use or with my mental health and well-being. Further, I understand that if the assessment results in a recommendation for treatment services, I may be required to participate in those services to maintain my housing in the program.

Inability to Meet Program Expectations:

- I understand that if I decide to leave the program, I am responsible for letting my case manager know at least 5 business days prior to moving out of my apartment.
- I understand that if I am unable to meet the expectations that my case manager and I have agreed upon, the following steps will be taken:
 1. My case manager will provide a verbal warning and will assist me in developing a written plan through which I can meet program expectations.
 2. If I am still not able to follow the program expectations my case manager will then provide me with a consequence.

3. If I still am not able to follow the program expectations, my case manager will consult with the program manager, and they will develop a written contract. I understand that I will be expected to agree to and sign the contract after I review it.
 4. If I am still unable to meet program expectations, my case manager will assist me in identifying other housing options. I will be given 5 days to move my belongings from my apartment and to return my keys. If there are any health and/or safety issues identified, I will be asked to move out immediately.
- I understand that if I leave anything behind after I leave the program, it will be stored at the Downtown office for 30 days. If I have not made arrangements to get my things within the 30 days, The Center will dispose of them. The Center will not replace any items that are lost or stolen.

Health and Safety:

I understand that for health and safety reasons, if I cannot be located within 72 hours of a missed appointment, training, or check-in, TLP staff will reach out to my emergency contact and recommend that a missing person's report be filed with the Police Department. After an additional 72 hours of no contact, my belongings may be removed from the apartment and placed in storage. The locks to the apartment will be changed. The Center for Youth Services will hold my belongings for up to 30 days and then dispose of them accordingly.

By signing this participation agreement, I state that I understand the above rules and expectations and that, if I do not follow them, there will be consequences, which may include discharge from the program.

Client Signature

Date

Case Manager

Date



Rapid Re-housing, TAPESTRY and Permanent Supportive Housing Program Participant Agreement:

Our Mission:

The YWCA is dedicated to eliminating racism, empowering women, and promoting peace, justice, freedom, and dignity for all.

The YWCA provides person-centered and trauma-informed housing and supportive services designed to promote housing stability, participant engagement, self-sufficiency, and long-term housing success. YWCA employees are guided by the agency's core values of trust, commitment to team, support, courage, and accountability.

Collaboration between program participants and staff is essential to identifying barriers, developing individualized goals, coordinating supportive services, and maintaining stable housing. Program participants are expected to actively participate in applicable program requirements and case management activities as outlined in this agreement.

Case management staff will work in partnership with program participants to support successful placement into permanent housing, address barriers to housing stability, and connect participants with appropriate supportive services and community resources.

Program participants and staff agree to work collaboratively toward achieving and maintaining permanent housing through the following expectations:

Participant Agreement

1. Communication

The program participant and assigned staff will initiate communication within two business days of the referral date. The program participant is responsible for providing staff with the most appropriate and reliable method of communication and notifying staff of any changes in contact information.

2. Housing Search and Placement

Adult program participants will work collaboratively with their case manager to identify and secure safe and appropriate housing in a timely manner. This may include

reviewing housing options, contacting property owners, completing applications, attending housing appointments, and providing documentation necessary to secure housing.

3. Required Documentation

Program participants are responsible for providing available documentation necessary to establish program eligibility and support housing placement, including identification and other required household documentation. When required documents are not readily available, the participant and case management staff will work together to identify appropriate methods for obtaining the documentation.

4. PSH Projects Only – Disability Documentation

For Permanent Supportive Housing projects, participants must provide documentation necessary to establish program eligibility, including qualifying disability documentation, in accordance with applicable HUD requirements.

5. Household Income

Program participants are responsible for reporting household income and providing required documentation of income and changes in income in accordance with applicable program requirements.

6. Releases and Coordination of Services

Program participants will complete required releases and authorizations necessary for program administration and coordination of services. This may include releases related to HUD, HMIS, DHS, SSI, housing providers, and other community-based providers, as applicable. Information will be shared only as authorized and necessary to coordinate services and support housing stability.

7. Utilities and Housing Barriers

Program participants are responsible for informing case management staff of known barriers that may affect establishing or maintaining utilities or housing, such as past-due utility balances or shut-off notices. Staff will work with participants to identify available resources and possible solutions.

8. Case Management and Supportive Service Participation

As a condition of participation in the program, program participants are required to participate in supportive services designed to promote housing stability and progress toward individualized goals. Required participation includes regular case management meetings and the development and review of an individualized service plan. Based on the participant's identified needs and goals, supportive services may also include employment and education assistance, income and benefits support, financial

management, life-skills development, and referrals or connections to behavioral health, substance use disorder treatment, health care, and other community-based services.

Participants will maintain weekly contact with case management staff while searching for permanent housing and at least monthly contact after permanent housing is secured, or more frequently when necessary to address identified goals and housing stability needs.

Supportive services will be provided in a person-centered and trauma-informed manner. Program requirements will be implemented consistent with applicable HUD requirements, including 24 CFR 578.75(h). Participation requirements will not be implemented in a manner that denies assistance on the basis that a participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking when the participant otherwise qualifies for admission, assistance, participation, or occupancy.

9. Individualized Service Planning and Meetings

Program participants are required to participate in regular case management meetings to review housing stability, individualized service plan goals, identified barriers, and progress toward greater stability and self-sufficiency. Meetings may include home visits when appropriate. The frequency and intensity of services may be adjusted based on participant needs, progress, and housing stability.

10. Housing and Program Expectations

Program participants are responsible for complying with applicable lease requirements and program expectations. Participants and case management staff will maintain consistent communication to identify and address concerns that may affect housing stability.

11. Changes or Concerns Affecting Housing Stability

Program participants are responsible for promptly informing case management staff of significant concerns or changes that may affect housing stability, including changes in income, household composition, housing conditions, utilities, or concerns involving the property owner or tenancy.

12. Respectful Communication

Program participants and staff are expected to communicate with one another respectfully and professionally.

13. Safety

Abusive, threatening, or violent behavior toward YWCA staff, property owners, other participants, or community partners will not be permitted and will be addressed in accordance with YWCA policy and applicable program requirements.

14. Meetings with Staff

Program participants are expected to participate in scheduled meetings in a manner that allows staff and participants to safely and effectively address housing and service needs. If a participant is unable to meaningfully or safely participate in a scheduled meeting, staff may work with the participant to reschedule the meeting and identify appropriate supports.

15. Appointments and Ongoing Communication

Participants who are unable to attend a scheduled appointment are expected to notify staff as soon as possible, preferably at least 24 hours in advance. Staff will work with participants experiencing barriers to engagement to identify solutions and support continued participation.

16. Grievance Process

Participants have the right to raise concerns regarding program services or decisions. Disagreements and grievances will be addressed in accordance with the YWCA of Rochester & Monroe County grievance policy and applicable program requirements.

Program Compliance and Termination

The YWCA recognizes that participants may experience barriers that affect their ability to consistently engage in program activities. When concerns regarding program participation arise, staff will make reasonable efforts to communicate with and re-engage the participant, identify barriers, and develop appropriate solutions when possible.

Failure to comply with applicable program requirements may result in corrective action and, when appropriate and permitted by HUD requirements, YWCA policy, and applicable law, termination from the program.

Circumstances that may require additional review or action include:

- Extended loss of contact or repeated failure to participate in required case management activities;
- Housing abandonment;
- Serious or repeated violations of applicable program requirements;



- Threats or acts of violence toward YWCA staff, property owners, participants, or affiliated partners; or
- Other circumstances that significantly affect program participation or housing stability.

Prior to termination, when required and appropriate, YWCA staff will make reasonable efforts to re-engage the participant and address identified barriers. Participants will receive applicable notice and information regarding their rights under the YWCA grievance process and applicable program requirements.

Program termination and termination of a participant's tenancy are separate matters and will be handled in accordance with applicable program requirements, lease provisions, HUD requirements, and law.

Participant Acknowledgment

I acknowledge that I have reviewed this Program Participant Agreement and understand the expectations of participation. I understand that active participation in applicable case management and supportive services is an expectation of the program and is intended to support my individualized goals, housing stability, and long-term success.

I understand that I may ask questions about this agreement, request clarification regarding program expectations, and access the YWCA grievance process if I have concerns regarding program services or decisions.

Program Participant

Date

Program staff

Date



VOA's Transitional Housing Participation Overview

Welcome to VOA's Transitional Housing Program. Our mission is to provide temporary safe housing and structured supportive services designed to help you achieve sobriety, improved health, stronger life skills, employment and long-term self-sufficiency with the goal of graduating to unsubsidized permanent housing within 24 months. While in VOA's program, you are required to participate in programming, substance use treatment, and services and work with a VOA Case Manager on-site as well as partner service providers to address your housing, employment, and behavioral health needs.

As part of VOA's Transitional Housing Program, you will be required to participate in at a minimum of 20 hours per week, provided through a combination of individual sessions, group programming, partner-led services, treatment, recovery support groups, and other structured activities that support your ability to achieve your goals, transition to your own permanent housing, overcome health challenges, and optimize your self-sufficiency. These programs will be provided on-site at VOA's housing program by VOA staff and partner agencies and at community resources

Participants will engage in a variety of services, including:

- Individualized case management with strength-based approach to goal setting
- Housing stability planning
- Referrals to and assistance accessing community resources and mainstream benefits
- Substance use treatment and recovery services
- Mental health services
- Employment readiness, job coaching, job search, and workforce development support
- Financial literacy, credit counseling, budgeting, and money management assistance
- Life skills sessions (cooking, budgeting, and community chores)
- Wellness activities (life-skill groups, coping skills, positive hobbies and additional mental wellness activities)
- Psychoeducation groups (stress management, coping skills, mental health wellness, etc.)
- Supportive housing search, landlord communication, and move-in planning
- Participation in community and on-site volunteer work
- Structured learning and application of daily living skills (hygiene skills, cleaning organization, etc.)
- Job training and employment skill building
- Coordination with community resources for participation in educational and/or vocational training
- Employment with local businesses

In order to be eligible for VOA's Transitional Housing Program, you must participate in a minimum of 20 hours of service planning per week. Gainful employment may count towards a portion of these hours.

Participant Responsibilities:

- Maintain regular contact with your Case Manager
- Attend and actively participate in 20 hours of services and programming, including scheduled individualized and group sessions as well as treatment and recovery services
- Work toward goals outlined in your individualized service plan
- Follow program rules and treat staff and other participants with respect
- Work with VOA staff to document your service participation each week.

Mutual Expectations

- Respect: We will treat each other with dignity, professionalism, and courtesy.
- Engagement: Participants engage in services; staff provide supportive, trauma-informed guidance.



Volunteers of America®

SUPPORT SERVICES AGREEMENT FOR VOA'S TRANSITIONAL HOUSING

I agree to accept the following services from the agencies listed below at least as often and for as long as is stated:

1. TBD for each client – substance abuse and/or mental health treatment services

2. TBD for each client – employment services

3. TBD for each client – self-sufficiency and lifeskills programming services

I understand that Volunteers of America's Transitional Housing Program has agreed to provide me with housing assistance, and I agree to participate in the above noted individualized planning that includes a necessary 20 hour per week supportive service plan and/or employment as needed as a condition of my receipt of housing assistance. Program participants are required to engage in up to 20 hours per week of individualized services based on their service plan. Participation is a core component of the program model and is necessary to support housing stability and self-sufficiency outcomes. If a participant is not engaging in services, staff will implement progressive engagement strategies, including outreach, re-engagement planning, and barrier reduction. Continued lack of engagement may result in reassessment of program fit and transition planning to more appropriate housing or service settings. I understand that continued non-compliance can result with corrective action steps.

- The First corrective actions steps would be: Verbal warning documented in a case note.
- The Second corrective actions steps would be: Intent to discharge notice issued.
- The Final corrective actions steps would be: Discharge from Program.

I further understand that the purpose of this program is to link housing assistance to supportive services for homeless persons and their families to achieve long-term housing stability. In recognizing the importance of receiving supportive services to achieve housing stability, I certify that the above individualized services plan was developed in a coordinated effort between myself and Volunteers of America's Transitional Housing Program. I understand that this agreement will be reviewed, and if necessary, revised no later than six months from the date it is signed, or sooner if there are serious changes in my health or support service's needs.

In consideration of the housing assistance and other services I will be receiving from Volunteers of America's Transitional Housing Program and other service providers, I agree to cooperate with such services providers and follow their recommendations. This includes receiving supportive services deemed appropriate for me by such services during the duration of my housing assistance. I understand that in the event I do not comply with the agreed upon service plan and corrective action steps, my participation in Volunteers of America Transitional Housing Program and continued housing assistance will be terminated.



Volunteers of America®

Participant Signature: _____

Participant Name (Print): _____

Date: _____

Volunteers of America's Transitional Housing Program

Signature: _____

Representative Name & Title (Print): _____

Date: _____



Permanent Supportive Housing Program Participant Agreement

Welcome to VOA's Permanent Supportive Housing Program. This program helps individuals and families obtain and maintain stable housing, strengthen independence, connect with treatment and community supports, and build skills needed for long-term stability. Participants work with a VOA Case Manager, landlords and/or property managers, and community providers to address housing, wellness, recovery, employment, financial, and independent living needs.

Program Services

Participants receive individualized services that promote housing stability, wellness, recovery, income stability, and self-sufficiency. Services may occur in the home, community, VOA office, or through community providers. Participants are required to take part in supportive services, which include case management, employment services, lifeskills training, and behavioral health services. Our program offers a variety of services for participants including:

- Individual assessment, service coordination and case management
- Housing stability planning and support obtaining and maintaining scattered site housing
- Support communicating with landlords/property managers, understanding lease expectations, and resolving housing concerns
- Connections to treatment, recovery supports, benefits, employment resources, and mainstream services
- Service Plan goals supporting wellness, recovery, income stability, self-sufficiency, and independence
- Skill-building and coaching for independent living, system navigation, lease compliance, and problem-solving
- Assistance preparing for and conducting job searches and connection to workforce development programs
- Coordination with landlords, property managers, providers, and community partners

You and your Case Manager will develop an individualized Service Plan identifying strengths, needs, barriers, and goals related to housing stability, landlord/property manager communication, service connections, treatment engagement when applicable, and progress toward independence. Monthly case management sessions are required, with follow-up as needed. Participants will also develop a Career Pathways Plan to support employment, education, training, and income goals.

If placed in a unit designated for participants with Substance Use Disorder needs, you are required to engage in treatment with the provider of your choosing. VOA can provide referrals and connections based on your needs and preferences.

Participant Responsibilities

While participating in the program, participants are expected to:

- Sign and follow the lease agreement
- Participate in monthly case management and follow-up as needed
- Actively work toward Service Plan goals
- When applicable, develop a Career Pathways Plan for employment, education, training, and income goals
- Maintain landlord/property manager communication and notify your Case Manager about notices, lease concerns, maintenance issues, or housing-related needs
- Allow scheduled home visits and additional visits as needed for housing stability, safety, and lease compliance
- Notify staff within 30 days of changes in contact information, income, household composition, lease status, or eligibility information
- If assigned to a SUD-designated unit, engage in treatment and communicate support needs to your Case Manager
- Complete annual recertification paperwork and eligibility updates

Mutual Expectations

- VOA will provide person-centered, trauma-informed support; participants are expected to take an active role in service planning and goal progress.
- VOA will communicate expectations, appointments, and requirements clearly; participants are expected to stay in contact and communicate support needs.
- VOA will help connect participants to housing, health, wellness, recovery, employment, income, and daily living supports; participants are expected to follow through with next steps.
- VOA and participants will work with landlords, property managers, and community partners when appropriate to support housing stability and address concerns early.

Scattered Site Housing Guidelines

Participants live in community-based apartments and are expected to follow program rules, lease requirements, landlord/property manager expectations, and housing guidelines. The following are not permitted:

- Use, possession, sale, or distribution of illicit substances
- Substance use or activity that creates safety concerns, disrupts neighbors, or risks housing stability
- Violence, threats, harassment, intimidation, or behavior that puts people or property at risk
- Illegal activity, weapons, or conduct that violates the lease, program expectations, or housing safety requirements
- Unauthorized guests, disruptive visitors, or guests who do not follow lease or program expectations
- Damage to the apartment, building, grounds, or property

Participants are expected to maintain a safe and sanitary apartment, respect neighbors and shared areas, follow visitor expectations, communicate with landlords/property managers as needed, and participate in home visits. Staff will address concerns early whenever possible; serious or repeated violations may result in action under the lease, program guidelines, or applicable law.

By signing below, I acknowledge that I have read and understand this Agreement. I agree to participate in case management, engage in my Service Plan, follow applicable treatment requirements, communicate with my landlord/property manager as needed, and comply with lease, housing, and program expectations. I understand VOA staff will work with me to support housing stability, safety, and progress toward my goals.

Participant Signature

Date

Housing Case Manager Signature

Date



Cooper Union Permanent Supportive Housing Participant Agreement

Welcome to VOA's Cooper Union Permanent Supportive Housing Program. Cooper Union is a site-based housing program that provides supportive services to help participants maintain housing, strengthen independence, connect with treatment and community supports, and build the skills, confidence, and support systems needed to move toward greater independence over time. While participating in the program, you will work with a VOA Case Manager, on-site staff, and partner service providers to address your housing, wellness, recovery, employment, financial, and independent living needs.

Program Services

As part of VOA's Cooper Union Permanent Supportive Housing Program, participants will receive individualized supportive services that promote housing stability, wellness, recovery, income stability, and long-term self-sufficiency. Services may be provided on site by VOA staff and partner providers, as well as through community-based providers when specialized services or additional supports are needed.

Participants are required to take part in supportive services, which include case management, employment services, lifeskills training, and behavioral health services. Our program offers a variety of services, including:

- Individualized housing stability planning and support with maintaining your apartment
- Individualized assessment and service planning
- Case management
- Access to on-site clinical services, treatment connections, recovery supports, benefits, employment resources, and other mainstream services
- Service Plan goals that support wellness, recovery, income stability, self-sufficiency, and readiness for more independent housing when appropriate
- Skill-building and coaching to strengthen independent living, system navigation, and problem-solving
- Coordination with property management, treatment providers, and community partners to support continued housing stability
- Assistance preparing for and conducting job searches and connection to workforce development programs

You and your Case Manager will develop and actively engage in your individualized Service Plan. Your Service Plan will identify strengths, needs, barriers, and goals related to maintaining permanent housing, connecting to services, treatment engagement when applicable, and progress toward greater independence. Monthly case management sessions are required, with ongoing follow-up provided as needed.

When applicable, participants will also develop a Career Pathways Plan to support employment, education, training, and income goals. The Career Pathways Plan is used alongside the individualized Service Plan and does not replace it.

If you are placed in one of the seven units designated for participants with substance use disorder needs, you are required to engage in treatment. You may choose the treatment provider that best meets your needs. VOA offers on-site clinical services and can also provide referrals and connections to community treatment providers based on your needs and preferences.

Participant Responsibilities

While participating in VOA's Cooper Union Permanent Supportive Housing Program, we would like to establish the following expectations:

- Sign and follow the terms of your lease agreement

- Participate in program supportive services, including monthly case management sessions and ongoing follow-up as needed to engage in your Service Plan
- Actively work toward goals identified in your Service Plan
- When applicable, participate in developing a Career Pathways Plan to support employment, education, training, and income goals
- Participate in weekly apartment check-ins and additional visits as needed to support housing stability, safety, and lease compliance
- Notify staff within 30 days of any change in contact information, income, or other information needed for program eligibility and housing stability
- If assigned to a SUD-designated unit, engage in treatment with the provider of your choosing and communicate with your Case Manager about support needed to maintain participation
- Complete annual recertification paperwork and required eligibility updates

Mutual Expectations

- VOA will provide person-centered, trauma-informed support, and participants are expected to take an active role in service planning and goal progress.
- VOA will communicate program expectations, appointments, and service requirements clearly, and participants are expected to stay in contact with staff and communicate when support is needed.
- VOA will help connect participants to services related to housing stability, health, wellness, recovery, employment, income, and daily living skills, and participants are expected to follow through with agreed-upon next steps.
- VOA and participants will work together to maintain a safe, respectful, and supportive living environment.

Unit and Site Guidelines

Cooper Union is a shared site-based housing community. To maintain a safe, supportive, and respectful environment for all residents, participants are expected to follow program rules, lease requirements, and site guidelines. The following are not permitted on site:

- Use, possession, sale, or distribution of illicit substances
- Substance use in common areas or any activity that creates a safety concern or disrupts the community
- Violence, threats, harassment, intimidation, or behavior that puts residents, staff, visitors, or the property at risk
- Illegal activity, weapons, or conduct that violates the lease, program expectations, or site safety requirements
- Unauthorized guests, disruptive visitors, or guests who do not follow site expectations
- Damage to the apartment, common areas, building, or property

Participants are also expected to maintain their apartment in a safe and sanitary condition, respect shared spaces, follow visitor expectations, and participate in weekly apartment check-ins and additional visits as needed. Staff will work with participants to address concerns early whenever possible; however, serious or repeated violations may result in further action under the lease, program guidelines, or applicable law.

By signing below, I acknowledge that I have read and understand the Cooper Union Permanent Supportive Housing Participant Agreement. I agree to participate in case management, engage in my individualized Service Plan, follow applicable treatment requirements, and comply with unit, site, lease, and program expectations. I understand that VOA staff will work with me to support my housing stability, safety, and progress toward my goals.

Participant Signature

Date

Housing Case Manager Signature

Date

VOTER'S BLOCK COMMUNITY (VBC)

PERMANENT SUPPORTIVE HOUSING OCCUPANCY AND PROGRAM PARTICIPATION AGREEMENT

This Occupancy and Program Participation Agreement ("Agreement") is entered into between **Spiritus Christi Prison Outreach (SCPO)** and the undersigned participant enrolled in the **Voter's Block Community (VBC) Permanent Supportive Housing Program**, a HUD Continuum of Care (CoC) Permanent Supportive Housing project.

The purpose of this Agreement is to outline the rights, responsibilities, and expectations of program participation while promoting long-term housing stability, health, recovery, and self-sufficiency.

Voter's Block Community (VBC) provides permanent supportive housing to eligible individuals experiencing homelessness with disabilities. The program combines affordable housing with individualized supportive services designed to assist participants in maintaining permanent housing, improving health and wellness, increasing self-sufficiency, and integrating successfully into the community.

Participants have the right to:

- Be treated with dignity, respect, and fairness.
- Live in housing free from discrimination and harassment.
- Receive services without regard to race, color, religion, sex, age, disability, national origin, sexual orientation, gender identity, gender expression, marital status, military status, or any other protected status.
- Participate in developing their Individualized Service Plan (ISP).
- Receive services that are person-centered, trauma-informed, and culturally responsive.
- File grievances without retaliation.
- Receive reasonable accommodations in accordance with the Americans with Disabilities Act (ADA), Section 504, the Fair Housing Act, VAWA, and other applicable laws.

Within thirty (30) days of admission, each participant shall work collaboratively with their assigned Case Manager to develop an Individualized Service Plan (ISP).

The ISP will identify:

- Housing stabilization goals
- Health and behavioral health needs
- Recovery goals
- Employment or educational goals
- Income and benefit goals
- Community integration goals
- Other supportive services necessary to maintain permanent housing

The ISP is a living document and will be reviewed with the participant at least monthly and formally updated at least quarterly, or whenever significant changes occur.

As a condition of participation in the VBC Permanent Supportive Housing Program, participants agree to:

- Meet with their assigned Case Manager as scheduled.
 - Participate in developing, reviewing, and updating their ISP.
 - Make reasonable progress toward the goals identified in the ISP.
 - Cooperate with referrals and care coordination activities identified in the ISP.
 - Notify SCPO of significant changes affecting housing stability, income, health, household composition, or contact information.
 - Comply with the terms of the residential lease.
 - Maintain the housing unit in a safe and sanitary condition.
 - Respect neighbors, visitors, staff, and property.
-

SCPO recognizes substance use disorder as a treatable medical condition and utilizes a recovery-oriented, trauma-informed approach.

If a participant's ISP identifies **Substance Use Disorder (SUD) treatment** as a necessary supportive service to maintain housing stability, improve health, reduce the risk of homelessness, or support recovery, the participant agrees to actively engage in the treatment services identified in the ISP.

Treatment may include:

Empowering individuals that are justice-involved and homeless.

- Substance use assessments
- Outpatient counseling
- Intensive outpatient treatment
- Medication-Assisted Treatment (MAT)
- Recovery support services
- Peer support
- Individual counseling
- Group counseling
- Residential treatment when clinically appropriate
- Other clinically recommended services

SCPO will:

- Assist with referrals.
 - Coordinate care with treatment providers.
 - Help remove barriers to treatment participation.
 - Provide transportation assistance when available and appropriate.
 - Review progress collaboratively with the participant.
-

Participants agree to actively participate in activities that support long-term housing stability, including:

- Maintaining income and benefits.
 - Paying rent as required under the lease.
 - Maintaining communication with program staff.
 - Participating in healthcare and behavioral healthcare identified in the ISP.
 - Working toward individualized housing stability goals.
-

Supportive services may include:

- Case Management
- Healthcare Coordination
- Mental Health Services
- Substance Use Disorder Treatment
- Medication Management
- Recovery Support
- Peer Services
- Employment Services
- Educational Services
- Financial Literacy
- Benefits Assistance
- Transportation Assistance

- Life Skills Training
 - Community Integration Activities
 - Crisis Intervention
-

Participants agree to:

- Follow the lease.
 - Follow program policies.
 - Maintain respectful behavior.
 - Refrain from threatening or violent behavior.
 - Report maintenance concerns promptly.
 - Maintain current contact information.
 - Cooperate during annual recertification and income verification.
-

SCPO will provide reasonable accommodations for qualified individuals with disabilities in accordance with federal, state, and local laws.

SCPO maintains participant confidentiality in accordance with:

- HIPAA (where applicable)
- HUD requirements
- HMIS Privacy Standards
- 42 CFR Part 2
- New York State confidentiality requirements

Information will only be shared with participant consent or as otherwise permitted by law.

Participants have the right to file a grievance regarding any program decision.

SCPO will provide:

- Written notice
- Opportunity to be heard
- Fair review
- Written decision
- Appeal rights

Participants may not be retaliated against for filing a grievance.

SCPO provides services in accordance with all applicable federal, state, and local civil rights laws, including:

- Fair Housing Act
 - Americans with Disabilities Act
 - Section 504
 - Violence Against Women Act (VAWA)
 - HUD Equal Access Rule
 - OTDA 20-ADM-03 regarding transgender, gender nonconforming, and non-binary individuals
-

SCPO's first response to concerns regarding participation will always be engagement, problem-solving, reassessment of barriers, and modification of the ISP when appropriate.

When a participant fails to engage in supportive services identified in the ISP, staff will:

1. Meet with the participant to identify barriers.
2. Modify the ISP when appropriate.
3. Offer additional supports and referrals.
4. Develop a corrective action plan if necessary.
5. Conduct case conferencing with supervisory staff.

If a participant **continues to refuse, without good cause, to participate in supportive services identified in the ISP that are required as a condition of program participation**, SCPO may review the participant's continued eligibility for participation in the VBC Permanent Supportive Housing Program. Any such review shall be conducted in accordance with HUD requirements, due process protections, SCPO grievance procedures, and applicable federal, state, and local laws.

I acknowledge that I have received, read, and understand this Occupancy and Program Participation Agreement.

I understand my rights and responsibilities and agree to comply with the terms of this Agreement.

Participant Name: _____

Participant Signature: _____ Date: _____

SCPO Representative: _____ Date: _____

SPIRITUS CHRISTI PRISON OUTREACH, INC.
Transitional Housing OCCUPANCY AGREEMENT
Jennifer House & Nielsen House

This Occupancy Agreement ("Agreement") is entered into between Spiritus Christi Prison Outreach, Inc. (SCPO) ("Program") and:

Participant Name: _____

Effective Date: _____

Program Location:

☐

Jennifer House

☐

Nielsen House

1. PURPOSE

The purpose of this Agreement is to provide temporary transitional housing and supportive services designed to assist participants in obtaining and maintaining permanent housing while increasing self-sufficiency, recovery, health, and community integration.

This Agreement is not a lease and does not create a landlord-tenant relationship.

3. SUPPORTIVE SERVICES

Consistent with 24 CFR §578.75(h) and the FY 2026 HUD CoC NOFO, participation in supportive services is a condition of continued participation in the program.

Participant agrees to:

- Work collaboratively with their assigned Case Manager.
- Develop and actively participate in an Individualized Service Plan (ISP).
- Participate in supportive services identified within the ISP.
- Participate in a minimum of 20 hours per week of individualized supportive services and activities designed to promote housing stability, recovery, employment, education, health, and self-sufficiency, except for a program participant over age 62, an individual with handicaps as defined in 24 CFR 8.3, or an individual with a developmental disability as defined under 24 CFR 578.3. Participation requirements will be individualized based on the ISP and documented needs.

Supportive services may include:

- Case management
- Housing stabilization
- Employment readiness
- Job search
- Education
- Vocational training
- Budgeting
- Financial literacy
- Independent living skills
- Recovery supports
- Behavioral healthcare
- Primary healthcare
- Substance use disorder treatment (when identified in the ISP)

- Transportation to approved activities
- Benefits assistance
- Life skills
- Community engagement

The participant understands that required services are individualized and based upon the participant's needs identified in the ISP.

4. INDIVIDUALIZED SERVICE PLAN (ISP)

Within thirty (30) days of admission, Participant agrees to:

- Complete a comprehensive assessment.
- Develop an ISP with measurable goals.

The ISP shall include goals related to:

- Permanent housing
- Income
- Employment (when appropriate)
- Benefits
- Recovery
- Healthcare
- Independent living skills
- Community supports

The ISP will be reviewed and updated regularly.

5. HOUSING STABILIZATION

Participant agrees to actively work toward obtaining permanent housing by:

- participating in housing search activities;
- completing housing applications;
- maintaining communication with landlords;
- attending housing appointments;
- complying with lease obligations when housed.

6. EMPLOYMENT & INCOME

When employment is appropriate, Participant agrees to actively pursue employment goals identified in the ISP.

Participants unable to work due to disability or age will actively pursue SSI, SSDI, Veterans Benefits, Medicaid, SNAP, or other appropriate income resources.

7. HOUSE RULES

Participant agrees to comply with the SCPO Resident Handbook and House Rules, including but not limited to:

- Respect for residents and staff
- Maintaining a safe living environment
- No violence or threats
- No illegal activity
- No possession of illegal drugs or weapons
- Compliance with medication storage policies

- Room inspections as required
- Curfew (if applicable)
- Visitor policy
- Fire safety procedures

8. DRUG AND ALCOHOL RECOVERY

Participants are expected to actively engage in recovery goals identified within their ISP.

When clinically appropriate, supportive services may include substance use disorder treatment, behavioral health services, recovery meetings, medication-assisted treatment, or other recovery supports.

9. CASE MANAGEMENT

Participant agrees to:

- Attend scheduled case management meetings.
- Notify staff if appointments cannot be kept.
- Maintain communication with assigned staff.

10. HMIS

Participant understands information necessary for program administration will be entered into HMIS consistent with HUD requirements and applicable privacy notices.

11. TERMINATION

SCPO may terminate participation for serious or repeated violations of this Agreement, including failure to participate in required supportive services identified in the ISP, after following the due process requirements contained in 24 CFR §578.91 and SCPO's Termination and Appeal Policy.

Participant will receive:

- Written notice
- Opportunity to respond
- Appeal rights

Termination decisions will not be based solely upon a participant's status as a victim of domestic violence, dating violence, sexual assault, stalking, or human trafficking consistent with VAWA protections.

12. REASONABLE ACCOMMODATION

SCPO will provide reasonable accommodations for qualified individuals with disabilities consistent with federal law.

13. ACKNOWLEDGMENTS

By signing below, Participant acknowledges:

- I have received a copy of this Occupancy Agreement.
- I have received the Resident Handbook.
- I understand the requirement to participate in supportive services identified in my ISP.
- I understand that my program participation includes 20 hours per week of individualized supportive services and activities, except if I am over age 62, an individual with handicaps as defined in 24 CFR 8.3, or an individual with a developmental disability as defined under 24 CFR 578.3. Participation requirements will be individualized based on my ISP and documented needs.
- I understand my rights, grievance procedures, termination procedures, and appeal rights.
- I understand VAWA protections.
- I understand HMIS privacy requirements.

Participant

Signature: _____ Date: _____

Printed Name: _____

SCPO Representative

Signature: _____ Date: _____

Printed Name: _____

Title: _____



**PERMANENT SUPPORTIVE HOUSING, RAPID REHOUSING,
TRANSITIONAL HOUSING PROGRAM
ANNUAL PARTICIPANT OCCUPANCY AGREEMENT**

As a participant in the PCHO _____ (Provider) Program, I
_____ (the Tenant) understand that the full monthly rent for
_____ (apartment address) is \$ _____ for the period of
_____ to _____. My contribution towards the rent may be up to 30% of my monthly adjusted
income, 10% of my monthly gross income or 100% of the Public Assistance shelter allowance that I am entitled
to receive, whichever is higher. I understand that my rent contribution may be subject to change if there are
changes in my monthly income, family composition, or to the extent of exceptional medical or other unusual
expenses, in accordance with established criteria.

Resident will abide with the following:

1. _____ I agree to develop an ***Individualized Service Plan*** with my Housing Stability Coordinator and agree to work on achieving the goals that I have set. I will participate in all supportive services indicated in my Plan.
2. _____ I agree to pay my portion of the rent in full and on time monthly. I will provide rent to PCHO by the 1st of each month and no later than the 5th of the month, via check or money order (no cash).
3. _____ Necessary apartment utilities must be fully turned on in household name and functioning before an apartment is occupied. If utilities are not included in the rent, I will pay these necessary bills in full and on time monthly. If I cannot make the payment as scheduled, I will make every effort to seek out assistance or make an arrangement with the utility company.
4. _____ I agree to report any changes in my or my family's income promptly to the provider and agree to participate in an annual income review with PCHO.
5. _____ I agree to hold face-to-face meetings in my apartment at least once per month with my HSC and agree to keep all scheduled appointments with them. In addition, I agree to meet as frequently as outlined on the Service plan I helped develop.
6. _____ I agree to notify my HSC of any damages to the unit as soon as they occur. After being notified the HSC and another PCHO staff will assess and take photos of damages for documentation purposes.
7. _____ I agree to be a responsible tenant and neighbor. I will abide by all terms of the lease for the apartment in which I reside and understand that the normal duration of a lease is one year.
8. _____ I agree that no long-term guests will be allowed to stay in my apartment without the prior written permission of the provider. [NOTE: Long-term guests are defined as anyone except a tenant staying overnight more than two nights.]
9. _____ I understand that a plan must be in place for all family members/ pets living with me in case of emergency. This program is not responsible for the placement of children/ pets if the head of household goes into treatment; nor is this rental assistance transferable to any member of the family.
10. _____ I agree that any child under 18 residing in this unit under my guardianship is required to be enrolled in and regularly attend school. I understand this program is federally mandated to track the education of minors.
11. _____ I understand my apartment will receive a complete Housing Quality Standards (HQS) inspection annually or as needed by PCHO. All necessary repairs in the interim should be reported to the appropriate party and addressed. During the move-in and annual inspections, photos will be taken to properly document condition of the unit.



12. _____ I understand that PCHO must retain a set of keys to my unit to be used in case of emergency. If the provider is unable to access my unit in such cases, I understand I am responsible for the cost of the locksmith.
13. _____ I understand that if I do not have contact with my HSC for 30 consecutive days or there is a concern for your wellbeing, PCHO reserves the right to key-in to my unit and will provide me with 24-hour notice except in cases of emergency.
14. _____ I understand that PCHO may provide furniture (i.e., bed, couch, dresser, etc.) upon move-in, but will not be responsible for replacing if damaged.
15. _____ I understand that if I damage any appliances owned by PCHO or the landlord I will be responsible to replace and may result in discharge from the program.
16. _____ I understand that if I lose my key, PCHO may pay for the replacement key one time only.
17. _____ I understand that if I abandon my unit for 60 consecutive days, I will be issued a preliminary notice of discharge which will take effect 30 days from the preliminary notice of discharge date.
18. _____ I understand that any violent behavior or behavior of a criminal nature and behavior that is exhibited with intent to harm others or animals, will result in immediate program termination.
19. _____ I agree to participate in 20 hours of per week of eligible engagement, which may include case management, treatment, recovery groups, employment, job search, education, vocational training, volunteering, parenting activities, benefits appointments, healthcare appointments, life skills, housing search, or other approved activities tied to the service plan.
20. _____ I agree to engage in behavioral health services if clinically deemed essential to the agreed upon service plan with staff.

Housing Support Staff will:

1. Assist you in identifying strengths, supports, needs, or goals in the development and review of your Housing Stability Plan. To review and update this plan as needed.
2. Provide you with housing related case management services as specified in your Housing Stability Plan. This could include advocacy, landlord/ tenant mediation, linkages to wanted/necessary services, and contact with your other care providers.
3. Work towards a graduation of the program, when possible. Staff will help with positive future living environments by providing linkages to necessary supports (such as clinical, medical, and funding sources like Section 8).

Termination Procedures:

Before terminating my occupancy of the apartment, I will give the provider 30 days written notice. I understand that the provider will give me 30 days written notice -- containing a clear statement of reasons for termination -- before they terminate the agreement. The provider's decision to terminate this agreement can be appealed. During the review process, I will have an opportunity to present written or verbal objections before a person other than the person (or subordinate thereof) that made or approved the termination decision. Prompt written notice following the final decision will be provided to me.

I have received a copy of this agreement and understand that failure to comply with any of its terms may result in my termination from the program. I have initialed each item to signify my understanding of and consent to each condition. This agreement will take effect on the date of the signatures indicated below and expires after one month, although it is automatically renewable on a month-by-month basis, unless prior written notice is provided by either the participant or the provider.

**Person Centered Housing Options, Inc. explicitly prohibits all forms of harassment – including sexual harassment – of its employees. Client and Staff interactions will always remain professional and respectful; failure to do so could result in expulsion from the program, and/or PCHO. By signing below, I acknowledge my understanding of this agency policy as well.*

Agency Staff: _____ Title: _____ Date: _____

Resident: _____ Date: _____

Witness: _____ Date: _____

Family members to reside in unit:

Name:	Age:	Income Source:



BOOTH HAVEN & SAFE HAVEN RESIDENT CONTRACT

The Salvation Army is an evangelical part of the universal Christian church and is committed to serving the whole person, body, mind, and spirit, with integrity and respect, using creative solutions to positively transform lives. We have put this contract in place to enhance your shelter experience.

Booth Haven (on the 1st floor) and Safe Haven (on the 2nd floor) are short-term emergency housing programs; in keeping the mission of The Salvation Army, both programs are designed to be havens of safety and hospitality where men who are homeless take steps to improve their physical, mental, emotional, and spiritual quality of life.

You will meet with the case manager within 24 hours (*weekends and holidays notwithstanding*) who will develop an individualized service plan to help you meet your goals and refer you to appropriate community service providers to help you address your short-term goals.

MANDATORY ACTIVITIES

There is a bulletin board or message board located by the main office. Please check the board daily for shelter messages, group meetings, phone messages, notes from case managers, and other important information that is posted for your benefit.

ACTIVITY	TIME
1. Wake Up	6:30 am
2. Make bed and pickup room by...	9:00 am
3. Rooms are locked (Monday - Saturday)	9:00 am to noon
4. Rooms are locked (Sunday)	10:00 am to noon
5. Shelter Curfew	6:00 pm
6. Quiet Hours	10:00 pm
7. Room curfew, Sunday thru Thursday	11:00 pm
8. Friday and Saturday	Midnight
9. Saturday and Holiday Curfew	9:00 pm
10. Meet with Case Manager	Within 24 hours of intake during weekday.
11. Meet with Health Care Providers	Per schedule, and within 1 week of intake
12. Assigned Weekly Chores	As scheduled (<i>medical exemption requires documentation from a medical provider</i>)

MEALTIMES

Food is not allowed in the bedrooms. Meals are served in the adjacent dining area at 60 Liberty Pole Way. Breakfast is served in the shelter kitchenette and lounge areas on each floor.

BREAKFAST: 7:15 am – 8:15 am | **LUNCH:** 12:00 pm – 12:30 pm | **DINNER:** 4:30 pm – 5:00 pm



Medical documentation is required to accommodate any special diet requests.

There is a refrigerator available for your use, but items must be clearly marked with your name and the date you put them in the fridge. Food provided by The Salvation Army should not be marked as your personal item.

SAFETY

To ensure the safety of the staff we ask that you respect all people and property. Residents must maintain a quiet and peaceful attitude while housed at either Booth Haven or Safe Haven. While in our shelter you must respect and follow all of the program safety rules that are reviewed with you at Intake.

Fire drills are conducted monthly, and your participation is mandatory.

Metal Detector Screening

The safety and well-being of shelter residents and staff is important to The Salvation Army. Hand-held metal detectors are used to assure safety in each facility. Metal detectors are used to detect any contraband or potential weapons such as firearms, knives, razors, blades, drug paraphernalia, etc. Resident staff will use metal detectors to complete full body scans on residents to detect any concealed weapons and objects that may be used to harm others. Resident's personal belongings are not excluded from scanning. This includes luggage, backpacks, clothing, linen, etc.

Conduct and Shelter Rules

Residents must maintain a quiet and peaceful attitude. No abusive or foul language, fighting or other disruptive behavior is permitted. Personal TVs are not allowed in bedrooms. Music players and cell phones must be used with headphones or be kept at a low volume

The following actions will not be tolerated and may result in your immediate discharge from the program.

1. Violent behavior (or verbal threats or acts of violence) with the potential for or resulting in injury to another person or damage to property.
2. Use and/or possession of drugs (related paraphernalia) or alcohol on Salvation Army Property.
3. Possession of weapons (must turn in to staff until you leave the building permanently)
4. Sexual activity or sexual advances or harassment whether verbal or physical, or solicitation for sexual activity
5. Discrimination (individual's birthplace, ancestry, culture, or language targeting an ethnic group)
6. Smoking/vaping in any area in or on Salvation Army property
7. Theft and/or any other illegal activity
8. Graffiti and/or damage to the property
9. Breaking curfew

Contraband Materials

Examples of contraband items include but are not limited to: guns, knives, pornographic magazines or explicit photos/videos/DVDs, box cutters, pointed scissors, torches, tattoo guns, tasers/stingers, extension cords, cable splitters, alcoholic beverages, items depicting drug or alcohol use including hats and clothing, drug paraphernalia, cough syrup, hand sanitizer containing alcohol, and mouthwash containing alcohol. Bringing contraband materials into the shelter also means that you give up the right to receive those items upon your discharge. These items will be confiscated and destroyed and will not



be returned to you. If criminal activity is suspected, they will be turned over to the police.

Visitors

All visitors are required to sign in. Both male and female visitors are allowed in designated visiting area with prior approval from staff. Visitors are allowed in waiting room area only. Please do not stand outside the entrance door to smoke or visit.

CURFEW

You must arrive by 6:00 pm every night. If you are late or don't show up, you may lose your bed. You may not leave the shelter after 6:00 pm or before 5:00 am. Friday and Saturday 9pm and 5am curfew. Leaving after curfew may result in immediate discharge. A pass can be provided by staff in/for special circumstances. If you work a job at night, you will need to provide staff with documentation from your place of employment and schedule as verification.

Room **quiet hours** begin at 10:00 pm. The television is turned off by 11:00pm. All residents are to be in their rooms by midnight. The back door to the patio area is locked at Midnight until 5 am.

RESIDENT PHONE, AND CELL PHONE USE

A resident phone is available in the main office for business purposes only. The phone number can be given out for business purposes only and staff will take messages for you if you are not available. The use of this phone is 10 minutes maximum per call. All messages for business calls will be posted on the bulletin board in the staff office.

Cell phones are allowed as long they do not disturb others in your room or in the shelter. Phones are not to be used after midnight. Phones can be used in case of an emergency.

CASE MANAGEMENT

Case management is available Monday through Friday during business hours. Residents are required to meet with a Case Manager the next business day after entering the Program. It is your responsibility to develop a service plan and set goals with the Case Manager. While staying at The Salvation Army, you will be working with your case manager towards finding permanent housing employment. Continued participation in the program will include you working with a case manager towards your goals.

Medication

All medication including vitamins and over-the-counter medications, must be locked in the med cabinet. All medications must be taken as prescribed unless you get a note from your physician to do otherwise. All controlled substances must be handed in- No Exceptions.

Please note that if you are found with medication in your room or medication in your possession that has not been properly logged by staff; 1) you will be asked to surrender the medication immediately and have it signed in properly. 2) If you are found to be in possession of someone else's medications or an unknown/unidentified medication, local authority will be notified and your discharge from the program will be discussed.

GROUP MEETINGS

There are various educational and informational groups throughout the week. Meeting topic and schedule is posted on the bulletin board.



PARTIAL PAYS

In certain circumstances, residents will be required to pay for housing. Ongoing residency will be contingent upon partial payments being made in a timely manner. Payments are to be submitted during normal business hours.

CHORES

While in the shelter, you will be assigned chores. The completion of these chores is a part of your shelter stay contract. Resident Assistants assign chores weekly and it is your responsibility to complete the assigned chores as assigned. After completing an assigned chore, staff must approve that it was completed appropriately. Failure to complete your chores will result in a contract review, written warnings, and potential discharge from the program.

We understand that some residents have medical issues that preclude them from completing an assigned chore – if this is this case, and you can provide medical verification of your inability to complete an assigned task, please see your case manager. The Resident Assistants will expect that you will complete all tasks unless you have verification on file of your inability to do so.

HEALTH AND PERSONAL HYGIENE

Everyone is expected to maintain good personal hygiene. Personal products (soap, shampoo, toothpaste and toothbrush, deodorant, shaving cream and razor, combs, and shower shoes) are available you as part of the intake process if needed. Residents are expected to dress in appropriate attire within the shelter; no bare feet, you must be dressed outside of one's bedroom or shower area. You must shower daily and wash your clothes-regularly. Staff operate the laundry equipment; you'll need to ask or notify staff when you need to do your laundry.

LAUNDRY AND PERSONAL BELONGINGS

- We encourage you not to bring anything of value to the shelter. **THE SALVATION ARMY IS NOT RESPONSIBLE FOR LOST OR STOLEN PROPERTY**
- The Salvation Army staff is not responsible for resident's money, nor will hold said money at resident's request. Residents will be encouraged and assisted with finding other options to secure their monies.

A locking dresser is available in every room for each resident. Residents are urged to always keep all valuable locked. For everyone's safety, lockers and carrying bags are randomly checked by staff. Any personal belongings left behind after discharge are held for 14 days. After 14 days, resident items left behind will be donated or discarded.

The start time for the last wash of the day is 7pm.

1. You must remain at the shelter while doing laundry.
2. Other residents cannot be responsible for doing your laundry.
3. Authorized staff will operate washers and dryers for you. If resident clothes are found in these machines, they will be discarded.

INCIDENT REPORTS AND CONTRACT REVIEWS:

The shelter is required to keep a written record of all incidents. These reports include injuries, medical emergencies, criminal acts, property damage, and unusual or serious behavioral concerns. If you violate the rules, an incident report will be generated, and you will need to meet with your case manager, after



which you may be given a House Contract Review/Behavioral Contract. A second violation may result in a written warning or discharge from the program.

DEPARTURE/EXIT and FORWARDING ADDRESS

Please leave a forwarding address with your assigned case manager so we can forward any mail to you. We will do this for you for a period of up to 30 days. You will be expected to have filed for a change of address with the post office within that period. If you do not leave an address, we will hold your mail for 3 days; and then return it to the sender.

WORSHIP SERVICES

There are services available on site in the 60 Liberty Pole Way Chapel (next door) each Sunday morning at 11am. You are also welcomed to explore other worship options in the surrounding community. Your case manager can assist you in this process.

SUPPORTIVE SERVICES REQUIREMENT

As a condition of continued occupancy at The Salvation Army Safe Haven, the participant agrees to participate in supportive services identified by Safe Haven staff as appropriate to the participant's individual needs and housing goals, consistent with applicable federal, state, and local requirements, including **24 CFR § 578.75(h)**.

Supportive services may include, but are not limited to, case management, housing assistance, employment or vocational training, life-skills development, benefits assistance, and substance use disorder treatment or recovery services.

The participant will work with assigned staff to develop and maintain an individualized service plan that identifies appropriate goals, services, and referrals. The participant agrees to participate in required services identified in the plan and to meet with their assigned case manager as scheduled.

Safe Haven will consider the participant's individual circumstances, abilities, and reasonable accommodation needs when establishing service requirements. Disability-related services will not be required as a condition of continued occupancy when such participation is prohibited by applicable law.

****Protection from Discrimination Based on Victim Status:**** Assistance may not be denied to an otherwise eligible participant on the basis of, or as a direct result of, the fact that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. A participant who otherwise qualifies for admission, assistance, participation, or occupancy will not be denied those benefits on the basis of their status as a victim of such violence.

If a participant does not participate in required supportive services, Safe Haven staff will first work with the participant to identify and address barriers to participation and, when appropriate, modify the service plan or make additional referrals. Continued failure to participate in required supportive services may result in action regarding continued occupancy, in accordance with the existing occupancy agreement, Safe Haven policies, and applicable law.

By signing the resident contract, the participant acknowledges and agrees to the supportive-service requirements described above.



ACKNOWLEDGEMENT

This is to certify that I _____, have read and understand the above Resident Contract. I have had the opportunity to clarify any questions I may have about these expectations with staff.

I agree to abide by this contract and understand that my stay in the shelter is confidential. I understand that failure to follow these rules may result in my discharge from the shelter and my restriction from future program services for a period of time to be determined.

I also understand that if I am discharged from the program for breaking the program contract, I may not be eligible for DHS Emergency Housing at another shelter.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Resident Contract Contents

MANDATORY ACTIVITIES	1
MEALTIMES	1
SAFETY	2
Metal Detector Screening	2
Conduct and Shelter Rules	2
Contraband Materials	2
Visitors	3
CURFEW	3
RESIDENT PHONE, AND CELL PHONE USE.....	3
CASE MANAGEMENT	3
Medication	3
GROUP MEETINGS	3
PARTIAL PAYS	4
CHORES	4
HEALTH AND PERSONAL HYGIENE	4
LAUNDRY AND PERSONAL BELONGINGS	4
INCIDENT REPORTS AND CONTRACT REVIEWS:.....	4
DEPARTURE/EXIT and FORWARDING ADDRESS	5
WORSHIP SERVICES.....	5
ACKNOWLEDGEMENT	6

Every family member age 18 years old or over must read and sign the following:
Obligations of Family and Release of Information

OBLIGATIONS OF THE FAMILY

Once a family is accepted into a Rochester Housing Authority (RHA) rental assistance program the family must agree to follow the rules listed below in order to continue to participate and receive rental assistance through the program. Failure to follow these rules may result in termination from the program.

A. The family must:

- 1. Provide information to RHA that is true and accurate.**
- 2. Supply any information that RHA or HUD determines to be necessary in the administration of the program, including evidence of citizenship or eligible immigration status and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.**
 - a. RHA reserves the right to terminate a family's eligibility for failure to provide the required documentation necessary for recertification by the last day of the month prior to the anniversary date.
 - b. RHA requires the family to report any change of income for any household member within 30 days of occurrence except cost of living increases from Social Security.
 - c. RHA reserves the right to take, at the least, 30 days to process an increase in housing assistance due to a decrease in a family's income. Requests for an increase in assistance received after the 15th of the month, even at the time of an annual recertification, will not go into effect, at the earliest, until the first of the second month following the request.
 - d. RHA requires the family to report any disposal of assets for less than the full value of the asset in the last two (2) years.
- 3. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.**

RHA reserves the right to use Social Security information for all household members including children along with the Enterprise Income Verification System and other outside sources to verify information provided by the family.
- 4. Supply any information or certification requested by RHA to verify that the family is living in the unit or information related to family absence from the unit.**
- 5. Promptly notify RHA, in writing, when the family is away from the unit for an extended period of time in accordance with RHA policies.**
- 6. Allow RHA to inspect the unit at reasonable times and after reasonable notice.**
- 7. Correct all tenant caused housing quality standard violations found during an inspection within the required time frame.**
- 8. Notify RHA and the owner in writing before moving out of the unit or terminating the lease.**
 - a. RHA requires written notice 45 days in advance of an anticipated move. (Notice to terminate a lease becomes effective on the last day of the month following the month notice is delivered to the landlord.)
 - b. RHA requires an initial lease term of one full year. Moves during the first year of a new lease are prohibited.
- 9. The unit must be the family's only residence.**
- 10. Use the assisted unit for residence by the family. Members of the household may engage in legal profit making in the unit only if such activities are incidental to the primary use of the unit being for residence by members of the family.**
- 11. Promptly notify RHA in writing of the birth, adoption, or court-awarded custody of a child.**
- 12. Request RHA written approval to add any other person as an occupant of the unit.**

RHA requires that the family provide the birth certificate, social security card, and source of income for any person added to the household. If the person is 18 years or older, that person must complete the Criminal Records form. No other person may reside in the unit (except for foster child or live-in aide as described in #14 below). RHA must approve the additional occupant prior to the person being allowed to reside in the unit.
- 13. Promptly notify RHA in writing if any family member no longer lives in the unit.**

RHA reserves the right to require that a request to remove an adult from the household be accompanied by verifiable documentation establishing the adult's new address.
- 14. Request RHA written approval to add foster children or a live-in aide.**

RHA has the discretion to adopt reasonable policies concerning residence by a foster child or live-in aide, and defining when RHA consent may be given or denied.
- 15. Promptly provide the RHA a copy of any owner eviction notice.**
- 16. Pay utility bills and the family's share of rent due to the landlord in a timely manner. Provide and maintain any appliances that the owner is not required to provide under the Lease**

B. The family (including each family member) must not:

- 1. Own or have any interest in the unit.**
- 2. Commit any serious or repeated violation of the lease.**

RHA will calculate the family's share of the rent for each reexamination and notify the family. To pay any other amount as rent is in violation of the lease and contract terms and will result in termination from the rental assistance program. This applies to rental amounts only and does not apply to late fees or other approved fees that are stated in the lease and have been submitted to and approved by RHA. Failure to pay the family's share of rent and appropriate late fees being charged by the Landlord is a serious violation of the lease. Failure to resolve any outstanding debts with a landlord (by court decision) for a unit that is/was receiving RHA rental assistance is a serious violation of the lease. Failure to vacate a unit after reasonable notice is provided may result in termination from the program. Incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated lease violation by the victim or threatened victim or as a good cause to terminate tenancy, occupancy rights, or assistance of the victim.

3. **Commit fraud, bribery or any other corrupt or criminal act in connection with the program.**
4. **Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.**
 RHA under the guidance of HUD's "One Strike Policy" has adopted the following administrative policy: Any criminal activity by any member of the family or guest(s) that threatens the health, safety, or right to peaceful enjoyment of the premises by other tenants, and all drug-related criminal activity by any member of the family, whether on or off the premises, is grounds for termination of eligibility from the rental assistance program. If the family member who commits the drug-related or criminal activity is the head-of-the household or spouse, the family's program eligibility may be terminated. If the family member who committed the activity is not the head-of household, or spouse, that family member (at the least) will not be allowed to return to the household. Criminal activity directly related to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of tenancy, occupancy rights, or assistance of the victim, if the tenant or immediate family member of the tenant is the victim.
5. **Sublease or let the unit or assign the lease or transfer the unit.**
6. **Receive HCV program housing assistance, while receiving another housing subsidy for the same unit or a different unit under any other Federal, State or local housing assistance program.**
7. **Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.**
8. **Receive HCV program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the RHA has determined (and notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.**
9. **Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.**



Sign Here

I understand that if I violate the terms of my lease, or the Obligations of the Family, or RHA policy as described above or as in the RHA Administrative Plan, my eligibility may be terminated. I would have the opportunity to request a fair hearing if my eligibility is terminated.

I have read and agree to abide by the preceding terms and conditions.

Signature Head of House _____

Date _____

Signature Spouse _____

Date _____

Signature Household Member age 18 or over _____

Date _____

Signature Household Member age 18 or over _____

Date _____

Signature Household Member age 18 or over _____

Date _____



CITY of ROCHESTER

Malik D. Evans, Mayor

Office of the Mayor

City Hall Room 308A, 30 Church Street
Rochester, New York 14614-1290
www.cityofrochester.gov

Tree Clemonds
Executive Director
Partners Ending Homelessness
277 Alexander St, Suite 208-210
Rochester, NY 14607

**RE: Evidence of Coordination and Non-Interference with Local Efforts to Advance
Protecting Public Safety**

Dear Ms. Clemonds:

I am writing in support of Partners Ending Homelessness Continuum of Care (CoC), NY-500, and to affirm the CoC's ongoing coordination with local government, public safety agencies, first responders, and community partners serving individuals and families experiencing homelessness.

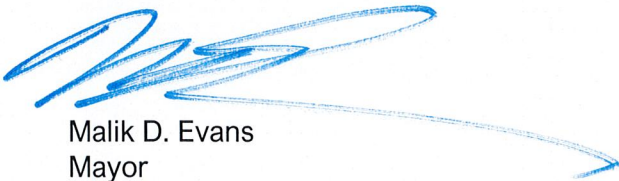
The CoC actively collaborates with local law enforcement, emergency medical services, behavioral health providers, healthcare systems, outreach teams, and other community stakeholders to address homelessness while advancing public safety objectives. Through coordinated partnerships, communication, referral processes, and participation in community planning efforts, the CoC assists first responders in connecting individuals experiencing homelessness to shelter, housing, treatment, and supportive services.

The CoC does not interfere with or impede local efforts to advance public safety or address homelessness in the community. The CoC supports collaborative approaches that help communities respond effectively to unsheltered homelessness, encampments, behavioral health crises, substance use disorders, and other challenges impacting vulnerable individuals and public spaces. The CoC's practices and governance structure promote cooperation among service providers, local governments, public safety agencies, and community organizations to improve outcomes for individuals experiencing homelessness while enhancing community safety and wellbeing.

Additionally, the CoC maintains a coordinated and person-centered response system that facilitates access to emergency shelter, permanent housing, healthcare, behavioral health services, and recovery supports. These efforts help ensure that first responders have viable service options available when assisting individuals experiencing homelessness and support coordinated community responses to complex needs.

Based on our experience working with Partners Ending Homelessness, we affirm that the CoC is a valued partner in addressing homelessness and advancing public safety objectives through collaboration, communication, and coordinated service delivery.

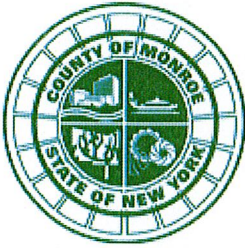
Sincerely,



Malik D. Evans
Mayor

Office of Mental Health

Monroe County, New York



Adam J. Bello
County Executive

Thalia Wright
Commissioner, Department of Human Services

Melissa Armstrong
Director, Office of Mental Health

Via Electronic Mail

September 30, 2026

Tree Clemonds, Executive Director
Partners Ending Homelessness
277 Alexander Street
Rochester, NY 14607

RE: Partners Ending Homelessness Continuum of Care Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety

Dear Ms. Clemonds:

I write on behalf of the Monroe County Office of Mental Health ("MCOMH"), as the Local Government Unit ("LGU") under New York State Mental Hygiene Law, regarding the Partners Ending Homelessness Continuum of Care (CoC), NY-500, and to affirm the CoC's ongoing coordination with local government, public safety agencies, first responders, and community partners serving individuals and families experiencing homelessness.

The LGU is in support of the CoC's application to the United States Department of Housing and Urban Development. It is the MCOMH's understanding that the CoC collaborates with local law enforcement, emergency medical services, behavioral health providers, healthcare systems, outreach teams, and other community stakeholders to address homelessness while advancing public safety objectives. Additionally, it is the MCOMH's understanding that through coordinated partnerships, communication, referral processes, and participation in community planning efforts, the CoC assists first responders in connecting individuals experiencing homelessness to shelter, housing, treatment, and supportive services.

MCOMH understands the CoC does not interfere with or impede local efforts to advance public safety or address homelessness in the community. The CoC supports collaborative approaches that help communities respond effectively to unsheltered homelessness, encampments, behavioral health crises, substance use disorders, and other challenges impacting vulnerable individuals and public spaces. It is the MCOMH's understanding that the CoC's practices and governance structure promote cooperation among service providers, local governments, public safety agencies, and community organizations to improve outcomes for individuals experiencing homelessness while enhancing community safety and wellbeing.

Additionally, the CoC maintains a coordinated and person-centered response system that facilitates access to emergency shelter, permanent housing, healthcare, behavioral health services, and recovery supports. These efforts help ensure that first responders have viable service options available when assisting individuals experiencing homelessness and support coordinated community responses to complex needs.

The MCOMH affirms that the CoC addresses homelessness and advances public safety objectives through collaboration, communication, and coordinated service delivery.

Thank you for taking these steps that the MCOMH hopes will lead to improved engagement and holistic support for people in our community. If you have specific questions or concerns, please feel free to reach out.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Armstrong', with a stylized, flowing script.

Melissa Armstrong, LCSW
Director, Monroe County Office of Mental Health

cc: Denise Read (Monroe County), Denise.Read@dfa.state.ny.us



Scoring Rubric

**Partners Ending Homelessness (PEH)
FY2026 Support Services Only (SSO) Street Outreach
Updated 06/29/2026**

**Applications are due (Wednesday, July 15th by 5 PM).
Single Project Applications must be submitted in a single PDF format to
PEH via email. Please submit applications directly to**

jkeys@letsendhomelessness.org

**E-Snap applications must be submitted at the same date/time.
The Scoring Rubric can be found on the PEH website.**

[CoC Funding – Partners Ending Homelessness](#)

Agency and Project Information

Organization Name:	
Project Name:	

Contact Person	
Phone Number	
Email	

Amount Requesting	Projected Number of People Served (Supportive Services Only-Street Outreach) 2 CFR 200.404
\$	

Threshold Requirements: (3 parts)

All projects are required to meet or agree with threshold requirements to be considered for funding.

**The agency has reviewed all HUD requirements and
provisions outlined on pages 106-108 of the NOFO
and agrees to abide by them.**

☐ Agree ☐ Disagree



The agency also agrees to abide by the following four additional questions outlined in the same area of the NOFO on page 108:	
Awards under this NOFO will not be used to engage in illegal racial discrimination, including racial preferences.	☐ Agree ☐ Disagree
Awards under this NOFO will not be distributed in a way that violates or otherwise is used to interfere with constitutional protections guaranteed for speech and religious beliefs and the free exercise of religion.	☐ Agree ☐ Disagree
Awards made under this NOFO will not be used to fund any project, service provider, or organization that operates illegal drug injection sites of "safe consumption sites" in violation of 21 U.S.C. § 856, knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 USC 863. This is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.	☐ Agree ☐ Disagree
Pursuant to 2 CFR 200.332(b)(2), all agreements or contracts made with subrecipients under this NOFO must contain the same terms and conditions as those in the grant agreement issued by HUD. Any conflicting terms and conditions must be approved by HUD.	☐ Agree ☐ Disagree
Additional CoC Threshold Questions:	
Applicant is a non-profit organization, including a faith-based organization, with active 501(c)3 status, a public housing authority, a local government organization, or another eligible entity as specified in the NOFO. (Please see page 9 of the NOFO for a detailed listing of eligible applicants.)	☐ Yes ☐ No



Applicant agrees to use our Continuum's Homeless Management Information System-HMIS (or comparable database if Domestic Violence-DV)	☐ Yes ☐ No
Applicant agrees to uphold protections of VAWA (§ 5.2005 VAWA protections) including: confidentiality protections, use of emergency transfer plans, and regular staff training regarding VAWA.	☐ Yes ☐ No
PEH Membership: The applicant has a current Memorandum of Understanding (MOU) with PEH or is submitting an MOU with this application. (Templates will be posted on the PEH website.)	☐ Yes ☐ No
Applicant agrees to using the Coordinated Entry System.	☐ Yes ☐ No
Applicant has attached the management letter from the agency's most recent fiscal audit demonstrating that the agency is in good standing.	☐ Yes ☐ No
Applicant agrees to engage in technical assistance with PEH, when needed, and monthly program meetings to review data errors, case management documentation, services, utilization, spend down, and outcomes.	☐ Yes ☐ No
Does the agency participate in the local Point In Time (PIT) Count?	☐ Yes ☐ No
If no, to the above, will the agency participate in the future if funded by sending the following number of volunteers according to the percentage of funding received by the CoC: 30%-20%= 6 volunteers, 19%-15%=5 volunteers, 14%-10%=4 volunteers, 9%-5%=3 volunteers; and 4% or below =2 volunteers	☐ Yes ☐ No

If the answer is no to any of the above questions, please explain below. (please limit to 250 words)

If agency does not meet threshold requirements, stop scoring. Agency is not eligible for CoC funding.



Narrative Questions

Program Design: 5 points	Please provide a general description of the program including the population served. Please indicate whether the project will serve any specialized populations. (please limit to 250 words)
4-5 points: Provides a clear and thoughtful plan for the program with specific details that demonstrate why it will succeed. Program will serve one or more priority specialized populations. 2-3 points: Provides a description of the program but with limited information. May or may not serve priority specialized populations. 0-1 points: Does not provide a description or description does not make sense. Does not serve any priority specialized populations.	
Community and HUD Federal Need: 5 points	Using local data on homelessness, how does this project support PEH's goal of ending homelessness for all persons? Please include the agency's unique ability to serve the population and share any relevant data to support your response. (please limit to 250 words)
4-5 points: Clearly demonstrates how this project will support the goal of ending homelessness and uses specific data that supports their explanation. Agency shows why they are uniquely qualified to serve the population with specific evidence. 2-3 points: Describes a link between the project and the goal of ending homelessness, but connection is weak, and data is limited. The agency may be able to serve the population well but does not have strong evidence. 0-1 points: Does not demonstrate how this project will support the goal of ending homelessness. Does not provide evidence that the agency is qualified to serve the population.	
Capacity: 5 points	Please describe the success of your agency's current housing program(s) in helping homeless individuals and families exit homelessness within 24-months or describe how your agency's plan to ensure that individuals and families exit homelessness within 24-months. (please limit to 250 words)
4-5 points: Clearly describes a history of current programs consistently helping people exit homelessness within 24 months, supported by objective data. Or, if the agency does not have current street outreach programs, demonstrates a thoughtful plan that would ensure people are able to consistently exit homelessness within 24 months utilizing best practices supported by data. 2-3 points: Describes success of the agency's current housing programs but cannot show consistent exits within 24 months and has limited data to support their performance. Or, if the agency does not have current street outreach programs, describes how they will ensure people are able to exit homelessness but the plan lacks evidence or thorough strategic planning.	



0-1 points: Is unable to describe current success or how they will ensure people are able to exit homelessness within 24 months.	
Knowledge shared from persons who were homeless in the past: 5 points	How does your program currently involve people who were formerly homeless (i.e., employment/volunteer opportunities, peer support, mentorship, members of Board/Advisory Committees, etc.)? (please limit to 250 words)
4-5 points: Clearly demonstrates meaningful involvement of people who were formerly homeless. Explains how contributions from people who were formerly homeless have been intentionally applied to improve the program.	
2-3 points: Shows some involvement of people who were formerly homeless but involvement is limited. Fails to show that input from people who were formerly homeless was practically implemented.	
0-1 points: Has not had any people who were formerly homeless involved or people who were formerly homeless were involved in the past but are no longer given opportunities to contribute.	
Minimizing Trauma Provision: 5 points	Describe how your program minimizes the trauma associated with homelessness. This could include trauma informed care services and ensuring participant safety in programs, especially for youth and survivors of domestic violence, dating violence, sexual assault, and stalking. (please limit to 250 words)
4-5 points: Agency demonstrates the ability to minimize trauma as described in the question above.	
2-3 points: Agency has plans, and can produce evidence of a plan, to ensure the program will minimize trauma as described in the question above.	
0-1 points: Agency does not have the ability to provide this level of care and does not have a plan in place to provide this level of care.	

Performance Measures

Employment & Income Growth: 10 points	Describe how a minimum of 25% of clients will obtain employment and income resources to maximize their ability to live independently. Has your agency operated a homeless program where at least 50% exited with employment income as reflected in HMIS? Or is there a plan to ensure these same outcomes? (please limit to 250 words)
9-10 points:	Response provides a comprehensive, well-developed strategy for assisting clients in obtaining employment and income resources. Clearly describes services and demonstrates how these services will empower at least 25% of client to obtain employment and income resources. Provides evidence that the agency has operated a program where at least 50% exited with employment income using HMIS data, or describes a thoughtful plan to ensure



this outcome using best practices supported by data. 7-8 points: Response addresses most components of the question with adequate detail. Describes a plan for employment and income assistance but may lack specificity regarding service delivery, partnerships, or evidence of effectiveness. Cannot show a previous program where at least 50% of clients exited with employment income. 4-6 points: Response provides a basic description of strategies to provide employment and income assistance but the relationship to long-term independence is weak or insufficiently explained. Strategies are vague, underdeveloped, or lack a clear implementation plan. Fails to show that at least 25% of client will obtain employment and income resources or that at least 50% will exit with employment income. 0-3 points: Response provides very limited information and fails to address most of the required elements.	
Supportive Service Provision: 10 points	Describe how this project will provide the treatment and services that people need to recover and regain self-sufficiency (including on-site behavioral health treatment, robust wraparound supportive services, and participation requirements for these services). Provide the partnerships and corresponding MOUs for providing this care. (please limit to 250 words)
9-10 points:	Response provides a comprehensive, well-developed plan for delivering treatment and services that support recovery and self-sufficiency. Clearly describes on-site services with participation requirements and how services are coordinated. Identifies strong community partnerships and includes corresponding MOUs.
7-8 points:	Response provides a comprehensive, well-developed plan for delivering treatment and services that support recovery and self-sufficiency. However, services are not on-site or do not have participation requirements. Identifies strong community partnerships and includes corresponding MOUs.
4-6 points:	Response partially addresses the question but provides limited explanation of how recovery and self-sufficiency will be supported. Partnerships and/or MOUs are minimally addressed or absent
0-3 points:	Response provides very limited information and fails to address most of the required elements.
Positive Destinations: 10 points	Does your agency currently, or has it previously operated a homeless project where at least 50% of participants exited to a positive destination within 24 months, or what is your plan for ensuring this happens with your new project?



9-10 points: Response clearly demonstrates that the agency has successfully operated a homeless assistance project in which at least 50% of participants exited to a positive destination within 24 months, supported by performance data or measurable outcomes. If the agency does not have this experience, it provides a comprehensive, well-developed, and evidence-based plan that clearly explains how the new project will achieve this benchmark through defined strategies, performance monitoring, and continuous quality improvement. 7-8 points: Response adequately describes prior experience or presents a reasonable plan for achieving the benchmark but lacks specificity regarding performance measures, implementation strategies, or monitoring. 4-6 points: Response partially addresses the question but provides limited evidence of prior success or only a general plan for achieving positive housing outcomes. The likelihood of meeting the benchmark is not well supported. 0-3 points: Response provides very limited information and fails to address most of the required elements.	
Returns to Homelessness: 10 points	How will projects ensure that clients will not return to homelessness after project exit? (please limit to 250 words)
	9-10 points: Response provides a comprehensive strategy for promoting long-term housing stability and preventing returns to homelessness after project exit. Clearly describes discharge planning, housing stabilization services, ongoing case management or follow-up, connections to employment, income, healthcare, behavioral health, and community resources. Includes measurable outcomes or prior success demonstrating effectiveness in reducing returns to homelessness. 7-8 points: Response addresses most components of the question with adequate detail. Describes housing stabilization strategies and follow-up services but may lack specificity regarding outcomes, partnerships, or long-term monitoring. 4-6 points: Response partially addresses the question but provides limited explanation of how clients will maintain housing after project exit. Long-term supports and prevention strategies are insufficiently described. 0-3 points: Response provides very limited information and fails to address most of the required elements.

Rating Factors

Supplemental Resources: 5 points	Describe how this project intends to be supplemented with resources from other public or private sources (these can include, but are not limited to, mainstream health, social, and
---	--



	employment programs such as Medicaid, Medicaid, SSI, and SNAP). (please limit to 250 words)
5 points: Clearly describes a well-developed and proactive strategy to connect participants with mainstream and community resources. Includes specific programs (e.g., Medicaid, SSI/SSDI, SNAP, TANF, workforce programs), and explains how staff will assist with enrollment, eligibility determination, referrals, and ongoing access. Demonstrates strong coordination with external agencies and may include MOUs or formal partnerships. Shows how leveraging these resources reduces CoC funding reliance and improves housing stability and self-sufficiency. 4 points: Describes a solid plan to connect participants to mainstream benefits and services, with some detail on referral processes or partnerships. May lack specificity on implementation steps or coordination mechanisms. 3 points: Provides a general description of referrals to mainstream services but limited detail on how enrollment or ongoing access will be ensured. Weak explanation of coordination or system integration. 2 points: Mentions mainstream resources but provides minimal explanation of how participants will be connected or supported in accessing them. 1 point: Minimal response with little meaningful description of leveraging external resources. 0 points: No response or does not address the question.	
Participant Engagement: (5 points)	Describe the proposed project's strategy for providing supportive services to eligible program participants, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. (please limit to 250 words)
4-5 points: Provides a comprehensive, well-developed strategy for providing supportive services. Specifically presents a clear strategy for engagement of clients with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. 2-3 points: Provides a strategy for providing supportive services, but the plan lacks specificity or detail. Discusses serving clients with histories of unsheltered homelessness and those who do not traditionally engage with supportive services but fails to specifically show that they have an adequate plan for serving this population.	



0-1 points: Does not provide a strategy and does not address participants with histories of unsheltered homelessness or those who do not traditionally engage with supportive services.

First Responder and Law Enforcement Engagement:
(1 points)

Describe your agency's history of, or plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing, or independent living. Please describe how your agency intends to cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals. (please limit to 250 words)

1 point: Demonstrates a history of strong partnership with law enforcement or clearly describes a well-developed plan for partnering with law enforcement to support people living in places not meant for human habitation. Describes how they will cooperate and not interfere with enforcement of local laws.

0 points: Does not demonstrate a history of or a plan to work with law enforcement. Does not indicate how they will not interfere with enforcement of local laws.

Agency History and Experience with Outreach:
(5 points)

Describe your agency's history of experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) and has a plan for or has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing, or permanent housing programs. (please limit to 250 words)



4-5 points: Describes a strong history of providing outreach services with clear data to support their success or presents a well-developed and comprehensive plan to provide outreach services, shown to be consistent with 24 CFR 578.53(e)(13). Provides clear evidence of effectiveness at helping people successfully exit from places not meant for human habitation or presents a well-developed and comprehensive plan to do so.

2-3 points: Describes a history of providing outreach services but has limited experience and success or presents a plan that lacks specificity and detail. Discusses prior experience or a plan to exit people from places not meant for human habitation but fails to show evidence that they will be successful.

0-1 points: Has no history of providing outreach services and does not have an adequate plan. Does not address how to help people exit from places not meant for human habitation or describes a plan in contradiction to 24 CFR 578.53 (e)(13).

Cost Effectiveness: (10 points)	Describe the average cost per household, specifically in regard to cost reasonableness per 2 CFR 200.404. (please limit to 250 words)
------------------------------------	---

9-10 points:	Response clearly identifies the average cost per household and provides a comprehensive justification demonstrating that costs are reasonable, necessary, allocable, and consistent with 2 CFR 200.404. Explains how costs were calculated, compares costs to similar programs or market rates when appropriate, demonstrates efficient use of funds, and clearly links expenditures to expected participant outcomes.
7-8 points:	Response adequately describes the average cost per household and provides a reasonable justification for costs but lacks specificity regarding methodology, comparisons, or alignment with federal cost principles.
4-6 points:	Response partially addresses the question but provides limited explanation of average household costs or insufficient justification for why the proposed costs are reasonable and necessary.
0-3 points:	Response provides very limited information and fails to address most of the required elements.

Protecting Public Safety

Encampments: (4 points)	Describe how the applicant will assist with efforts to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services. (please limit to 250 words)
----------------------------	--

4 points:	Response provides a comprehensive, well-developed strategy for assisting with encampment resolution through coordinated outreach and engagement. Clearly describes how individuals will be identified and engaged, connected to housing, emergency shelter, behavioral health, and other supportive services, and transitioned from encampments to
------------------	--



2-3 points: 0-1 points:	stable housing. Demonstrates strong partnerships with local governments and service providers, includes a participant-centered approach, and provides evidence of organizational capacity or prior success. Response adequately addresses the question and describes a clear outreach and service connection strategy. Includes coordination with partners and identifies key supportive services, but lacks detail, specificity, or evidence in one or more areas. Response may partially address the question but provides only a general or limited description of outreach, service coordination, or housing connection strategies. Omits several important elements or lacks a clear implementation plan.
Illicit Drug Use: (4 points)	Describe how the applicant will assist with efforts to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drugs in public with appropriate services and/or law enforcement. (please limit to 250 words)
4 points: 2-3 points: 0-1 points:	Response provides a comprehensive, well-developed strategy for reducing public illicit drug use through coordinated outreach, engagement, and rapid connection to appropriate services. Clearly describes how individuals will be identified and connected to behavioral health treatment, substance use disorder services, crisis intervention, housing, and other supportive services, as appropriate. Explains coordination with law enforcement, first responders, and community partners when appropriate, while demonstrating a participant-centered, evidence-informed approach and organizational capacity to implement the strategy. Response adequately addresses the question and describes a clear strategy for connecting individuals to appropriate services and coordinating with law enforcement or community partners. The response is well organized but lacks detail, specificity, or supporting evidence in one or more areas. Response may partially address the question but provides only a general description of outreach, service coordination, or law enforcement collaboration. Omits several important elements or lacks a clear implementation plan for reducing public illicit drug use and connecting individuals to services.
Addressing Immediate Danger: (3 points)	Describe how the applicant will assist with efforts to address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment). (please limit to 250 words)



3 points:	Response provides a comprehensive, well-developed strategy for identifying and responding to homeless individuals who may be a danger to themselves or others. Clearly describes coordination with behavioral health providers, crisis response teams, emergency medical services, and/or law enforcement, as appropriate. Explains procedures for crisis intervention, referral to treatment, involuntary commitment when legally appropriate, and connection to ongoing housing and supportive services. Demonstrates organizational capacity and strong partnerships to implement the proposed approach.
2 points:	Response addresses the question but lacks some detail or specificity to their strategy. Describes some coordination with behavioral health providers, crisis responders, or law enforcement but lacks sufficient detail regarding implementation, partnerships, referral processes, or ongoing service coordination.
1 point:	Response provides only a general or partially developed strategy. Fails to describe a meaningful strategy for responding to homeless individuals who may be a danger to themselves or others or does not adequately address coordination, crisis intervention, or connection to appropriate services.
0 points: Response is incomplete, vague, or largely nonresponsive.	
Sharing Information: (3 points)	Describe how the applicant will assist with efforts to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA). (please limit to 250 words)
3 points:	Response provides a comprehensive, well-developed plan for sharing information, including location information, in accordance with SORNA requirements. Clearly describes coordination with law enforcement, corrections, and other relevant agencies; outlines procedures for timely, accurate, and legally compliant information sharing; demonstrates strong interagency collaboration; and provides evidence of organizational capacity to implement the proposed approach.
2 points:	Response adequately addresses the question and describes a clear approach to information sharing and coordination with partner agencies. Demonstrates an understanding of SORNA-related responsibilities but lacks detail, specificity, or supporting evidence in one or more areas.
1 point:	Response partially addresses the question but provides only a general or limited description of information-sharing practices. Omits several important elements, such as implementation procedures, coordination with relevant agencies, or compliance considerations.
0 points:	Response is incomplete, vague, or largely nonresponsive. Fails to describe a meaningful strategy for sharing information in accordance with SORNA or does not adequately address coordination, legal compliance, or implementation.



For Reviewer Use Only

Applicant Budget submitted is feasible, cost effective, and allowable. (5 points)	☐ Yes ☐ No Yes=5 No=0
---	---



Scoring Rubric

Partners Ending Homelessness (PEH) FY2026 New Project Application Support Services Only – Standalone-Updated 06/29/2026

**Applications are due Wednesday, July 15th by 5 pm.
Single Project Applications must be submitted in a single PDF to
PEH via email: jkeys@letsendhomelessness.org
Project applications must also be submitted in E-Snaps by Tuesday,
August 11th by 5pm.
Scoring Rubric will be on our website
[CoC Funding - Partners Ending Homelessness](#)**

Agency and Project Information

Organization Name:	
Project Name:	

Contact Person	
Phone Number	
Email	

Amount Requesting	Projected Number of People Served (Supportive Services Only-SSO) 2 CFR 200.404
\$	

Threshold Requirements: (3 parts)

All projects are required to meet or agree with threshold requirements to be considered for funding.

The agency has reviewed all HUD requirements and provisions outlined on pages 106-108 of the NOFO and agrees to abide by them.

☐ Agree ☐ Disagree



The agency also agrees to abide by the following four additional questions outlined in the same area of the NOFO on page 108:	
Awards under this NOFO will not be used to engage in illegal racial discrimination, including racial preferences.	☐ Agree ☐ Disagree
Awards under this NOFO will not be distributed in a way that violates or otherwise is used to interfere with constitutional protections guaranteed for speech and religious beliefs and the free exercise of religion.	☐ Agree ☐ Disagree
Awards made under this NOFO will not be used to fund any project, service provider, or organization that operates illegal drug injection sites of “safe consumption sites” in violation of 21 U.S.C. § 856, knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 USC 863. This is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.	☐ Agree ☐ Disagree
Pursuant to 2 CFR 200.332(b)(2), all agreements or contracts made with subrecipients under this NOFO must contain the same terms and conditions as those in the grant agreement issued by HUD. Any conflicting terms and conditions must be approved by HUD.	☐ Agree ☐ Disagree
Additional CoC Threshold Questions:	
Applicant is a non-profit organization, including a faith based organization, with active 501(c)3 status, a public housing authority, a local government organization, or another eligible entity as specified in the NOFO. (Please see page 9 of the NOFO for a detailed listing of eligible applicants.)	☐ Yes ☐ No
Applicant agrees to use our Continuum’s Homeless Management Information System-HMIS (or comparable database if a Domestic Violence-DV provider)	☐ Yes ☐ No
PEH Membership: The applicant has a current Memorandum of Understanding (MOU) with PEH	☐ Yes ☐ No



or is submitting an MOU with this application. (Templates will be posted on the PEH website.)	
Applicant agrees to using the Coordinated Entry System	☐ Yes ☐ No
Applicant has attached the management letter from the agency's most recent fiscal audit demonstrating that the agency is in good standing.	☐ Yes ☐ No
The agency has reviewed all new HUD priorities outlined in the Notice of Funding Opportunity (NOFO).	☐ Yes ☐ No
Does the agency participate in the local Point in Time (PIT) Count?	☐ Yes ☐ No
If no, to the above, will the agency participate in the future if funded by sending the following number of volunteers according to the percentage of funding received by the CoC: 30%-20%= 6 volunteers, 19%-15%=5 volunteers, 14%-10%=4 volunteers, 9%-5%=3 volunteers; and 4% or below =2 volunteers	☐ Yes ☐ No

If the answer is no to any of the above questions, please explain below. (Please limit to 250 words.)

If agency does not meet threshold requirements, stop scoring. Agency is not eligible for CoC funding.

Narrative Questions

Program Design: 5 points	Please provide a general description of the program including the population served, where applicable. Please indicate whether the project will serve any specialized populations. (Please limit to 250 words)
-----------------------------	--



4-5 points: Provides a clear and thoughtful plan for the program with specific details that demonstrate why it will succeed. Program will serve one or more priority specialized populations.

2-3 points: Provides a description of the program but with limited information. May or may not serve priority specialized populations.

0-1 points: Does not provide a description or description does not make sense. Does not serve any priority specialized populations.

Community and HUD Federal Need:
5 points

Using local data on homelessness, how does this project support PEH's goal of ending homelessness for all persons?

Please include the agency's unique ability to serve the population and share any relevant data to support your response. (please limit to 250 words)

4-5 points: Clearly demonstrates how this project will support the goal of ending homelessness and uses specific data that supports their explanation. Agency shows why they are uniquely qualified to serve the population with specific evidence.

2-3 points: Describes a link between the project and the goal of ending homelessness but connection is weak and data is limited. The agency may be able to serve the population well but does not have strong evidence.

0-1 points: Does not demonstrate how this project will support the goal of ending homelessness. Does not provide evidence that the agency is qualified to serve the population.

Current, or Past Performance:
5 Points

Please describe the success of your agency's current programs. If your agency currently receives, or has received Continuum of Care (CoC) funding in the past, have any of your programs fallen into Tier 2 or been reallocated? If yes, please describe why, and what changes have you implemented or plan to implement to ensure that this project meets the minimum HUD and CoC requirements? (please limit to 250 words)



5 points: Fully answers all parts of the question. Clearly states whether any projects were Tier 2 or reallocated, provides a transparent explanation of why, details specific corrective actions already implemented or planned, and demonstrates how the project will meet HUD and CoC performance and compliance requirements. Or the agency has not received CoC funding in the past.

4 points: Answers all parts of the question with good detail but lacks some specificity, supporting evidence, or measurable outcomes.

3 points: Addresses the question but provides only general explanations or broad improvement plans. Some required details are missing.

2 points: Partially answers the question. Reasons or improvement plans are incomplete, vague, or not clearly tied to HUD/CoC requirements.

1 point: Minimally addresses the question, omits key information, or provides an unclear or unsupported response.

0 points: Does not answer the question, leaves it blank, or provides information unrelated to the question.

Knowledge shared from persons who were homeless in the past
5 points

How does your program currently involve people who were formerly homeless (i.e., employment/volunteer opportunities, peer support, mentorship, members of Board/Advisory Committees, etc.)? (please limit to 250 words)

4-5 points: Clearly demonstrates meaningful involvement of people who were formerly homeless. Explains how contributions from people who were formerly homeless have been intentionally applied to improve the program.

2-3 points: Shows some involvement of people who were formerly homeless but involvement is limited. Fails to show that input from people who were formerly homeless was practically implemented.

0-1 points: Has not had any people who were formerly homeless involved or people who were formerly homeless were involved in the past but are no longer given opportunities to contribute.

Minimizing Trauma Provision
5 points

Describe how your program minimizes the trauma associated with homelessness. This could include trauma informed care services and ensuring participant safety in programs, especially for youth and survivors of domestic violence, dating violence, sexual assault, and stalking. (please limit to 250 words)



4-5 points: Agency demonstrates the ability to minimize trauma as described in the question above.

2-3 points: Agency has plans, and can produce evidence of a plan, to ensure the program will minimize trauma as described in the question above.

0-1 points: Agency does not have the ability to provide this level of care and does not have a plan in place to provide this level of care.

Support Services Only – Standalone Application Questions

Project need 10 points	Using local data on homelessness and other data, please describe why your agency believes the project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency.
9-10 points:	Provides a compelling, data-driven justification using multiple, current local data sources on homelessness and related community needs. Clearly explains why the project is necessary, demonstrates a strong understanding of local gaps, and explains how the project will increase housing stability and self-sufficiency.
7-8 points:	Includes relevant local data and explains the need for the project. Some opportunities exist to strengthen the use of evidence or the connection between identified needs and project activities.
4-6 points:	Addresses the question but uses minimal or outdated local data. Identifies barriers without fully explaining their impact or how the project addresses them.
0-3 points:	Minimal response with vague statements about homelessness. Lacks meaningful data, analysis, or explanation of community need. Does not adequately connect the project to identified barriers.
Relationships 10 points	Describe your relationship with shelters and street outreach providers in Monroe County/City of Rochester and how this relationship would improve your ability to provide support services to the target population to assist them in exiting homelessness. Please provide MOUs.



9-10 points:	Provides a comprehensive description of established relationships with shelters and street outreach providers in Monroe County/City of Rochester. Clearly explains the nature of collaboration and how these partnerships strengthen the agency's ability to help clients exit homelessness and access support services. Includes signed, current MOUs or letters of commitment that clearly define roles and responsibilities.
7-8 points:	Identifies key shelter and outreach partners and explains how collaboration supports the target population. Includes required MOUs, but provides limited detail about coordination, referral processes, or measurable benefits to clients.
4-6 points:	Provides a general description of community relationships without demonstrating how they improve service delivery. MOUs may be outdated, incomplete, or only partially address the proposed project.
0-3 points:	Limited response with little evidence of established relationships or coordination. Few specifics and no meaningful documentation of partnerships. Does not clearly explain how partnerships support clients exiting homelessness.
Assessment 5 points	Please provide a copy of the assessment tool that you intend to use to evaluate the initial and ongoing service needs of program participants. Use this space to provide any details about the assessment.
4-5 points:	Provides a copy of an appropriate and relevant assessment tool. Clearly explains how they will use the tool to evaluate initial and ongoing needs and explains how it will benefit staff and participants.
2-3 points:	Provides a copy of an assessment tool but fails to clearly show why the tool is an appropriate choice or how it will effectively support the needs of staff and participants.
0-1 points:	Does not provide an assessment tool or provides a tool that is not related to evaluating the initial and ongoing needs of program participants.
Strategy 10 points	What is the proposed strategy for providing supportive services to eligible program participants, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services? Please include your agency's history of ability to successfully serve this population.
9-10 points:	Response provides a comprehensive, well-developed strategy for supportive services. Describes how the project will specifically be able to support participants with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. Provides a strong history of serving the target population with measurable evidence of success.



7-8	Response addresses most components of the question with adequate detail. Strategy and agency experience are generally well described but may lack depth, evidence, or specificity in one or two areas.
4-6	Response partially addresses the question but lacks sufficient detail regarding supportive services, target populations, or agency experience. Limited evidence of successful implementation is provided.
0-3	Response addresses only a small portion of the question with little explanation or supporting information.
Supplemental Resources: 5 Points	Describe how your project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP in order to create self-sufficiency and economic independence. Include MOUs/partnership agreements.
5 points:	Clearly describes a well-developed and proactive strategy to connect participants with mainstream and community resources. Includes specific programs (e.g., Medicaid, SSI/SSDI, SNAP, TANF, workforce programs), and explains how staff will assist with enrollment, eligibility determination, referrals, and ongoing access. Demonstrates strong coordination with external agencies and may include MOUs or formal partnerships. Shows how leveraging these resources reduces CoC funding reliance and improves housing stability and self-sufficiency.
4 points:	Describes a solid plan to connect participants to mainstream benefits and services, with some detail on referral processes or partnerships. May lack specificity on implementation steps or coordination mechanisms.
3 points:	Provides a general description of referrals to mainstream services but limited detail on how enrollment or ongoing access will be ensured. Weak explanation of coordination or system integration.
2 points:	Mentions mainstream resources but provides minimal explanation of how participants will be connected or supported in accessing them.
1 point:	Minimal response with little meaningful description of leveraging external resources.
0 points:	No response or does not address the question.



Performance Measures

Employment & Income Growth: 10 points	Describe how clients will be assisted in obtaining employment and income resources to maximize their ability to live independently. (please limit to 250 words)
9-10 points: Response provides a comprehensive, well-developed strategy for assisting clients in obtaining employment and income resources. Clearly describes services and demonstrates how these services promote long-term independence and includes measurable outcomes. 7-8 points: Response addresses most components of the question with adequate detail. Describes employment and income assistance but may lack specificity regarding service delivery, partnerships, or evidence of effectiveness. 4-6 points: Response provides a basic description of employment and income assistance but the relationship to long-term independence is weak or insufficiently explained. Strategies are vague, underdeveloped, or lack a clear implementation plan. 0-3 points: Response provides very limited information and fails to address most of the required elements.	
Supportive Service Provision: 10 points	Describe how this project will provide the treatment and services that people need to recover and regain self-sufficiency (including on-site behavioral health treatment, robust wraparound supportive services, and participation requirements for these services). Provide the partnerships and corresponding MOUs for providing this care. (please limit to 250 words)
9-10 points: Response provides a comprehensive, well-developed plan for delivering treatment and services that support recovery and self-sufficiency. Clearly describes on-site services with participation requirements and how services are coordinated. Identifies strong community partnerships and includes corresponding MOUs.	



7-8 points:	Response provides a comprehensive, well-developed plan for delivering treatment and services that support recovery and self-sufficiency. However, services are not on-site or do not have participation requirements. Identifies strong community partnerships and includes corresponding MOUs.
4-6 points:	Response partially addresses the question but provides limited explanation of how recovery and self-sufficiency will be supported. Partnerships and/or MOUs are minimally addressed or absent.
0-3 points:	Response provides very limited information and fails to address most of the required elements.
Returns to Homelessness: 10 points	How will this project ensure that clients will not return to homelessness within two years after project exit? (please limit to 250 words)
9-10 points: Response provides a comprehensive strategy for promoting long-term housing stability and preventing returns to homelessness for at least two years after project exit. Clearly describes discharge planning, housing stabilization services, ongoing case management or follow-up, connections to employment, income, healthcare, behavioral health, and community resources. Includes measurable outcomes or prior success demonstrating effectiveness in reducing returns to homelessness. 7-8 points: Response addresses most components of the question with adequate detail. Describes housing stabilization strategies and follow-up services but may lack specificity regarding outcomes, partnerships, or long-term monitoring. 4-6 points: Response partially addresses the question but provides limited explanation of how clients will maintain housing after project exit. Long-term supports and prevention strategies are insufficiently described. 0-3 points: Response provides very limited information and fails to address most of the required elements.	

For Reviewer Use Only

Applicant Budget submitted is feasible, cost effective, and allowable. (5 points)	☐ Yes ☐ No Yes=5 points No=0 points
---	---



Scoring Rubric

Partners Ending Homelessness 2026 Coordinated Entry Renewal Ranking Criteria

Applications are due Wednesday, July 15th by 5 pm.
Single Project Applications must be submitted in a single PDF to
PEH via email: jkeys@letsendhomelessness.org
Project applications must also be submitted in E-Snaps by Tuesday,
August 11th by 5pm.
Scoring Rubric will be on our website
[CoC Funding - Partners Ending Homelessness](#)

Organization Name	
Project Name	

Contact Person	
Phone Number	
Email	

Threshold Requirements: All projects are required to meet or agree with threshold requirements to be considered for funding.	
The agency has reviewed all HUD requirements and provisions outlined on pages 106-108 of the NOFO and agrees to abide by them.	☐ Agree ☐ Disagree
The agency also agrees to abide by the following additional questions outlined in the same area of the NOFO on page 108:	
Awards under this NOFO will not be used to engage in illegal racial discrimination, including racial preferences.	☐ Agree ☐ Disagree
Awards under this NOFO will not be distributed in a way that violates or otherwise is used to interfere with constitutional protections guaranteed for	☐ Agree ☐ Disagree



speech and religious beliefs and the free exercise of religion.	
Awards made under this NOFO will not be used to fund any project, service provider, or organization that operates illegal drug injection sites of "safe consumption sites" in violation of 21 U.S.C. § 856, knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 USC 863. This is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.	☐ Agree ☐ Disagree
Pursuant to 2 CFR 200.332(b)(2), all agreements or contracts made with subrecipients under this NOFO must contain the same terms and conditions as those in the grant agreement issued by HUD. Any conflicting terms and conditions must be approved by HUD.	☐ Agree ☐ Disagree
Applicant is a non-profit organization, including a faith-based organization, with active 501(c)3 status, a public housing authority, a local government organization, or another eligible entity as specified in the NOFO. (Please see page 9 of the NOFO for a detailed listing of eligible applicants.)	☐ Agree ☐ Disagree
Applicant agrees to uphold protections of VAWA (§ 5.2005 VAWA protections) including: confidentiality protections, use of emergency transfer plans, and regular staff training regarding VAWA.	☐ Agree ☐ Disagree
Applicant agrees to engage in technical assistance with PEH when needed and monthly program meetings to review data errors, case management documentation and services, utilization, spend down, and outcomes.	☐ Agree ☐ Disagree
Applicant has attached the management letter from the agency's most recent fiscal audit demonstrating that the agency is in good standing.	☐ Agree ☐ Disagree
PEH Membership: The applicant has a current Memorandum of Understanding (MOU) with PEH or is submitting an MOU with this	☐ Agree ☐ Disagree



application. (Templates will be posted on the PEH website.)	
If agency does not meet threshold requirements, stop scoring. Agency is not eligible for CoC funding.	

Populations Served

Specialty Populations Served:
(See pages 81-83 of the NOFO)

- ☐ Children and youth (3 pts)
- ☐ Families (2 pts)
- ☐ Veterans (2 pts)
- ☐ Survivors of domestic violence, dating violence, sexual assault, and stalking (2 pts)
- ☐ Justice System Re-entry (2 pts)
- ☐ High utilizers of healthcare systems (2 pts)
- ☐ Aging and elderly (2 pts)
- ☐ Chronically homeless (CH) (2 pts)

Please describe the agency's unique ability to serve the above population(s) and share any relevant data to support your response. (Please limit to 250 words.) (5 pts)

4-5 Points: Demonstrates a history of serving this population. Discussed the population and the ability to best serve this population with the funding. Requested Provides Multiple data points to support response.

2-3 points: Limited description with the limited data provided.

0-1 points: Population served description is not clear or fully thought out. No data is provided.

Narrative Response Questions

Supportive Service Provision (5 points)	Describe how your project provides the treatment and services that people need to recover and regain self-sufficiency (including on-site behavioral health treatment, robust wraparound supportive services, and participation requirements for these services). If not on-site, provide the partnerships and corresponding MOUs for providing this care. (please limit to 250 words)
5 points: The agency clearly discusses how CE will refer into programs that provide these services, including examples of services provided and relevant MOU's. 4 points: The agency clearly discusses how CE will refer into programs that provide these services, including examples of services provided with no MOU's. 3 points: The agency offers a vague explanation of how CE will refer into programs that provide services.	



0-2 points: does not address the question.	
Knowledge shared from persons who were homeless in the past (5 points)	How does your program currently involve people who were formerly homeless? i.e., employment/volunteer opportunities, peer support, mentorship, members of Board/Advisory Committees, etc. (please limit to 250 words)
4-5 points: Clearly demonstrates meaningful involvement of people who were formerly homeless. Explains how contributions from people who were formerly homeless have been intentionally applied to improve the program. 2-3 points: Shows some involvement of people who were formerly homeless but involvement is limited. Fails to show that input from people who were formerly homeless was practically implemented. 0-1 points: Has not had any people who were formerly homeless involved or people who were formerly homeless were involved in the past but are no longer given opportunities to contribute.	
Minimizing Trauma (5 points)	Describe how your program minimizes the trauma associated with homelessness. This could include trauma informed care services, ensuring participant safety in programs, especially for youth and survivors of domestic violence, dating violence, sexual assault, and stalking. (please limit to 250 words)
4-5 points: Agency demonstrates the ability to minimize trauma as described in the question above. 2-3 points: Agency has plans, and can produce evidence of a plan, to ensure the program will minimize trauma as described in the question above. 0-1 points: Agency does not have the ability to provide this level of care and does not have a plan in place to provide this level of care.	
Addressing the Goals of the NOFO (10 points)	How will your project advance the goals described in the NOFO? (Beginning on page 28) This includes optimizing self-sufficiency, reducing homelessness, prioritizing treatment and recovery, advancing public safety, and minimizing the trauma caused to communities as a whole by homelessness.
9–10 Points: Provides a comprehensive, well-supported response that addresses all NOFO goals with specific examples, measurable outcomes, and a clear connection between project activities and expected impacts. 7–8 Points: Addresses most NOFO goals with adequate detail and examples but lacks specificity or measurable outcomes in one or two areas. 5–6 Points: Addresses some NOFO goals but provides limited detail, weak connections to project activities, or few examples. 3–4 Points: Provides a general response that addresses only a few NOFO goals or lacks sufficient explanation of how the project advances them.	



1–2 Points: Response is minimal, vague, or demonstrates little understanding of the NOFO goals.
0 Points: Does not address the question or provides information unrelated to the NOFO goals.

Project Effectiveness

Accessibility (19 points)	The Coordinated Entry system is easily available and reachable for all persons within the CoC’s geographic area who are seeking homelessness assistance. The system must also be accessible for persons with disabilities within the CoC’s geographic area. (please limit to 250 words)
19 points: Provides a comprehensive, clear, and well-organized explanation of how the Coordinated Entry (CE) system is easily accessible and reachable for all persons seeking homelessness assistance across the CoC geographic area, including people with disabilities. Clearly describes multiple access points (e.g., in-person locations, phone, online, outreach), low-barrier entry practices, language access, disability accommodations, and geographic coverage. Demonstrates strong understanding of equity, accessibility, and inclusive system design. Response is specific, accurate, and within the 250-word limit. 16-18 points: Provides a clear and accurate explanation of system accessibility and reach. Describes key access points and accommodations for persons with disabilities, but may lack some detail, specificity, or coverage of all access methods. Shows good understanding with minor gaps. 10-15 points: Provides a basic description of CE accessibility but is general or incomplete. Mentions access or disability accommodations but does not fully explain how the system is broadly reachable or consistently accessible across the CoC. Limited detail or weak integration of accessibility features. 5-9 points: Provides a minimal or unclear response. Shows limited understanding of system accessibility and reach. Lacks explanation of access points, disability accommodations, or geographic coverage. May be vague or partially inaccurate. 0-4 points: Does not address the question, provides irrelevant or incorrect information, or is incomplete. Demonstrates little or no understanding of Coordinated Entry accessibility requirements for all populations, including persons with disabilities.	
Advertising (19 points)	Describe the strategy for advertising that is designed specifically to reach households experiencing homelessness with the highest needs. (please limit to 250 words)



19 points: Provides a comprehensive, clear, and well-organized description of a targeted outreach and advertising strategy designed to reach households experiencing homelessness with the highest needs. Clearly explains multiple outreach channels (e.g., street outreach, coordinated entry partners, shelters, hospitals, jails, schools, community-based organizations), and demonstrates how messaging, locations, and methods are tailored to high-need populations. Shows strong understanding of equity, accessibility, and engagement barriers. Response includes relevant examples and stays within the 250-word limit.

16-18 points: Provides a clear and accurate description of a targeted advertising or outreach strategy. Identifies key methods for reaching high-need households but may lack some depth, specificity, or variety of outreach channels. Demonstrates good understanding of targeting and engagement with minor omissions.

10-15 points: Provides a basic description of outreach or advertising strategies but is general or incomplete. Mentions some methods for reaching people experiencing homelessness but does not clearly explain how the strategy is targeted to those with the highest needs. Limited detail or weak connection to prioritization.

5-9 points: Provides a minimal or unclear response. Shows limited understanding of targeted outreach to high-need households. Lacks explanation of strategy, channels, or engagement approach, and may be vague or partially inaccurate.

0-4 points: Does not address the question, provides irrelevant or incorrect information, or is incomplete. Demonstrates little or no understanding of targeted outreach or advertising strategies for households experiencing homelessness.

Standardized Assessment Process (19 points)

Describe the standardized assessment process that is in place. (please limit to 250 words)

19 points: Provides a comprehensive, clear, and well-organized description of the standardized assessment process. Clearly explains how assessments are conducted, what tools or instruments are used, how consistency is ensured across assessors, and how results are used to prioritize or match participants to services. Demonstrates strong understanding of equity, consistency, and data-informed decision-making within Coordinated Entry or related systems. Response is specific, accurate, and within the 250-word limit.

16-18 points: Provides a clear and accurate description of the standardized assessment process. Identifies key components (e.g., tools, procedures, or workflow) and how assessments are used, but may lack some detail about standardization, training, or implementation consistency.

10-15 points: Provides a basic description of the assessment process but is general or incomplete. May mention assessments but does not clearly explain standardization, tools used, or how results inform decisions. Limited depth or specificity.

5-9 points: Provides a minimal or unclear response with limited understanding of standardized assessment. Lacks explanation of how the process works or how consistency is maintained. May be vague, inaccurate, or off-topic.

0-4 points: Does not address the question, provides irrelevant or incorrect information, or is incomplete. Demonstrates little or no understanding of a standardized assessment process.

Appropriate Housing and Services (19 points)

Describe how the project will ensure that program participants are directed to appropriate housing and services that fit their needs. (please limit to 250 words)



19 points: Provides a thorough, clear, and well-organized explanation of how the project ensures participants are matched to appropriate housing and services based on individualized needs. Clearly describes assessment processes, prioritization methods, referral pathways, and coordination with housing and service providers. Demonstrates strong understanding of person-centered, equitable, and data-informed decision-making. Includes relevant examples. 16-18 points: Provides a clear and accurate explanation of how participants are directed to appropriate housing and services. Describes key processes such as assessment and referrals, but may lack some depth, specificity, or examples. Shows good understanding of aligning participant needs with services, with minor omissions. 10-15 points: Provides a basic description of how participants are matched to housing and services, but explanation is general or incomplete. May reference assessment or referral processes without clearly explaining how needs are matched to appropriate resources. Limited detail or weak connection to individualized placement decisions. 5-9 points: Provides a minimal or unclear response with limited understanding of how participants are directed to appropriate housing and services. Lacks explanation of processes or coordination and may be overly vague, incomplete, or inaccurate. 0-4 points: Does not address the question, provides irrelevant or incorrect information, or is largely incomplete. Demonstrates little or no understanding of how participants are matched to housing and services.	
Strategic Utilization (19 points)	Describe how the Coordinated Entry system aligns with other systems of care to strategically utilize other systems of care for eligible populations. (please limit to 250 words)
19 points: Provides a comprehensive, accurate, and well-organized description of how the Coordinated Entry (CE) system aligns with other systems of care. Clearly explains strategic partnerships, referral pathways, and coordination for eligible populations, with specific examples of collaboration (e.g., behavioral health, healthcare, justice, child welfare, veterans, domestic violence, or mainstream benefits). Demonstrates a strong understanding of system integration and strategic resource utilization. Response is concise, within the word limit, and free of significant errors. 16-18 points: Provides a clear and accurate description of CE alignment with other systems of care. Explains coordination and strategic use of partner systems for eligible populations but may lack some specificity, examples, or depth. Demonstrates a solid understanding with only minor omissions or limited detail. 10-15 points: Provides a basic description of CE coordination with other systems of care but addresses the topic only partially. May identify some partner systems without adequately explaining how alignment is strategic or how eligible populations benefit. Response may be vague, incomplete, or lack supporting examples. 5-9 points: Provides a limited or unclear description of CE alignment. Demonstrates minimal understanding of coordination across systems of care, with significant gaps, inaccuracies, or little explanation of strategic utilization or eligible populations. 0-4 points: Does not address the question, provides information that is largely inaccurate or unrelated, or submits an incomplete response. Demonstrates little or no understanding of Coordinated Entry alignment with other systems of care.	



APR Submission: 4 points 1 point if “Yes” for 2023 1 point if “Yes” for 2024 1 point if “Yes” for 2025 1 bonus point if “Yes” for all three years	Was the project’s APR submitted on time for the following years? 2023 ☐ Yes ☐ No 2024 ☐ Yes ☐ No 2025 ☐ Yes ☐ No
Drawdown Efficiency: (7 points) 5 points if >= 95% 2 points if “Yes”	What percentage of HUD expenditures were drawn down from the project's APR for the year ending 2025? Did the project draw down funds at least once per quarter for the year ending 2025? ☐ Yes ☐ No
Participation in the CoC: (5 points) • 20% to 30% of total funding = 6 people • 15% to 19% of total funding = 5 people • 10% to 14% of total funding = 4 people • 5% to 9% of total funding = 3 people • 2% to 4% of total funding = 2 People	Did the Agency attend the January 2026 PIT Count in proportion to the percentage of CoC funding as seen on the monitor? ☐ Yes ☐ No Yes = 5 No = 0
Percentage of Dedicated ARD 0%-2% = 6 points 2.1% - 3% = 5 points 3.1% - 4% = 4 points 4.1% - 5% = 3 points >5% = 0 points	What % of ARD funds are already dedicated to Coordinated Entry? (PEH will enter this on your behalf).
Required Data Elements (5 points)	Does your currently funded CE project ensure the following required data elements are entered into HMIS? CE Assessment CE Event Element Current Living Situation Element ☐ Yes ☐ No



	Yes = 5 No = 0
Mitigating Factors: Please explain any outcomes that you think do not accurately portray your program or anything you want the reviewers to know about your program not covered in the application questions. (Please be specific and keep the word count total under 500 words) (5 points) 5 points: Provides a clear, specific, and well-supported explanation of outcomes or context not fully reflected in reported data. Effectively explains external factors (e.g. staffing concerns, funding disruptions). Clarifies program performance while outlining a corrective and implemented action plan. Or application demonstrates that the project performed very well and there is no need for mitigating factors. 4 points: Provides a solid explanation of mitigating factors with relevant detail. Addresses discrepancies or missing context and helps reviewers understand performance outcomes. Some minor lack of specificity or limited connection to program strengths. 3 points: Provides a general explanation of mitigating factors but lacks depth, specificity, or clear linkage to outcomes. Some context is given, but it does not fully clarify performance data or program impact. 2 points: Mentions mitigating factors in a vague or limited way. Minimal explanation of how external or internal issues affected outcomes. Does not clearly help interpret program performance. 0 -1 points: No response or entirely off-topic.	



Scoring Rubric

Partners Ending Homelessness 2026 Renewal Project Ranking Criteria

Applications are due Wednesday, July 15th by 5 pm.
Single Project Applications must be submitted in a single PDF to
PEH via email: jkeys@letsendhomelessness.org
Project applications must also be submitted in E-Snaps by Tuesday, August 11th
by 5pm.

Scoring Rubric will be on our website
[CoC Funding - Partners Ending Homelessness](#)

Organization Name:	
Project Name:	
Contact Person	
Phone Number	
Email	

Project Type (check correct box)	
Transitional Housing (TH)	
Safe Haven (SH)	
Transitional housing – Rapid Re-Housing (TH-RRH)	
Permanent Supportive Housing (PSH)	
Rapid Re-Housing (RRH)	

Threshold Requirements:

All projects are required to meet or agree with threshold requirements to be considered for funding.

The agency has reviewed all HUD requirements and provisions outlined on pages 106-108 of the NOFO and agrees to abide by them.

☐ Agree ☐ Disagree

The agency also agrees to abide by the following additional questions outlined in the same area of the NOFO on page 108:

Awards under this NOFO will not be used to engage in illegal racial discrimination, including racial preferences.

☐ Agree ☐ Disagree

Awards under this NOFO will not be distributed in a way that violates or otherwise is used to interfere with constitutional protections guaranteed for speech and religious beliefs and the free exercise of religion.

☐ Agree ☐ Disagree

Awards made under this NOFO will not be used to fund any project, service provider, or organization that operates illegal drug injection sites of "safe consumption sites" in violation of 21 U.S.C. § 856, knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 USC 863. This is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.

☐ Agree ☐ Disagree

Pursuant to 2 CFR 200.332(b)(2), all agreements or contracts made with subrecipients under this NOFO must contain the same terms and conditions as those in the grant agreement issued by HUD. Any conflicting terms and conditions must be approved by HUD.

☐ Agree ☐ Disagree

Applicant is a non-profit organization, including a faith based organization, with active 501(c)3 status, a public housing authority, a local government organization, or another eligible entity as specified in the NOFO. (Please see page 9 of the NOFO for a detailed listing of eligible applicants.)

☐ Agree ☐ Disagree

Applicant agrees to uphold protections of VAWA (§ 5.2005 VAWA protections) including: confidentiality protections, use of emergency transfer plans, and regular staff training regarding VAWA.

☐ Agree ☐ Disagree

Applicant agrees to engage in technical assistance with PEH when needed and monthly program meetings to review data errors, case management documentation and services, utilization, spend down, and outcomes.

☐ Agree ☐ Disagree

Applicant has attached the management letter from the agency's most recent fiscal audit demonstrating that the agency is in good standing.	☐ Agree ☐ Disagree
PEH Membership: The applicant has a current Memorandum of Understanding (MOU) with PEH or is submitting an MOU with this application. (Templates will be posted on the PEH website.)	☐ Agree ☐ Disagree
Does this program have a bathroom and kitchen in each unit? If not, do you have or will you request a waiver from HUD? (Please see page 36)	☐ Agree ☐ Disagree

If agency does not meet threshold requirements, stop scoring. Agency is not eligible for CoC funding.

Populations Served

Specialty Populations Served: (See pages 81-83 of the NOFO)	☐ Children and youth (3 pts) ☐ Families (2 pts) ☐ Veterans (2 pts) ☐ Survivors of domestic violence, dating violence, sexual assault, and stalking (2 pts) ☐ Justice System Re-entry (2 pts) ☐ High utilizers of healthcare systems (2 pts) ☐ Aging and elderly (2 pts) ☐ Chronically homeless (CH) (2 pts)
Please describe the agency's unique ability to serve the above population(s) and share any relevant data to support your response. (Please limit to 250 words.) (5 pts)	
4-5 Points: Demonstrates a history of serving this population. Discussed the population and the ability to best serve this population with the funding. Requested Provides Multiple data points to support response. 2-3 points: Limited description with the limited data provided. 0-1 points: Population served description is not clear or fully thought out. No data is provided.	
Will you have any units in your project that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program? (p 78) (5 pts) If yes, how many units?	☐ Yes + number of units >0 =5 ☐ No =0 Number of Units:_____

Narrative Response Questions

Supportive Service Provision (10 points)	Describe how your project provides the treatment and services that people need to recover and regain self-sufficiency (including on-site behavioral health treatment, robust wraparound supportive services, and participation requirements for these services). If not on-site, provide the partnerships and corresponding MOUs for providing this care. (please limit to 250 words)
8–10 Points: The agency provides a combination of both on-site and off-site comprehensive supportive services, with all relevant policies and Memoranda of Understanding (MOUs) included in the application. The narrative clearly describes how these services are integrated into daily operations and demonstrates an established history of delivering participant-centered care. The agency highlights practices such as engaging participants in individualized goal planning, implementing creative strategies to promote engagement and retention, and providing ongoing case management training to ensure high-quality, consistent service delivery. These examples reflect a strong commitment to coordinated, person-centered care and support the agency's capacity to effectively meet participant needs. 5-7 points: The agency provides comprehensive supportive services off-site, but MOUs and partnership agreements are shared with this application. Description of linkages is strong and shows history of care. 3-6 points: Agency provides supportive services but has limited examples of specific practices. 0-2 points: Agency does not have a clear strategy for providing ongoing services.	
Knowledge shared from persons who were homeless in the past (5 points)	How does your program currently involve people who were formerly homeless? i.e., employment/volunteer opportunities, peer support, mentorship, members of Board/Advisory Committees, etc. (please limit to 250 words)
4-5 points: Agency has one or more individual(s) involved with the program who has lived experience 2-3 points: Agency has plans, and can produce evidence of a plan, to ensure one or more individual(s) involved with the program has lived experience 0-1 points: Agency has no individuals involved with the program with lived experience.	
Minimizing Trauma (5 points)	Describe how your program minimizes the trauma associated with homelessness. This could include trauma informed care services, ensuring participant safety in programs, especially for youth and survivors of domestic violence, dating violence, sexual assault, and stalking.

	(please limit to 250 words)
4-5 points: Agency demonstrates the ability to minimize trauma as described in the question above. 2-3 points: Agency has plans, and can produce evidence of a plan, to ensure the program will minimize trauma as described in the question above. 0-1 points: Agency does not have the ability to provide this level of care and does not have a plan in place to provide this level of care.	
Addressing the Goals of the NOFO (10 points)	How will your project advance the goals described in the NOFO? (Beginning on page 28) This includes optimizing self-sufficiency, reducing homelessness, prioritizing treatment and recovery, advancing public safety, and minimizing the trauma caused to communities as a whole by homelessness.
9–10 Points: Provides a comprehensive, well-supported response that addresses all NOFO goals with specific examples, measurable outcomes, and a clear connection between project activities and expected impacts. 7–8 Points: Addresses most NOFO goals with adequate detail and examples but lacks specificity or measurable outcomes in one or two areas. 5–6 Points: Addresses some NOFO goals but provides limited detail, weak connections to project activities, or few examples. 3–4 Points: Provides a general response that addresses only a few NOFO goals or lacks sufficient explanation of how the project advances them. 1–2 Points: Response is minimal, vague, or demonstrates little understanding of the NOFO goals. 0 Points: Does not address the question or provides information unrelated to the NOFO goals.	

All performance data is for 10/1/24-9/30/25.
Financial data is for the most recently completed Fiscal Year.

Utilization: 10 points 3 points for utilization rate ≥85% in 2023 3 points for utilization rate ≥85% in 2024 3 points for utilization rate ≥85% in 2025 1 bonus point if ≥85% all three years	Projected households served during average PIT: ____ Utilization rate from APRs: 2023: 2024: 2025: Households Average Actual/ Projected = Utilization %
Data Quality: 10 points	Were the following error rates below 5% for APR Q6 from 10/1/24-9/30/25?

2 points for each	Personally, Identifying Information (6a) ☐ Yes ☐ No Universal Data Elements (6b) ☐ Yes ☐ No Income and Housing Data Quality (6c) ☐ Yes ☐ No Chronic Homelessness (6d) ☐ Yes ☐ No Were 95% of entries added into HMIS within 72 hours or less? (6e) ☐ Yes ☐ No
Permanent Housing Placement & Retention: 10 points For PSH, 4 points if ≥ 93% For RRH, 4 points if ≥ 50% 6 points if ≥ 20%	For PSH, what percentage of clients served from 10/1/24-9/30/25 either stayed in the project or exited to a permanent housing destination? (APR Q5a#8 Stayers, Q23c Exiting to housing destinations) Equation to use: (Positive housing destinations + Stayers) / (Total Participants – Persons excluded) For RRH, of the clients who exited your project from 10/1/24-9/30/25, what percentage exited to a permanent housing destination? (APR Q23c) For all projects, what percentage of exits from 10/1/24-9/30/25 were to unsubsidized housing? (APR 23c – “Rental by client, no ongoing housing subsidy” or “Owned by client, no ongoing housing subsidy.”)
Employment Income Growth: 10 points 5 points if ≥ 20% 5 points if ≥ 25%	What percentage of clients enrolled in your program from 10/1/24-9/30/25 increased their employment income (APR Q19a1 and Q19a2)? What percentage of clients who exited your program from 10/1/24-9/30/25 exited with an increase in employment income? (Within the “Number of Adults with Earned Income” Rows in Q19a1 & 19a2) Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain + Adults who Gained or Increased Income from Start to Exit, Average Gain/Total Adults in Q19a1 + Total Adults in Q19a2
Returns to Homelessness: (PEH will calculate this and send it to you) 10 points 5 points if ≤ 7%, 2 points if ≤ 11%	Percentage of those exiting to permanent housing between 10/1/22-9/30/2023 that returned to homelessness in two years or less.

5 points if <= 8%, 2 points if <= 16%	Percentage returning to homelessness within 1 year: _____ Percentage returning to homelessness within 2 years: _____
Self-Sufficiency: 5 points (page 61)	Describe assessments that your agency uses with your clients to develop a service plan that helps to increase self-sufficiency and leads to long term economic independence. Describe how these assessments have shown improvement in these areas over time.
5-Provides a thorough description of the assessment tools used with clients, clearly explains how assessment results inform individualized service plans that increase self-sufficiency and support long-term economic independence, and includes measurable outcomes or data demonstrating improvement over time. 4-Describes the assessment tools and explains how they are used to develop service plans. Demonstrates how services promote self-sufficiency and economic independence with some evidence or examples of improvement, though data or detail may be limited. 3-Identifies assessment tools and discusses service planning but provides limited detail on how assessments support self-sufficiency or long-term economic independence. Evidence of improvement is general or anecdotal. 2-Provides a basic description of assessments or services but does not clearly explain how assessments are used to develop service plans or measure progress. Minimal evidence of improvement over time. 1-Response is vague, incomplete, or minimally addresses the question. Little connection between assessments, service planning, and outcomes. 0-No response or the response does not address the question.	

APR Submission: 4 points 1 point if “Yes” for 2023 1 point if “Yes” for 2024 1 point if “Yes” for 2025 1 bonus point if “Yes” for all three years	Was the project’s APR submitted on time for the following years? 2023 ☐ Yes ☐ No 2024 ☐ Yes ☐ No 2025 ☐ Yes ☐ No
Monitoring: Yes=0 points No=5 points	Were there significant findings for your project during CoC monitoring over the last three years? ☐ Yes ☐ No
Drawdown Efficiency: (7 points) 5 points if >= 95% 2 points if “Yes”	What percentage of HUD expenditures were drawn down from the project's APR for the year ending 2025? Did the project draw down funds at least once per quarter for the year ending 2025? ☐ Yes ☐ No
Cost of Success rate: (10 points) 10 points: Equal to or lower than the CoC average cost per household for the specific project type 7 points: Within 10% of the CoC average cost per household for the specific project type 5 points: Within 15% of the CoC average cost per household for the specific project type 3 points: Within 20% of the CoC average cost per household for the specific project type 0 points: Exceeds 20% of the CoC average cost per household for the specific project type	HUD grant amount divided by the number of persons with a successful exit or remained stable in PH from the 10/1/2024 - 9/30/2025 APR:
Participation in the CoC: (5 points) • 20% to 30% of total funding = 6 people • 15% to 19% of total funding = 5 people • 10% to 14% of total funding = 4 people • 5% to 9% of total funding = 3 people • 2% to 4% of total funding = 2 People	Did the Agency attend the January 2026 PIT Count in proportion to the percentage of CoC funding as seen on the monitor? ☐ Yes = 5 ☐ No = 0
The Agency takes 100% of referrals from CE. (5 points)	☐ Yes ☐ No

Yes=5 points
No=0 points

Mitigating Factors: Please explain any outcomes that you think do not accurately portray your program or anything you want the reviewers to know about your program not covered in the application questions. (Please be specific and keep the word count total under 500 words) (5 points)

5= Provides a clear, specific, and well-supported explanation of outcomes or context not fully reflected in reported data. Effectively explains external factors (e.g. staffing concerns, funding disruptions). Clarifies program performance while outlining a corrective and implemented action plan. Or application demonstrates that the project performed very well and there is no need for mitigating factors.

4=

Provides a solid explanation of mitigating factors with relevant detail. Addresses discrepancies or missing context and helps reviewers understand performance outcomes. Some minor lack of specificity or limited connection to program strengths.

3= Provides a general explanation of mitigating factors but lacks depth, specificity, or clear linkage to outcomes. Some context is given, but it does not fully clarify performance data or program impact.

2= Mentions mitigating factors in a vague or limited way. Minimal explanation of how external or internal issues affected outcomes. Does not clearly help interpret program performance.

1=

Response is minimal, unclear, or largely unrelated to the question. Little to no meaningful context provided for outcomes.

0= No response or entirely off-topic.



Scoring Rubric

Partners Ending Homelessness 2026 Renewal Project Ranking Criteria

Applications are due Wednesday, July 15th by 5 pm.
Single Project Applications must be submitted in a single PDF to
PEH via email: jkeys@letsendhomelessness.org
Project applications must also be submitted in E-Snaps by Tuesday, August 11th
by 5pm.

Scoring Rubric will be on our website
[CoC Funding - Partners Ending Homelessness](#)

Organization Name:	
Project Name:	
Contact Person	
Phone Number	
Email	

<u>Project Type</u> (check correct box)	
Transitional Housing (TH)	
Safe Haven (SH)	
Transitional housing – Rapid Re-Housing (TH-RRH)	
Permanent Supportive Housing (PSH)	
Rapid Re-Housing (RRH)	

Threshold Requirements:

All projects are required to meet or agree with threshold requirements to be considered for funding.

The agency has reviewed all HUD requirements and provisions outlined on pages 106-108 of the NOFO and agrees to abide by them.

☐ Agree ☐ Disagree

The agency also agrees to abide by the following additional questions outlined in the same area of the NOFO on page 108:

Awards under this NOFO will not be used to engage in illegal racial discrimination, including racial preferences.

☐ Agree ☐ Disagree

Awards under this NOFO will not be distributed in a way that violates or otherwise is used to interfere with constitutional protections guaranteed for speech and religious beliefs and the free exercise of religion.

☐ Agree ☐ Disagree

Awards made under this NOFO will not be used to fund any project, service provider, or organization that operates illegal drug injection sites of "safe consumption sites" in violation of 21 U.S.C. § 856, knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 USC 863. This is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.

☐ Agree ☐ Disagree

Pursuant to 2 CFR 200.332(b)(2), all agreements or contracts made with subrecipients under this NOFO must contain the same terms and conditions as those in the grant agreement issued by HUD. Any conflicting terms and conditions must be approved by HUD.

☐ Agree ☐ Disagree

Applicant is a non-profit organization, including a faith based organization, with active 501(c)3 status, a public housing authority, a local government organization, or another eligible entity as specified in the NOFO. (Please see page 9 of the NOFO for a detailed listing of eligible applicants.)

☐ Agree ☐ Disagree

Applicant agrees to uphold protections of VAWA (§ 5.2005 VAWA protections) including: confidentiality protections, use of emergency transfer plans, and regular staff training regarding VAWA.

☐ Agree ☐ Disagree

Applicant agrees to engage in technical assistance with PEH when needed and monthly program meetings to review data errors, case management documentation and services, utilization, spend down, and outcomes.

☐ Agree ☐ Disagree

Applicant has attached the management letter from the agency's most recent fiscal audit demonstrating that the agency is in good standing.	☐ Agree ☐ Disagree
PEH Membership: The applicant has a current Memorandum of Understanding (MOU) with PEH or is submitting an MOU with this application. (Templates will be posted on the PEH website.)	☐ Agree ☐ Disagree
Does this program have a bathroom and kitchen in each unit? If not, do you have or will you request a waiver from HUD? (Please see page 36)	☐ Agree ☐ Disagree

If agency does not meet threshold requirements, stop scoring. Agency is not eligible for CoC funding.

Populations Served

Specialty Populations Served: (See pages 81-83 of the NOFO)	☐ Children and youth (3 pts) ☐ Families (2 pts) ☐ Veterans (2 pts) ☐ Survivors of domestic violence, dating violence, sexual assault, and stalking (2 pts) ☐ Justice System Re-entry (2 pts) ☐ High utilizers of healthcare systems (2 pts) ☐ Aging and elderly (2 pts) ☐ Chronically homeless (CH) (2 pts)
Please describe the agency's unique ability to serve the above population(s) and share any relevant data to support your response. (Please limit to 250 words.) (5 pts)	
4-5 Points: Demonstrates a history of serving this population. Discussed the population and the ability to best serve this population with the funding. Requested Provides Multiple data points to support response. 2-3 points: Limited description with the limited data provided. 0-1 points: Population served description is not clear or fully thought out. No data is provided.	
Will you have any units in your project that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program? (p 78) (5 pts) If yes, how many units?	☐ Yes + number of units >0 =5 ☐ No =0 Number of Units:_____

Narrative Response Questions

Supportive Service Provision (10 points)	Describe how your project provides the treatment and services that people need to recover and regain self-sufficiency (including on-site behavioral health treatment, robust wraparound supportive services, and participation requirements for these services). If not on-site, provide the partnerships and corresponding MOUs for providing this care. (please limit to 250 words)
8–10 Points: The agency provides a combination of both on-site and off-site comprehensive supportive services, with all relevant policies and Memoranda of Understanding (MOUs) included in the application. The narrative clearly describes how these services are integrated into daily operations and demonstrates an established history of delivering participant-centered care. The agency highlights practices such as engaging participants in individualized goal planning, implementing creative strategies to promote engagement and retention, and providing ongoing case management training to ensure high-quality, consistent service delivery. These examples reflect a strong commitment to coordinated, person-centered care and support the agency's capacity to effectively meet participant needs. 5-7 points: The agency provides comprehensive supportive services off-site, but MOUs and partnership agreements are shared with this application. Description of linkages is strong and shows history of care. 3-6 points: Agency provides supportive services but has limited examples of specific practices. 0-2 points: Agency does not have a clear strategy for providing ongoing services.	
Knowledge shared from persons who were homeless in the past (5 points)	How does your program currently involve people who were formerly homeless? i.e., employment/volunteer opportunities, peer support, mentorship, members of Board/Advisory Committees, etc. (please limit to 250 words)
4-5 points: Agency has one or more individual(s) involved with the program who has lived experience 2-3 points: Agency has plans, and can produce evidence of a plan, to ensure one or more individual(s) involved with the program has lived experience 0-1 points: Agency has no individuals involved with the program with lived experience.	
Minimizing Trauma (5 points)	Describe how your program minimizes the trauma associated with homelessness. This could include trauma informed care services, ensuring participant safety in programs, especially for youth and survivors of domestic violence, dating violence, sexual assault, and stalking.

	(please limit to 250 words)
4-5 points: Agency demonstrates the ability to minimize trauma as described in the question above. 2-3 points: Agency has plans, and can produce evidence of a plan, to ensure the program will minimize trauma as described in the question above. 0-1 points: Agency does not have the ability to provide this level of care and does not have a plan in place to provide this level of care.	
Addressing the Goals of the NOFO (10 points)	How will your project advance the goals described in the NOFO? (Beginning on page 28) This includes optimizing self-sufficiency, reducing homelessness, prioritizing treatment and recovery, advancing public safety, and minimizing the trauma caused to communities as a whole by homelessness.
9–10 Points: Provides a comprehensive, well-supported response that addresses all NOFO goals with specific examples, measurable outcomes, and a clear connection between project activities and expected impacts. 7–8 Points: Addresses most NOFO goals with adequate detail and examples but lacks specificity or measurable outcomes in one or two areas. 5–6 Points: Addresses some NOFO goals but provides limited detail, weak connections to project activities, or few examples. 3–4 Points: Provides a general response that addresses only a few NOFO goals or lacks sufficient explanation of how the project advances them. 1–2 Points: Response is minimal, vague, or demonstrates little understanding of the NOFO goals. 0 Points: Does not address the question or provides information unrelated to the NOFO goals.	

All performance data is for 10/1/24-9/30/25.
Financial data is for the most recently completed Fiscal Year.

Utilization: 10 points 3 points for utilization rate ≥85% in 2023 3 points for utilization rate ≥85% in 2024 3 points for utilization rate ≥85% in 2025 1 bonus point if ≥85% all three years	Projected households served during average PIT: ____ Utilization rate from APRs: 2023: 2024: 2025: Households Average Actual/ Projected = Utilization %
Data Quality: 10 points	Were the following error rates below 5% for APR Q6 from 10/1/24-9/30/25?

2 points for each	Personally, Identifying Information (6a) ☐ Yes ☐ No Universal Data Elements (6b) ☐ Yes ☐ No Income and Housing Data Quality (6c) ☐ Yes ☐ No Chronic Homelessness (6d) ☐ Yes ☐ No Were 95% of entries added into HMIS within 72 hours or less? (6e) ☐ Yes ☐ No
Permanent Housing Placement & Retention: 10 points For PSH, 4 points if ≥ 93% For RRH, 4 points if ≥ 50% 6 points if ≥ 20%	For PSH, what percentage of clients served from 10/1/24-9/30/25 either stayed in the project or exited to a permanent housing destination? (APR Q5a#8 Stayers, Q23c Exiting to housing destinations) Equation to use: (Positive housing destinations + Stayers) / (Total Participants – Persons excluded) For RRH, of the clients who exited your project from 10/1/24-9/30/25, what percentage exited to a permanent housing destination? (APR Q23c) For all projects, what percentage of exits from 10/1/24-9/30/25 were to unsubsidized housing? (APR 23c – “Rental by client, no ongoing housing subsidy” or “Owned by client, no ongoing housing subsidy.”)
Employment Income Growth: 10 points 5 points if ≥ 20% 5 points if ≥ 25%	What percentage of clients enrolled in your program from 10/1/24-9/30/25 increased their employment income (APR Q19a1 and Q19a2)? What percentage of clients who exited your program from 10/1/24-9/30/25 exited with an increase in employment income? (Within the “Number of Adults with Earned Income” Rows in Q19a1 & 19a2) Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain + Adults who Gained or Increased Income from Start to Exit, Average Gain/Total Adults in Q19a1 + Total Adults in Q19a2
Returns to Homelessness: (PEH will calculate this and send it to you) 10 points 5 points if ≤ 7%, 2 points if ≤ 11%	Percentage of those exiting to permanent housing between 10/1/22-9/30/2023 that returned to homelessness in two years or less.

5 points if <= 8%, 2 points if <= 16%	Percentage returning to homelessness within 1 year: _____ Percentage returning to homelessness within 2 years: _____
Self-Sufficiency: 5 points (page 61)	Describe assessments that your agency uses with your clients to develop a service plan that helps to increase self-sufficiency and leads to long term economic independence. Describe how these assessments have shown improvement in these areas over time.
5-Provides a thorough description of the assessment tools used with clients, clearly explains how assessment results inform individualized service plans that increase self-sufficiency and support long-term economic independence, and includes measurable outcomes or data demonstrating improvement over time. 4-Describes the assessment tools and explains how they are used to develop service plans. Demonstrates how services promote self-sufficiency and economic independence with some evidence or examples of improvement, though data or detail may be limited. 3-Identifies assessment tools and discusses service planning but provides limited detail on how assessments support self-sufficiency or long-term economic independence. Evidence of improvement is general or anecdotal. 2-Provides a basic description of assessments or services but does not clearly explain how assessments are used to develop service plans or measure progress. Minimal evidence of improvement over time. 1-Response is vague, incomplete, or minimally addresses the question. Little connection between assessments, service planning, and outcomes. 0-No response or the response does not address the question.	

APR Submission: 4 points 1 point if “Yes” for 2023 1 point if “Yes” for 2024 1 point if “Yes” for 2025 1 bonus point if “Yes” for all three years	Was the project’s APR submitted on time for the following years? 2023 ☐ Yes ☐ No 2024 ☐ Yes ☐ No 2025 ☐ Yes ☐ No
Monitoring: Yes=0 points No=5 points	Were there significant findings for your project during CoC monitoring over the last three years? ☐ Yes ☐ No
Drawdown Efficiency: (7 points) 5 points if >= 95% 2 points if “Yes”	What percentage of HUD expenditures were drawn down from the project's APR for the year ending 2025? Did the project draw down funds at least once per quarter for the year ending 2025? ☐ Yes ☐ No
Cost of Success rate: (10 points) 10 points: Equal to or lower than the CoC average cost per household for the specific project type 7 points: Within 10% of the CoC average cost per household for the specific project type 5 points: Within 15% of the CoC average cost per household for the specific project type 3 points: Within 20% of the CoC average cost per household for the specific project type 0 points: Exceeds 20% of the CoC average cost per household for the specific project type	HUD grant amount divided by the number of persons with a successful exit or remained stable in PH from the 10/1/2024 - 9/30/2025 APR:
Participation in the CoC: (5 points) • 20% to 30% of total funding = 6 people • 15% to 19% of total funding = 5 people • 10% to 14% of total funding = 4 people • 5% to 9% of total funding = 3 people • 2% to 4% of total funding = 2 People	Did the Agency attend the January 2026 PIT Count in proportion to the percentage of CoC funding as seen on the monitor? ☐ Yes = 5 ☐ No = 0
The Agency takes 100% of referrals from CE. (5 points)	☐ Yes ☐ No

Yes=5 points
No=0 points

Mitigating Factors: Please explain any outcomes that you think do not accurately portray your program or anything you want the reviewers to know about your program not covered in the application questions. (Please be specific and keep the word count total under 500 words) (5 points)

5= Provides a clear, specific, and well-supported explanation of outcomes or context not fully reflected in reported data. Effectively explains external factors (e.g. staffing concerns, funding disruptions). Clarifies program performance while outlining a corrective and implemented action plan. Or application demonstrates that the project performed very well and there is no need for mitigating factors.

4=

Provides a solid explanation of mitigating factors with relevant detail. Addresses discrepancies or missing context and helps reviewers understand performance outcomes. Some minor lack of specificity or limited connection to program strengths.

3= Provides a general explanation of mitigating factors but lacks depth, specificity, or clear linkage to outcomes. Some context is given, but it does not fully clarify performance data or program impact.

2= Mentions mitigating factors in a vague or limited way. Minimal explanation of how external or internal issues affected outcomes. Does not clearly help interpret program performance.

1=

Response is minimal, unclear, or largely unrelated to the question. Little to no meaningful context provided for outcomes.

0= No response or entirely off-topic.



Scoring Rubric

Partners Ending Homelessness 2026 HMIS Renewal Project Ranking Criteria

Applications are due Wednesday, July 15th by 5 pm.
Single Project Applications must be submitted in a single PDF to
PEH via email: jkeys@letsendhomelessness.org
Project applications must also be submitted in E-Snaps by Tuesday, August 11th
by 5pm.
Scoring Rubric will be on our website.
[CoC Funding - Partners Ending Homelessness](#)

Organization Name:	
Project Name:	
Contact Person	
Phone Number	
Email	

Project Type (check correct box)	
Homeless Management Information System (HMIS)	X

Threshold Requirements: All projects are required to meet or agree with threshold requirements to be considered for funding.	
The agency has reviewed all HUD requirements and provisions outlined on pages 106-108 of the NOFO and agrees to abide by them.	☐ Agree ☐ Disagree
The agency also agrees to abide by the following additional questions outlined in the same area of the NOFO on page 108:	
Awards under this NOFO will not be used to engage in illegal racial discrimination, including racial preferences.	☐ Agree ☐ Disagree

Awards under this NOFO will not be distributed in a way that violates or otherwise is used to interfere with constitutional protections guaranteed for speech and religious beliefs and the free exercise of religion.	☐ Agree ☐ Disagree
Awards made under this NOFO will not be used to fund any project, service provider, or organization that operates illegal drug injection sites of “safe consumption sites” in violation of 21 U.S.C. § 856, knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 USC 863. This is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.	☐ Agree ☐ Disagree
Pursuant to 2 CFR 200.332(b)(2), all agreements or contracts made with subrecipients under this NOFO must contain the same terms and conditions as those in the grant agreement issued by HUD. Any conflicting terms and conditions must be approved by HUD.	☐ Agree ☐ Disagree
Applicant is a non-profit organization, including a faith based organization, with active 501(c)3 status, a public housing authority, a local government organization, or another eligible entity as specified in the NOFO. (Please see page 9 of the NOFO for a detailed listing of eligible applicants.)	☐ Agree ☐ Disagree
Applicant agrees to uphold protections of VAWA (§ 5.2005 VAWA protections) including: confidentiality protections, use of emergency transfer plans, and regular staff training regarding VAWA.	☐ Agree ☐ Disagree
Applicant has attached the management letter from the agency's most recent fiscal audit demonstrating that the agency is in good standing.	☐ Agree ☐ Disagree
If agency does not meet threshold requirements, stop scoring. Agency is not eligible for CoC funding.	

Addressing the Goals of the NOFO (10 points)	How will your project advance the goals described in the NOFO? (Beginning on page 28) This includes optimizing self-sufficiency, reducing homelessness, prioritizing treatment and recovery, advancing public safety, and minimizing the trauma caused to communities as a whole by homelessness.
9–10 Points: Provides a comprehensive, well-supported response that addresses all NOFO goals with specific examples, measurable outcomes, and a clear connection between project activities and expected impacts. 7–8 Points: Addresses most NOFO goals with adequate detail and examples but lacks specificity or measurable outcomes in one or two areas. 5–6 Points: Addresses some NOFO goals but provides limited detail, weak connections to project activities, or few examples. 3–4 Points: Provides a general response that addresses only a few NOFO goals or lacks sufficient explanation of how the project advances them. 1–2 Points: Response is minimal, vague, or demonstrates little understanding of the NOFO goals. 0 Points: Does not address the question or provides information unrelated to the NOFO goals.	

APR Submission: (4 points total) 1 point if “Yes” for 2023 1 point if “Yes” for 2024 1 point if “Yes” for 2025 1 bonus point if “Yes” for all three years	Was the project’s APR submitted on time for the following years? 2023 ☐ Yes ☐ No 2024 ☐ Yes ☐ No 2025 ☐ Yes ☐ No
Drawdown Efficiency: (7 points) 5 points if >= 95% 2 points if “Yes”	What percentage of HUD expenditures were drawn down from the project's APR for the year ending 2025? Did the project draw down funds at least once per quarter for the year ending 2025? ☐ Yes ☐ No
Participation in the CoC: (5 points) 20% to 30% of total funding = 6 people 15% to 19% of total funding = 5 people 10% to 14% of total funding = 4 people	Did the Agency attend the January 2026 PIT Count in proportion to the percentage of CoC funding as seen on the monitor? ☐ Yes ☐ No Yes = 5 No = 0

• 5% to 9% of total funding = 3 people • 2% to 4% of total funding = 2 People		
What is the coverage rate of HMIS participation for each of the following CoC Project Types as measured in the 2026 Housing Inventory Count (HIC)?	Emergency Shelter	%
	Safe Haven	%
	Transitional Housing	%
	Rapid Re-Housing	%
	Permanent Supportive Housing	%
	Is the coverage rate greater than 95% of the current bed inventory/programs, as measured on the 2026 HIC? (8 points)	☐ Yes ☐ No Yes = 8 points No = 0 points
If the HMIS participation rate is not 100%, what plans do you have to increase participation? (250 words or less) (10 points) (Note: 10 points automatically awarded if participation is 100% for all housing types.)	10 Points: Automatically awarded if HMIS participation is 100% for all applicable housing/project types. If participation is below 100%, response provides a clear, actionable plan to increase participation, including identification of non-participating providers or project types, outreach and engagement strategies, timeline, responsible parties, technical assistance or training supports, and steps to address barriers to HMIS participation. 8–9 Points: Response provides a strong plan to increase HMIS participation with specific strategies and a reasonable timeline, but lacks detail in one area, such as responsible parties, provider-specific outreach, or how barriers will be addressed. 6–7 Points: Response identifies general steps to increase participation, such as outreach, training, or follow-up with providers, but the plan is only partially developed or lacks a clear timeline and accountability. 3–5 Points: Response acknowledges that participation is below 100% and provides limited or vague plans to improve participation, with little detail on implementation, barriers, or expected progress. 1–2 Points: Response provides minimal information and does not demonstrate a meaningful or actionable plan to increase HMIS participation.	

	0 Points: Does not address the question, provides no plan, or indicates no effort to increase HMIS participation when participation is below 100%.
Does the HMIS system collect all Universal Data Elements as set forth in the 2026 HMIS Data Standards? (5 points)	☐ Yes ☐ No Yes = 5 points No = 0 points
Does the HMIS system collect all applicable Program Specific Data Elements as set forth in the 2026 HMIS Data Standards and other Federal Program Data Collection Requirements (i.e., RHY and VA programs)? (5 points)	☐ Yes ☐ No Yes = 5 points No = 0 points
Is HMIS able to un-duplicate client records and to facilitate an unduplicated count of persons experiencing homelessness? (5 points)	☐ Yes ☐ No Yes = 5 points No = 0 points
Does the HMIS system produce all HUD-required reports and provide data as needed for HUD reporting (i.e. – APR, CAPER, PIT, HIC, LSA and System Performance) and reporting required by local, state, and other federal partners? (5 points)	☐ Yes ☐ No Yes = 5 points No = 0 points

Were the following reports submitted to HUD on time? (20 points total)	
Longitudinal System Analysis (LSA) (5 points)	☐ Yes ☐ No Yes = 5 points; No = 0 points
System Performance Measures (SPM) (5 points)	☐ Yes ☐ No Yes = 5 points; No = 0 points
Point in Time (PIT) and Housing Inventory Count (HIC) (5 points)	☐ Yes ☐ No Yes = 5 points; No = 0 points
Yes, to all three reports (5 points)	☐ Yes ☐ No Yes = 5 points; No = 0 points
Does an HMIS staff person actively participate in the Coordinated Entry Oversight Meetings? (10 points)	☐ Yes ☐ No Yes = 10 points; No = 0 points

What initiatives have you worked on in the past year to improve system performance? (250 words or less) (20 points)	17–20 Points: Response identifies multiple, substantive initiatives completed or significantly advanced in the past year to improve HMIS/system performance. Initiatives are clearly connected to measurable system performance outcomes, such as data quality, timeliness, reporting accuracy, HMIS coverage, workflow efficiency, user support, training, monitoring, or improved HUD reporting. Response includes specific examples, evidence of implementation, and results or progress achieved. 13–16 Points: Response identifies one or more meaningful initiatives and explains how they support system performance, but the response lacks detail in one area, such as measurable outcomes, implementation status, or connection to HUD/system performance reporting. 9–12 Points: Response describes general activities or improvements related to HMIS/system performance, but examples are limited, outcomes are unclear, or the connection to system performance is only partially explained. 5–8 Points: Response provides minimal detail or describes routine maintenance only, with little explanation of how activities improved system performance or addressed identified gaps. 1–4 Points: Response is vague, incomplete, or does not demonstrate meaningful work completed in the past year to improve system performance. 0 Points: Does not address the question or provides information unrelated to HMIS/system performance initiatives.
In the past year, have HMIS staff participated in training to build their skills and capacity? (10 points)	☐ Yes ☐ No Yes = 10 points; No = 0 points
Have HMIS policies and procedures been reviewed in the past year? (10 points)	☐ Yes ☐ No Yes = 10 points; No = 0 points
Is HMIS Project Inventory reviewed and updated, as needed, at least Annually? (20 points)	☐ Yes ☐ No Yes = 20 points; No = 0 points

Do you have an active HMIS Advisory Committee that meets regularly? (15 points)	☐ Yes ☐ No Yes = 15 points; No = 0 points
Knowledge shared from persons who were homeless in the past (5 points) How does your program currently involve people who were formerly homeless? i.e., employment/volunteer opportunities, peer support, mentorship, members of Board/Advisory Committees, etc. (please limit to 250 words)	4-5 points: Clearly demonstrates meaningful involvement of people who were formerly homeless. Explains how contributions from people who were formerly homeless have been intentionally applied to improve the program. 2-3 points: Shows some involvement of people who were formerly homeless, but involvement is limited. Fails to show that input from people who were formerly homeless was practically implemented. 0-1 points: Has not had any people who were formerly homeless involved or people who were formerly homeless were involved in the past but are no longer given opportunities to contribute.

Total Points: 174

NY-500, Rochester/Monroe Continuum of Care, Inc. DBA Partners Ending Homelessness, FY 2026 CoC Priority Listing

Not Ranked

Ranking	Program Name	Project Name	Renewal/New	Project Type	Application Status	Application Score	Funding Amount	Reallocated Funds
NA	PEH CoC Planning	Planning	Renewal	Planning	Accepted	NA	\$852,337	0

[illegible]

Ranking	Program Name	Project Name	Renewal/New	Project Type	Application Status	Application Score	Funding Amount	Reallocated Funds	Pending Amount
1	Rochester/Monroe County Continuum of Care, Inc. DBA Partners Ending Homelessness	HMJS for RMC/CuC	Renewal	HMJS	Accepted	195	\$773,537	0	\$10,296,040
2	Coordinated Care Services, Inc.	Coordinated Entry Renewal	Renewal	Coordinated Entry	Accepted	151	\$773,750	0	
3	Person Centered Housing Options	PCHO Rapid Rehousing	Renewal	Rapid ReHousing (RRH)	Accepted	133	\$858,927	0	
4	Volunteers of America of Western New York, Inc.	VOA's Home Forward PSH	Renewal	Permanent Supportive Housing (PSH)	Accepted	125	\$770,440	0	
5	Delphi Drug & Alcohol Council, Inc. DBA Delphi Rise	Home Safe	Renewal	RRH	Accepted with Reduced Reallocation	121	\$701,767	\$40,249	
6	Volunteers of America of Western New York, Inc.	VOA Homeward Bound	Renewal	PSH	Accepted	121	\$934,058	0	
7	Spiritus Christi Prison Outreach, Inc.	Spiritus Christi Veterans Block Community PSH	Renewal	PSH	Accepted	116	\$306,325	0	
8	Volunteers of America of Western New York, Inc.	VOA Home Today	Renewal	PSH	Accepted	114	\$421,866	0	
9	YWCA of Rochester and Monroe County	PSH for Chronically Homeless	Renewal	PSH	Accepted	112	\$268,942	0	
10	Volunteers of America of Western New York, Inc.	VOA's Permanent Supportive Housing at Cooper Union	Renewal	RRH	Accepted	111	\$232,130	0	
11	Spiritus Christi Prison Outreach, Inc.	SCPO TH/RRH	Renewal	Transitional/Rapid ReHousing (TH/RRH)	Accepted	109	\$321,603	0	
12	Person Centered Housing Options	PCHO Permanent Supportive Housing (Formerly PCHO Housing First)	Renewal	PSH	Accepted	107	\$2,239,123	0	
13	YWCA of Rochester and Monroe County	YWCA DV Rapid Rehousing	Renewal	RRH	Accepted	103	\$383,464	0	
14	Rochester Housing Authority	RHA/JPC #18	Renewal	PSH	Accepted with Reduced Reallocation	84	\$206,719	\$27,226	
15	Rochester Housing Authority	RHA/VOA #21	Renewal	PSH	Accepted with Reduced Reallocation	92	\$164,810	\$12,842	
16	Rochester Housing Authority	RHA/HAS #27	Renewal	PSH	Accepted with Reduced Reallocation	74	\$274,676	\$49,602	
17	Volunteers of America of Western New York, Inc.	VOA Project ReDirect	Renewal	PSH	Accepted with Reduced Reallocation (based on agency application & reduction in project scope)	98	\$95,000	\$88,950	
18	Person Centered Housing Options	PCHO Shelter Star Program	Renewal	PSH	Accepted	101	\$1,053,330	0	
19	Spiritus Christi Prison Outreach, Inc.	TH	New (Reallocation)	Transitional Housing (TH)	Accepted using Reallocated Funds	120	\$379,920	\$379,920	
20 (straddles)	The Center for Youth Services	Transition Age Youth (TAY) Street Outreach	New (Reallocation)	Support Services Only (SSO) Street Outreach	Accepted using Reallocated Funds	118	\$66,736	\$66,736	

Tier 2 (Reallocated funds unless otherwise indicated)

20	The Center for Youth Services	TAH Street Outreach	New	SSO Street Outreach	Accepted using Reallocated Funds	118	\$76,201.40	\$76,201.40	\$6,763,767.40
21	Person Centered Housing Options (PCHO)	CE Intensive Street Outreach	New	SSO Street Outreach	Accepted using Reallocated Funds	126	\$1,296,767.00	\$1,296,767.00	
22	Person Centered Housing Options	PBV Transition to TH	New	TH	Accepted using Reallocated Funds	115	\$1,327,373.00	\$1,327,373.00	
23	Person Centered Housing Options (PCHO)	ODM Transition	New	TH and Transitional Grant	Accepted using Reallocated Funds	114	\$283,648.00	\$283,648.00	
24	Jewish Family Services	SSO Standalone	New	SSO Standalone	Accepted using Reallocated Funds	112	\$310,827.00	\$310,827.00	
25	Center for Community Alternatives	SSO Standalone	New	SSO Standalone	Accepted using Reallocated Funds	112	\$355,000.00	\$355,000.00	
26	The Salvation Army	Safe Haven (Renewal)	Renewal	Safe Haven	Accepted	92	\$254,018.00	\$0.00	
27	Volunteers of America of Western New York, Inc.	Transitional Housing at Foundation House	New	TH	Accepted using Reallocated Funds	112	\$398,947.00	\$398,947.00	
28	Volunteers of America of Western New York, Inc.	Transitional Housing at Pinnacle Heights	New	TH	Accepted using Reallocated Funds	112	\$373,162.00	\$373,162.00	
29	Person Centered Housing Options	Safeway Home TH	New	TH	Accepted using Reallocated Funds	111	\$1,517,340.00	\$1,517,340.00	
30	The Center for Youth Services	TAH TH	New	TH	Accepted using Reallocated Funds	100	\$310,548.00	\$310,548.00	
31	The Center for Youth Services	TH	New	TH	Accepted using Reallocated Funds	100	\$266,936.00	\$266,936.00	

Bonus Funding	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

32	Salvation Army	SSO Street Outreach	New	Bonus Street Outreach	Accepted	109	\$67,954	\$68,954
33	Recovery Houses of Rochester	TH	New	Bonus Transitional Housing	Accepted	85	\$116,800	
		Total Requested					\$18,447,598	

Rejected	
----------	--

	Volunteers of America of Western New York, Inc	SSO-Standalone Program			Rejected	116	\$623,222	
--	--	------------------------	--	--	----------	-----	-----------	--

Departed from the Application

Original ranking	CCFCS-The New Chapter TH	TH	New	TH	Application Accepted using Reallocated Funds, then agency requested to depart on 09/21/2026	114	\$600,466	prior to departing 600,466
------------------	--------------------------	----	-----	----	---	-----	-----------	----------------------------

Fully Reallocated Projects That Did Not Reapply for Funding

Program	Project Name	Project Type	Grant Number	Grant Amount	Reallocated Amount
Rochester Housing Authority (RHA)	RHA/1630 Dewey Ave PSH #23 FY2024	Permanent Supportive Housing (PSH)	NY000112C002512	\$425,963	-\$425,963
RHA	RHA/VOA #5 FY 2024	PSH	NY001212C002518	\$1,061,952	-\$1,061,952
RHA	RHA/VOA #7 FY 2024	PSH	NY001612C002518	\$987,226	-\$987,226
RHA	RHA/PCHO #2 FY 2024	PSH	NY14182C0025060	\$383,947	-\$383,947
The Center for Youth Services, Inc. (CFY)	Transitional Living Program (TLP)	Transitional Housing (TH)	NY065712C002516	\$136,885	-\$136,885
Catholic Charities Family and Community Svcs. (CCFCS)	Consolidated Lafayette Housing FY 2024	PSH	NY068912C002516	\$433,907	-\$433,907
Volunteers of America of Western New York, Inc. (VOA)	VOAWNY Permanent Supportive Housing in Rochester, NY-4 Foundation House (NY0761)	PSH	NY076112C002512	\$398,947	-\$398,947
VOA	Volunteers of America of WNY's Permanent Supportive Housing for Chronically Homeless Individuals (Pinnacle Heights) (NY0797)	PSH	NY079712C002515	\$373,162	-\$373,162
CFY	Transition Age Youth Rapid Rehousing Project-Consolidated	Rapid Rehousing (RRH)	NY103112C002510	\$331,196	-\$331,196
VOA	VOAWNY's Reentry Rapid Rehousing Program (NY1136)	RRH	NY113612C002508	\$439,272	-\$439,272
Providence Housing Development Corporation	Providence PBV Permanent Housing	PSH	NY113712C002508	\$1,327,373	-\$1,327,373
Person Centered Housing Options, Inc. (PCHO)	Open Door PSH-CH for Households FY2024	PSH	NY118512C002507	\$293,648	-\$293,648
Total Amount For Reallocation:					-\$6,798,478

2025 HDX Competition Report

2026 Competition Report - Summary

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25).**	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

- 1) FY = Fiscal Year
- 2) *This considers all extensions where they were provided.
- 3) ***"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☒	☒	☒	☒	☒	☒	☒	N/A	☒
Partially Usable								N/A	
Not Usable								N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2026 Competition Report - SPM Data

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

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

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

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	5,039	62.9	37.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	5,367	72.8	42.0

b. This measure is based on data element 3.917

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

2025 HDX Competition Report

2026 Competition Report - SPM Data

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	5,535	336.8	103.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	5,787	338.0	108.0

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

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

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)	Returns to Homelessness from 6 to 12 Months (181 - 365 days)	Returns to Homelessness from 13 to 24 Months (366 - 730 days)	Number of Returns in 2 Years				
Metric	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	86	5	5.8%	2	2.3%	3	3.5%	10	11.6%
Exit was from ES	1,339	136	10.2%	48	3.6%	122	9.1%	306	22.9%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Exit was from TH	206	16	7.8%	21	10.2%	24	11.7%	61	29.6%
Exit was from SH	22	3	13.6%	1	4.6%	1	4.6%	5	22.7%
Exit was from PH	656	61	9.3%	47	7.2%	64	9.8%	172	26.2%
TOTAL Returns to Homelessness	2,309	221	9.6%	119	5.2%	214	9.3%	554	24.0%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

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

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	5,429
Emergency Shelter Total	5,089
Safe Haven Total	40
Transitional Housing Total	442

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

2025 HDX Competition Report

2026 Competition Report - SPM Data

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

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

Metric	Value
Universe: Number of adults (system stayers)	645
Number of adults with increased earned income	87
Percentage of adults who increased earned income	13.5%

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

Metric	Value
Universe: Number of adults (system stayers)	645
Number of adults with increased non-employment cash income	277
Percentage of adults who increased non-employment cash income	43.0%

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

2025 HDX Competition Report

2026 Competition Report - SPM Data

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric	Value
Universe: Number of adults (system stayers)	645
Number of adults with increased total income	345
Percentage of adults who increased total income	53.5%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	486
Number of adults who exited with increased earned income	91
Percentage of adults who increased earned income	18.7%

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

Metric	Value
Universe: Number of adults who exited (system leavers)	486

2025 HDX Competition Report

2026 Competition Report - SPM Data

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Number of adults who exited with increased non-employment cash income	177
Percentage of adults who increased non-employment cash income	36.4%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	486
Number of adults who exited with increased total income	250
Percentage of adults who increased total income	51.4%

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

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

Metric	Value
--------	-------

2025 HDX Competition Report

2026 Competition Report - SPM Data

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	4,958
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1,387
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3,571

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

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	5,526

2026 Competition Report - SPM Data

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1,665
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	3,861

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

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

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
--------	-------

2025 HDX Competition Report

2026 Competition Report - SPM Data

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Universe: Persons who exit Street Outreach	160
Of persons above, those who exited to temporary & some institutional destinations	30
Of the persons above, those who exited to permanent housing destinations	98
% Successful exits	80.0%

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	4,700
Of the persons above, those who exited to permanent housing destinations	2,144

2025 HDX Competition Report

2026 Competition Report - SPM Data

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

% Successful exits	45.6%
--------------------	-------

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

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	1,973
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1,929
% Successful exits/retention	97.8%

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
--------	------------	--------	--------------	---------	---------------------

2025 HDX Competition Report

2026 Competition Report - SPM Data

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Unduplicated Persons Served (HMIS)	5,157	442	2,146	1,101	235
Total Leavers (HMIS)	4,566	314	335	634	119
Destination of Don't Know, Refused, or Missing (HMIS)	1,383	35	24	32	11
Destination Error Rate (Calculated)	30.3%	11.2%	7.2%	5.1%	9.2%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2026 Competition Report - HIC Summary

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC
For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV ¹ Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV ¹ Beds or Beds Affected by Natural Disaster**	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	780	716	731	0	731	97.9%	0	49	0	49	0.00%	716	780	91.79%
SH	12	12	12	0	12	100.0%	0	0	0	0	NA	12	12	100.00%
TH	165	165	165	0	165	100.0%	0	0	0	0	NA	165	165	100.00%
RRH	272	272	272	0	272	100.0%	0	0	0	0	NA	272	272	100.00%
PSH	1,537	1,537	1,537	0	1,537	100.0%	0	0	0	0	NA	1,537	1,537	100.00%
OPH	363	363	363	0	363	100.0%	0	0	0	0	NA	363	363	100.00%
Total	3,129	3,065	3,080	0	3,080	99.5%	0	49	0	49	0.00%	3,065	3,129	97.95%

2026 Competition Report - HIC Summary

NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

For HIC conducted in January/February of 2026

- 1) † EHV = Emergency Housing Voucher
- 2) * This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
- 3) ** This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
- 4) *** Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster
- 5) Data included in these tables reflect what was entered into HDX 2.0.
- 6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
- 7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
- 8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2025 HDX Competition Report

2026 Competition Report - PIT Summary
NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC
For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/22/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	815	952	629
Safe Haven Total	11	6	9
Transitional Housing Total	150	163	129
Total Sheltered Count	976	1,121	767
Total Unsheltered Count	80	73	92
Total Sheltered and Unsheltered Count*	1,056	1,194	859

- 1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.
- 2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	148	207	127
Total Unsheltered Count	33	29	43
Total	181	236	170

Please wait...

If this message is not eventually replaced by the proper contents of the document, your PDF viewer may not be able to display this type of document.

You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting http://www.adobe.com/go/reader_download.

For more assistance with Adobe Reader visit <http://www.adobe.com/go/acrreader>.

Windows is either a registered trademark or a trademark of Microsoft Corporation in the United States and/or other countries. Mac is a trademark of Apple Inc., registered in the United States and other countries. Linux is the registered trademark of Linus Torvalds in the U.S. and other countries.



NY-500 CONTINUUM OF CARE

Statement to Advance Recovery and Self-Sufficiency

Purpose

The NY-500 Continuum of Care (CoC) is committed to ensuring that housing assistance is paired with meaningful supportive services that promote recovery, housing stability, self-sufficiency, and successful transition from homelessness to long-term housing stability.

Statement

NY-500 recognizes that individuals and families experiencing homelessness have different needs and that recovery and self-sufficiency are individualized processes. CoC-funded housing projects will assess participant needs and connect participants to appropriate supportive services. Services may include case management, mental health services, substance use disorder treatment and recovery supports, physical healthcare, peer support, employment and vocational services, education, benefits assistance, life-skills development, transportation, care management, and other services necessary to support housing stability and independence.

Supportive Service Participation

CoC-funded housing projects will establish meaningful supportive-service participation expectations consistent with applicable HUD requirements. Individualized Service Plans will be used to identify participant goals, appropriate services and activities, responsible providers, and progress toward housing stability and self-sufficiency.

Treatment, Recovery, and Wellness

When mental health treatment, substance use disorder treatment, recovery services, or other clinical supports are identified as appropriate through assessment, clinical recommendation, or an Individualized Service Plan, projects will facilitate access to those services and support continued engagement. Individuals who do not have an identified substance use disorder will not be required to participate in substance use disorder treatment solely as a condition of receiving housing assistance. Supportive-service expectations will instead reflect each participant's assessed needs, goals, abilities, and circumstances.

Access to Services and Community Coordination

NY-500 supports access to treatment through qualified community providers and encourages on-site, mobile, and community-based service delivery when appropriate. The CoC will continue strengthening coordination among housing providers, behavioral health and substance use disorder treatment providers, healthcare organizations, county Departments of Social Services, public health agencies, justice-system partners, employment and vocational providers, peer and recovery organizations, and other community partners.

Recovery and Self-Sufficiency Planning

Recovery and self-sufficiency planning should begin at program enrollment and continue throughout program participation. Projects should assist participants in increasing income through employment and/or benefits, developing independent living skills, addressing health and behavioral health needs, strengthening natural and community supports, and preparing for successful transition to permanent housing appropriate to the participant's needs.

Performance and Accountability

NY-500 will use HMIS, project performance data, System Performance Measures, project monitoring, and the annual CoC competition process to evaluate project performance and promote accountability for housing stability, successful exits, income and employment growth, engagement in supportive services, and other measurable outcomes.

Participant Protections

This statement will be implemented consistent with applicable federal requirements, including reasonable accommodation requirements, due process protections, confidentiality requirements, and protections for survivors of domestic violence, dating violence, sexual assault, and stalking.

Review and Implementation

This statement applies to NY-500 CoC-funded housing projects and will guide CoC planning, project monitoring, and local competition activities. The CoC will review the statement as needed to maintain consistency with HUD requirements and local system priorities.

Appendices

Appendix A.....	MOU on Case Conferencing for Unsheltered Individuals
Appendix B.....	2026 VOA Children’s Center
Appendix C.....	Ranking Protocol FY26

MEMORANDUM OF UNDERSTANDING BETWEEN

The City of Rochester (the “City”), including the Mayor’s Office, Department of Environmental Services, Department of Neighborhood & Business Development, Department of Recreation & Human Services, Rochester Police Department, and Rochester Public Library; the County of Monroe (the “County”), including the County Executive’s Office, Department of Human and Health Services, Office of Mental Health, Department of Public Health, Planning and Development Department; and the Monroe County Division of Social Services

Relative to Shared Information Disclosure and Case Conferencing for Unsheltered Homeless Individuals

This Memorandum of Understanding (“MOU”), executed as of the date the last party signs (“Effective Date”), is entered into in Rochester, New York, by and between the above listed agencies and entities (collectively, the “Parties”) for the purposes outlined below.

WHEREAS:

- The Mayor’s Office provides policy setting and direction for the City as it relates to any services administered to unsheltered homeless individuals within the City;
- The County Executive’s Office, in alignment with social service regulations administered by the Commissioner of Social Services, provides policy setting direction for the County as it relates to any services administered to unsheltered homeless individuals within the County;
- The City of Rochester Department of Environmental Services, Department of Neighborhood and Business Development, Department of Recreation & Human Services, and Rochester Police Department are City departments supporting unsheltered homeless services response;
- The Rochester Public Library offers free space and library services that are frequently used by unsheltered homeless individuals;
- The Monroe County Division of Social Services (MCDSS) administers social services, including emergency sheltering and Code Blue services, within Monroe County;
- The Monroe County Office of Mental Health (MCOMH) oversees mental health and addiction services within Monroe County;
- The Monroe County Department of Public Health (MCDPH) address public health concerns, including overdose and substance use addiction response teams;
- The Monroe County Planning and Development Department provides and coordinates a broad range of programs, among others, housing and neighborhood preservation; and,
- The City and the County operate and fund outreach and case management programs for individuals experiencing unsheltered homelessness.

WHEREAS:

- The Parties recognize the overlap in service populations and the need for streamlined, cooperative administrative practices for efficient delivery of services to individuals experiencing unsheltered homelessness.

WHEREAS:

- The purpose of this MOU is to document a shared agreement for information disclosure and case conferencing consistent with applicable legal authorities, including:
 - 18 NYCRR 357.3(c)(2), permitting a social services district to release information to a party acting on behalf of a client where such information relates to requested services;
 - Mental Hygiene Law § 33.13, setting forth permissible disclosure of clinical records, including but not limited to disclosure of clinical records with the consent of the patient or client or of someone authorized to act on the patient's or client's behalf, to persons and entities who have a demonstrable need for such information and who have obtained such consent, provided that disclosure will not reasonably be expected to be detrimental to the patient, client or another;
 - 45 CFR 164.512(b), permitting the disclosure of information by a public health authority for specific governmental and public health related purposes; and,
 - Applicable local, state, and federal privacy laws and regulations governing protected information.

NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

I. TERM

This Agreement, which shall be reviewed annually, is effective upon execution and shall remain in effect until terminated by any party with twenty (20) days written notice.

II. DUTIES AND RESPONSIBILITIES

The City of Rochester and County of Monroe shall:

- Designate one or more email addresses for receiving and processing personally identifying information from outreach workers and communicate updates as necessary;
- Ensure the City processes received information into its GIS mapping system and, where applicable, cross-references information with Homeless Management Information System (HMIS) as housed and maintained by Partners Ending Homelessness (PEH);
- MCDSS, MCOMH, and MCDPH shall provide information, as appropriate, for individuals requiring multi-disciplinary case conferencing.
- Designate staff to obtain client consent for information sharing during street outreach;
- Share by-name and pertinent client information for consenting individuals with designated City and County contacts to the extent permitted by applicable law and regulation;
- Make information requests only through the above-noted email address or as otherwise established pursuant to this MOU;
- Not disclose information received under this MOU outside of job duties or re-release confidential records in violation of law; and,
- Ensure that all participating staff are aware of the civil, criminal, and employment-related consequences of unauthorized data access or disclosure.

Contracted agencies and others directed by City and County shall:

- Designate staff members to collect consent forms from individuals found during outreach to our unsheltered homeless population;
- Provide by-name detail and any other pertinent information regarding individuals encountered during street outreach who have provided consent, to the Parties;
- Provide information, as appropriate, for individuals requiring multi-disciplinary case conferencing.
- Make requests for information only through the process designated by this MOU;
- Not disclose information received in their official capacity except in the performance of official job duties and for authorized purposes;
- Not re-release or otherwise waive the confidentiality of federal, state, or county records received as a part of this agreement; and,
- Be made aware by that unauthorized access to, or release of such data may result in civil liability and/or criminal prosecution. Individuals who access such information without authorization or disclose it beyond authorized official purposes may be also subject to disciplinary actions and/or termination consistent with applicable employee conduct guidelines and bargaining agreements.

It is understood by all parties that data shared will be limited to information relevant to service planning and will exclude mental health diagnoses and any other protected content not permitted by law.

III. CONFIDENTIALITY

All parties agree to uphold applicable confidentiality and privacy standards and to use shared information exclusively for official and authorized purposes related to client care and system coordination. Accordingly, each party shall secure releases appropriate for release of information that constitutes personally identifiable information ("PII") from individuals whose information will be shared pursuant to this Agreement. Said releases shall be specific to disclosures under this Agreement and shall describe the specific purpose of such disclosures.

IN WITNESS WHEREOF, the Parties have executed this MOU as of the dates written below.

CITY OF ROCHESTER

By: 
Malik Evans, Mayor

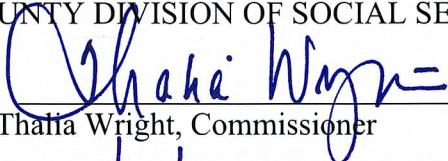
Date: 2/5/2026

COUNTY OF MONROE

By: 
Adam J. Bello, County Executive

Date: 1/20/2026

MONROE COUNTY DIVISION OF SOCIAL SERVICES

By: 
Thalia Wright, Commissioner

Date: 1/21/2026

APPENDIX A – UNSHELTERED HOMELESS ADVISORY COUNCIL MEMBERS

City of Rochester

- Mayor's Office
 - Deputy Mayor
 - Director of Emergency Management
 - Director of Special Projects and Educational Initiatives
 - Manager of Emerging Initiatives
- Department of Environmental Services
 - Director of Operations
 - Superintendent of Security
 - Coordinator of Security Services
- Department of Neighborhood and Business Development
 - Neighborhood Service Center Director
 - Manager of Housing
 - Senior Community Housing Planner
- Department of Recreation and Human Services
 - Commissioner of Recreation and Human Services
 - Deputy Commissioner of Recreation and Human Services
 - Manager of Crisis Services
- Rochester Police Department
 - Police Captain
- Rochester Public Library
 - Library Director

County of Monroe

- County Executive's Office
 - Assistant County Executive
- Monroe County Department of Human and Health Services
 - Commissioner of Human and Health Services
 - Office of Mental Health, including Director
- Department of Public Health
 - Director of Addiction Services
- Office of Planning and Development
 - Community Development Manager

Monroe County Division of Social Services

- Commissioner of Social Services
- Deputy Commissioner of Social Services

APPENDIX B – DESIGNATED CONTACTS AND EMAIL ADDRESSES

The following list includes designated contacts and email addresses for members of the joint City and County working group.

City of Rochester

Michael T. Burns, Deputy Mayor
Michael.Burns@CityofRochester.gov

Frederick J. Rion Jr., Director of Emergency Management
Frederick.Rion@CityofRochester.gov

Liliana Ruiz, Director of Special Projects and Educational Initiatives
Liliana.Ruiz@CityofRochester.gov

Sade McCallan, Manager of Emerging Initiatives
Sade.McCallan@CityofRochester.gov

Karen St. Aubin, Director of Operations
Karen.St.Aubin@CityofRochester.gov

Vincent B. McIntyre, Superintendent of Security
Vincent.McIntyre@CityofRochester.gov

Ronald E. Sneed Jr., Coordinator of Security Services
Ronald.Sneed@CityofRochester.gov

Erica Hernandez, Neighborhood Service Center Director
Erica.Hernandez@CityofRochester.gov

Carol Wheeler, Manager of Housing
Carol.Wheeler@CityofRochester.gov

John Oster, Senior Community Housing Planner
John.Oster@CityofRochester.gov

Dr. Shirley Green, Commissioner of Recreation and Human Services
Shirley.Green@CityofRochester.gov

Sarah Fletcher, Deputy Commissioner of Recreation and Human Services
Sarah.Fletcher@CityofRochester.gov

Alia Henton-Williams, Manager of Crisis Services
Alia.Henton-Williams@CityofRochester.gov

Mark Mura, Police Captain
Mark Mura@CityofRochester.gov

Nicole Tamburello Conway, Police Lieutenant
Nicole.Tamburello@CityofRochester.gov

Michael G. Cotsworth, Police Lieutenant
Michael.Cotsworth@CityofRochester.gov

Robert Wilson, Police Lieutenant
Robert.Wilson@CityofRochester.gov

County of Monroe

Anthony Plonczynski-Figueroa, Assistant County Executive
AJPF@monroecounty.gov

Thalia Wright, Commissioner, Department of Human and Health Services,
thalia.wright@dfa.state.ny.us

Dr. April Aycock, Director, Office of Mental Health, Department of Human and Health Services
aprilaycock@monroecounty.gov

Dr. Tisha Smith, Director, Addiction Services, Public Health Department
tishasmith@monroecounty.gov

Chanh Quach, Manager, Community Development, Planning Department
CQuach@monroecounty.gov

Emily Clasper, Director of the Monroe County Library System (including Rochester Public Library)
Emily.Clasper@libraryweb.org

Monroe County Division of Social Services

Thalia Wright, Commissioner, Division of Social Services
thalia.wright@dfa.state.ny.us

Denise Read, Deputy Commissioner, Division of Social Services
denise.read@dfa.state.ny.us

Designated contacts may be updated in whole or in part as needed by each party in writing.

APPENDIX C – CONTRACTED AGENCIES AND OTHER AUTHORIZED ENTITIES

City of Rochester

- Homeless Service Providers
 - Person Centered Housing Options (Street Outreach)
 - Center for Youth (Street Outreach)
- Neighborhood Ambassador Program Community-Based Organizations
 - Barakah Muslim Charity
 - Cameron Community Ministries
 - Father Tracy Advocacy Center
 - MC Collaborative

County of Monroe

- Homeless Service Providers
 - Coordinated Care Services Inc. (Administrative Support)
 - House of Mercy (Street Outreach)
 - Liberty Resources (Mental Health Services)
 - Person Centered Housing Options (Street Outreach)

Planning and Coordination Body

- Rochester/Monroe County Homeless Continuum of Care, Inc., dba Partners Ending Homelessness
-

APPENDIX E – GLOSSARY

- By-name detail – The name of an individual given to an outreach worker. The name could be a legal name or otherwise known as name. This information is important to track where the individual is and what assistance they may have received. It can inform case conferencing and coordinated outreach.
- Case conferencing – A structured, collaborative process where service providers meet regularly to coordinate care for individuals experiencing homelessness. The purpose is to create a plan for the person to no longer be street homeless by service providers reviewing by-name data, aligning services, prioritizing cases, and identifying next steps toward housing stabilization.
- Case management – A client-centered, trauma-informed approach in which designated case manager, knowledgeable about community resources, supports an individual or household through assessment, goal setting, service connection, and progress monitoring.
- Other pertinent information – Supplemental, case-relevant information that supports coordinated decision-making. This may include behavioral health concerns, safety risks, recent system interactions, client preferences, or legal involvement. This information is typically shared in case conferencing to inform outreach and housing plans.
- Outreach – The proactive engagement of people experiencing homelessness where they are, on the street, encampments, or in other non-residential settings. The goal of outreach is to develop a relationship with the homeless person and to eventually assist them with living in a sheltered environment.
- Outreach workers – A frontline professional who engages directly with people experiencing unsheltered homelessness. Outreach workers provide trauma-informed support, basic needs assistance, assessments, and system navigation to help individuals move toward housing and stability.
- Unsheltered homelessness¹ – Individuals or families with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for people. This includes locations such as:
 - Streets or sidewalks
 - Vehicles
 - Parks or encampments
 - Abandoned buildings
 - Bus or train stations
- Unsheltered homeless individuals¹ – An individual or family who lacks a fixed, regular, and adequate nighttime residence. This includes:
 - Individuals or families living in emergency shelters or transitional housing
 - Those staying in places not meant for human habitation (e.g., streets, vehicles)
 - People exiting institutions where they resided for 90 days or less and were homeless before entry

¹ HUD Definition

- Individuals fleeing domestic violence without another safe residence



Memorandum of Understanding
Between Partners Ending Homelessness (NY-500 Continuum of Care)
Volunteers of America Children's Center

Purpose

This Memorandum of Understanding (MOU) establishes a collaborative framework between **Partners Ending Homelessness (NY-500 Continuum of Care)** ("CoC Lead") and the **Volunteers of America Children's Center**. The purpose of this MOU is to ensure coordinated efforts to provide supportive services and a unified community-based approach to ending homelessness in the NY-500 region.

Roles and Responsibilities

Community Partners agree to:

- Receive referrals from CoC Providers when a client is appropriately identified as in need of services provided by the Community Partner, according to their referral procedures.
- When solicited, provide opinions regarding the CoC's general performance, strategies, and priority setting process according to the Community Partner's area of expertise.
- Inform individuals and families who are referred to the Community Partner for their eligibility for services.

Partners Ending Homelessness (CoC Lead) agrees to:

- Provide resources and training regarding homelessness to Community Partners.
- Offer guidance in establishing and maintaining a community-based approach to ending homelessness.
- Facilitate communication and coordination among Community Partners, CoC Providers, and other stakeholders.

Mutual Commitments

Both parties agree to:

- Collaborate in good faith to achieve the shared goal of ending homelessness in Monroe County.
- Maintain transparency, accountability, and open communication.



- Identify and fill gaps for individuals and families who are homeless.
- Work together to coordinate effective provision of supportive services for individuals and families who are homeless.

Term and Termination

- This MOU is effective upon the date of this agreement and shall remain in effect until terminated. It shall be reviewed annually to ensure that it is fulfilling its purpose and to make any necessary revisions. Either organization may terminate this MOU upon thirty (30) days' written notice without any penalties or liabilities.

Partners Ending Homelessness

A handwritten signature in black ink, appearing to read "Tree Clemonds", is written over a horizontal line.

Signature:

Name/Title: Tree Clemonds, Executive Director

Date: September 25, 2026

Agency: Volunteers of America of Western New York, Inc.

Signature: A handwritten signature in blue ink, appearing to read "Pat Drake", is written over a horizontal line.

Name/Title: Pat Drake, Sr. VP of Agency Advancement

Date: 9-29-26



Continuum of Care Written Standard for Rankings and Ratings Protocol NY-500 – Rochester/Monroe County

I. Purpose & Process

Partners Ending Homelessness (PEH) is the designated U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Collaborative Applicant for the City of Rochester and Monroe County. Through this designation, PEH is required to establish protocols for the (CoC) Notice of Funding Opportunity (NOFO), which includes a transparent framework for its annual scoring, ranking, and approval process. To best serve our community members with effective projects, those that most closely align with HUD and CoC priorities will be prioritized for funding. This document will be reviewed and approved by PEH staff, PEH stakeholders, also known as the Homeless Services Network (HSN), and the Rank and Review Committee, as outlined below.

The Rank and Review Committee (“the Committee”) consists only of non-conflicted PEH Board of Directors Members, staff from the City of Rochester and Monroe County, community members, and non-voting members of the PEH staff. Please see Appendix A for a list of the current participating agencies of the Rank and Review Committee. The duties are to perform ratings and rankings for all applications to the HUD CoC NOFO. PEH also works with People with Lived Experience and Expertise to obtain their feedback on community priorities and application questions.

A second committee, the CoC’s Program Monitoring Committee, is tasked with conducting an annual on-site monitoring visit to each of the HUD CoC-funded projects. PEH provides committee members with training on how to conduct site visits. Projects are evaluated for performance, achieving the outcomes specified in the grant application through the review of participant files, policies and procedures, data quality, Coordinated Entry usage, and case management entries. Additional documents, such as homeless and/or disability documentation, housing inspection forms, and rent calculations, are also reviewed.

Approximately 1-2 Committee members attend site visits, along with 2-3 PEH staff members. Committee members may speak with project staff if they have questions or need to find specific documents, etc. Site visits occur annually following the end of the program’s contract year, so they can review the project’s Annual Performance Report (APR) to have a point of reference to evaluate performance. PEH reserves the right to conduct a site visit at any point during the contract year.

Committee members calculate their scores for the section(s) of the monitoring report that they were assigned and are provided to PEH staff. Once all scores are tabulated, PEH will send a copy of the

completed Monitoring form to the Committee Member for their feedback. At the conclusion of the process, the Committee refers to PEH staff any competitive project requiring improvement.

PEH staff provides performance improvement support to projects referred to staff by the Committee. After an appropriate time as agreed upon by the Committee and PEH staff, the Committee conducts a performance review of each project that has received performance improvement support.

The Committee, in collaboration with PEH staff, refers to the Board of Directors any project that has received performance improvement support but has not shown an improvement. The Committee will include its recommendations with a referral to the Board of Directors.

This process is consistent with HUD regulations through 24 CFR 578.7(a) that “The Continuum must: Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers; and Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD.”

PEH’s monitoring, application review, and ranking informs HUD’s CoC program on which projects high performing, effective, and deserve to receive annual funding in order to best serve the homeless population in Rochester and Monroe County.

II. New Project Application Process

Annually, PEH issues new applications for agencies seeking HUD CoC funding. Applications are publicly distributed through a local RFP process and are advertised on social media, the HSN full listserv, and the CoC’s website. Application instructions are also distributed alongside the applications. The application instructions include all relevant due dates, threshold requirements, submission protocol, and attachment requirements.

New funding can be created in two ways: through bonus funding issued by HUD during the CoC competition, which is communicated by HUD and PEH (amounts, eligible priorities, etc.), and through current CoC funding that has been reallocated from a current project, which will add funding for any new and eligible projects. This will be further discussed in this document.

New funding applications also encompass expansion applications for existing CoC projects. Only projects that scored in Tier 1 in the previous year’s competition are eligible to apply for an expansion of the existing project. Projects that had a significant finding during CoC annual monitoring are ineligible to submit expansion applications. Significant findings include a history of unspent funds and/or misuse of funds, non-compliance in serving the target population, significant data errors, and unwillingness to accept technical assistance from the CoC.

Applications are split into three sections: threshold requirements, program design narrative, and performance measures. Projects and agencies must meet threshold requirements to be considered in the

funding competition. Program design and performance measures will be used to determine ranking in the funding competition.

III. Renewal Project Application Process

Renewal projects are scored according to the rubric described in the renewal application. Renewal projects are scored on HUD compliance, CoC compliance, program narratives, performance measures, and monitoring scores.

Much of the information in the renewal application is reported to HUD on the Annual Performance Report (APR), during project monitoring by CoC staff and Rank and Review Committee volunteers, or is otherwise available through HMIS. Projects serving domestic violence survivors are asked to submit data in a CSV from their comparable database for the renewal process. *As of June 2026, the CoC does not have a DV CoC-funded agency.

Projects that have been operational for less than an entire program year will receive full points for performance measures.

The CoC-funded projects' monitoring scores are compiled into a Scoring Report by CoC staff that is made available to all funded projects as soon as the funding competition opens. Monitoring scores are a combination of information received from annual monitoring site visits and projects' APRs.

The Scoring Report will be released to all funded projects at the same time as the new application. Projects will have until the application due date to review and dispute or accept the Scoring Report and respond to narrative questions.

If a project seeks to dispute the competition report, project representatives can give written or verbal justification of the dispute to the Rank and Review Committee. The Committee will then vote to accept or reject the dispute.

IV. Review & Selection Process

The Committee reviews and scores all renewal and new applications. The committee is given a detailed rubric and reports scores through email. Scores are compiled and reviewed in a committee meeting to ensure accuracy and limit discrepancies between reviewers.

Projects that fail to meet threshold requirements as outlined in the local application will be held out of the competition. These projects may request that the CoC provide them with technical assistance to assist in improving their application for future competitions. This process ensures that organizations that may lack the current capacity to receive a federal grant can build their capacity for a future year.

All renewal projects will be selected to move forward in the competition, unless subject to reallocation. The reallocation process can be found in Section V.

All projects will receive written notice on the outcome of the initial review process and the justification of the decision by email, when possible, no later than 15 days before the CoC Program Competition application submission deadline.

v. Reallocation protocol

Per the CoC Program, "Reallocation is a process that the CoC uses to shift funds in whole or part from existing eligible renewal projects to create one or more new projects without decreasing the CoC's ARD" that will better address the needs of the homeless. Conversely, reallocation can reduce or eliminate funding from existing renewal projects. The CoC Ranking and Review Committee, a non-conflicted group of CoC Board and community members (i.e., does not receive HUD CoC funding), makes final reallocation decisions based on the following:

- Project has not expended 100% of grant funds for two or more consecutive years
 - Unspent funds are reallocated for new projects
- A project voluntarily decides not to renew its project
- A project voluntarily requests its existing program(s) funding to be reallocated to create a new project that meets community needs.
- A program has a history of not meeting performance measures and has not followed through a performance improvement plan. This may include both outcome measures and utilization.
- A project that has deficiencies in the ongoing operation of the programs.
- Projects have been in the bottom 40% of CoC Ranking (i.e., Tier 2 for FY26) due to low performance for two or more consecutive years, as evidenced by the project's Annual Performance Report, performance measures, and CoC Ranking Process.
- An agency does not complete the local renewal application process.

vi. Ranking Protocol

A project ranking list is generated using scores outlined in Sections IV and V of this Ranking Protocol, in alignment with HUD and local CoC priorities. Projects that have passed threshold requirements and have been selected for funding are ranked based on application score and local priority. They will then be placed into Tier 1 until all Tier 1 funds are allocated. The remaining projects selected for funding will be ranked and placed into Tier 2 until all Tier 2 funds are allocated.

The Planning Grant is not ranked in the NOFO process. Coordinated Entry and HMIS Grants will not be scored and protected due to the necessity of the projects to the operation of the CoC and will be ranked in Tier 1. They are, however, monitored by the Project Monitoring Committee and reviewed for usage of funds, project efficacy, and written standards, current and upheld.

Once the Committee has ranked applicants' renewal applications, the preliminary ranking will be emailed to all member agencies, with specific scoring forwarded to the related applicant. If there are no successful appeals, the preliminary ranking becomes the final ranking.

Tier 1 and Tier 2 structures will be reviewed with the Committee and sent to the Board of Directors. Recommendations of the Committee will be voted on by the Board no later than 15 days prior to the CoC submission deadline.

The final Consolidated Application, which includes the Project Priority List and the Collaborative Application, will be posted publicly no later than 48 hours prior to its submission.

The Committee's recommendation will be presented to the PEH Board for approval. An applicant may challenge the Committee's recommendation to the Board by emailing the PEH Deputy Director with a Notice of Appeal as outlined in section VII.

VII. Appeals Process

An applicant must submit a request for an appeal in writing to PEH within three days of notification from the Committee. Possible grounds for appeal are: the applicant was denied the right to participate in or eliminated from the local application process; the applicant believes that decisions made regarding their ranking, amount of awarded funding, or elimination of their program were unsubstantiated based on project performance or other factors that can be documented. Decisions made regarding applications that were not submitted by the deadline(s) or were incomplete cannot be appealed.

The total score for the application is provided to the Applicant at the time of award notification. At no time during the appeals process will the scores of individual reviewers be discussed. At all points during the Appeal process, the discussion will be respectful and fact-based.

Phase I of the Appeal Process will be a discussion between the Applicant, PEH staff, and at least three representatives of the Committee (Phase I members). The applicant will present their case, which will be followed by questions and discussion. The intended goal of this phase is to reach an agreement on a resolution of all appealable issues presented.

If issues are not resolved during Phase I, **Phase II** of the Appeal Process will ensue. The Phase I Committee will be joined by two independent participants (Appeal Committee). The independent members of the Appeal Committee will be PEH Board members who did not participate in the Application Review process and whose organization that they represent did not receive or did not apply for CoC funding for the 2026 funding round. The Appeal Committee will again review the grounds of the appeal and the basis of the actions taken. They will then either uphold or revoke the decision(s) of the Application Review Committee. Corrective action(s) will then be developed.

Decisions made during either Phase I or Phase II are final.

If Applicant is still not in agreement with the results of Phase II, they should review the HUD NOFO and follow instructions on how and on what grounds they can make an appeal to HUD. Should the project

decide to pursue a formal appeal to HUD, the applicant will be referred to page 116 of the FY2026 NOFO to follow HUD's appeals process and how to submit a solo application outside of the CoC.

NOTE: Appeals will only be considered in cases where applicants have concerns specific to the review process and scoring of their application. Appeals specific to the ranking or funding recommendation will not be considered. All notices of appeal must be based on the information submitted by the application due date. No new or additional information will be considered. Omissions to the application cannot be appealed.

Appendix A

Rank & Review Committee Participating Agencies

City of Rochester
East House
SEAC (Southeast Area Coalition)
Soldier On
Eagle Star Housing
Veterans' Administration (VA)
Villa of Hope
Together Now *
Monroe County *
Greater Rochester Housing Partnership
Huther Doyle *
Rochester Regional
United Way of Rochester
Genesee Land Trust *
Dimitri House *
Monroe County Office of Mental Health (OMH) *
Community Volunteer
(Street Outreach)
Episcopal Senior Life (55+)

*CoC Board Member

Appendix B

Rank and Review Charter

I. Purpose

The Review and Ranking Committee (the “Committee”) shall be a Committee of the Corporation. The purpose of the Committee shall be to ensure there are collaborative and transparent processes for non-profit and units of local government within the CoC geographic area to apply for HUD Continuum of Care funding. This includes coordination of an annual local application process beginning with the solicitation of applications, development and revisions as needed to application forms, scoring rubrics and other required documents, ranking of projects based on score and the submission of the project applications and the Consolidated Application to HUD.

II. Composition

The Committee shall be comprised of at least three (3) members of the Board of Directors and may include at-large stakeholders and/or other individuals with program and funding application review experience/expertise. No more than one-third of the members can be representatives of the Public Sector. Committee members must be non-conflicted meaning members may not be employees, owners, stakeholders, directors, officers, funders, board members, or independent contractors to any organization that submits or will benefit from the local application that is being reviewed, scored, and ranked.

III. Meetings

The Committee shall meet at least four times a year, or when necessary. The Committee may meet privately with independent advisors and members of management.

All meetings of the committee shall be held pursuant to the by-laws of the Corporation regarding notice and waiver thereof, and written minutes of each meeting shall be duly filed in the Corporation’s records. Reports of meetings of the committee, including committee actions and recommendations, shall be made to the board at its next regularly scheduled meeting following the committee meeting.

IV. Authority

The Committee shall have full access to all management and authority to consult with independent advisors.

V. Responsibilities

The Committee shall:

- A. Review and make recommendations for revisions to Policies and Procedures related to the submission of the annual Consolidated Application for CoC Funding to HUD.
- B. Review and revise all documents related to the annual application process:
- C. Committee members will attend any necessary or required CoC meetings.
- D. Review and recommend capital expenditures and unbudgeted operating expenditures that exceed management's spending authority.
- E. Review and approve capital expenditures and unbudgeted operating expenses that, per board-approved policy, are above management's authority but below the threshold required for board approval.
- F. Review the financial aspects of major proposed transactions, new programs and services, as well as proposals to discontinue programs or services, and make action recommendations to the board.
- G. Review and recommend to the board policies governing employee benefits plans.
- H. Monitor the financial performance of the organization as a whole and its major funding sources or business lines against approved budgets, long-term trends, and industry benchmarks.
- I. Recommend and monitor corrective actions to bring the CoC into compliance with its budget, other financial targets and funding source(s) requirements.
- J. Review CoC's policies and strategies with respect to insurance and risk management.
- K. Ensure timely and accurate financial reporting to the board.
- L. Undertake such other matters as may be referred to by the Board of Directors from time to time.

VI. Limitation on Committee Duties

The Committee is not responsible for the submission of the HUD CoC Funding application. The Corporation's management, as the Lead Agency for the CoC, is responsible for the preparation and submission of the Consolidated Application to HUD and is responsible for ensuring the application process is compliant with HUD regulations describing the role of a CoC.

VII. Review of Charter

The committee will review this charter on an annual basis and will submit any revisions to the charter to the board for approval.