



Poverty and Homelessness Board

Thursday, November 20, 2014

12:00 p.m. – 1:30 p.m.

Lane County Youth Services Serbu Campus, Carmichael Conference Room
2727 Martin Luther King Jr. Blvd. Eugene, OR

Agenda

****revised****

Time	Topic
11:45 a.m.	Arrival and Lunch
12:00 p.m.	Welcome and Introductions <ul style="list-style-type: none">▪ Preview today's agenda▪ Self-introduce with your name and organizational affiliation
12:10	Public Comment <p>Individuals who plan to offer comment must sign in with name and contact information prior to beginning of the meeting.</p>
12:20	Follow-Up from Previous Meeting <p>Approve Minutes October 16, 2014</p> <p><u>Committee Reports</u></p> <p><i>Steering Committee/ Pat Walsh</i></p> <ul style="list-style-type: none">▪ Amend bylaws: to address e-voting and adding non-PHB members to committees.▪ Maintain clarity about voting and non-voting members. <p><i>Action</i></p> <p><i>Winter Strategies Committee/ Dan Bryant</i></p> <p><i>Action</i></p> <p><i>Legislative Committee/ Steve Manela</i></p> <p><i>Action</i></p> <p><i>Facilities Committee/ Jacob Fox</i></p> <p><i>Information/ Discussion</i></p> <p><i>Ending Veteran's Homelessness Committee/ Pat Farr</i></p> <ul style="list-style-type: none">▪ Approve SSVF Priority Community Plan (Anne Williams) <p><i>Information/ Discussion/ Action</i></p>
1:00	Focus Topic : 2015 One Night Homeless Count/ Lisë Stuart and Pearl Wolfe <ul style="list-style-type: none">▪ Approve ONHC Methods <p><i>Information/ Discussion/ Action</i></p>
1:15	Wrap up <p>Summarize board decisions, assignments, and next steps</p>
1:25	Planning the December Agenda <p>What new business should the PHB consider at its December 18 meeting?</p>
1:30 p.m.	Adjourn



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Poverty and Homelessness Board

Governance Charter

Eugene/ Springfield / Lane County, Oregon

December 16, 2013

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Appendix:
 HMIS Policy & Procedures Manual
 Written Standards for the Coordinated Entry System
 CoC Policy and Procedures Manual: Written Standards

**Poverty and Homelessness Board
Governance Charter
Eugene/ Springfield / Lane County, Oregon
December 16, 2013**

Acronyms:

- Annual Homeless Assessment Report (AHAR)
- Continuum of Care (CoC)
- Emergency Solutions Grant (ESG)
- Homeless Management Information System (HMIS)
- Housing Inventory Chart (HIC)
- Human Services Commission (HSC)
- Human Services Division (HSD)
- Point in Time Count (PIT)
- Poverty and Homelessness Board (PHB)

POVERTY and HOMELESSNESS BOARD PURPOSE

The Poverty and Homelessness Board (PHB) meets both the requirements of the HUD Continuum of Care Board and the Community Action Agency. The PHB Governance Charter and organizational structure is required for all funds governed by the Continuum of Care title IV McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 and the Continuum of Care Program Interim Rule. The PHB Governance Charter and organizational structure is also required for all funds governed by Community Action Agencies, Chapter 319yy, Section 17b-885 and Sec. 17b-887.

Through a public process and Continuum of Care member participation, it was determined that Lane County be designated as the Continuum of Care (CoC) to serve as the Collaborative Applicant to operate the Continuum of Care. Lane County was also designated an Administrator of the Homeless Management Information System (HMIS) to review and approve privacy, security, and data quality plans, policies and procedures, and performance measures for the Human Services Management Information System (HMIS).

HMIS ServicePoint's enhances Service Provider collaboration, service delivery and data collection capabilities. The mission of ServicePoint HMIS Project is to be an integrated network of homeless, prevention and other service providers that use a central database to collect, track and report uniform information on client needs and services. The HMIS lead agency ensures that it administers HMIS in compliance with HUD requirements

HMIS documents the demographics of homelessness, at-risk of homelessness and poverty in Lane County according to the HUD HMIS Standards. It is then the goal of the project to identify patterns in the utilization of assistance, and document the effectiveness of the services for the client. This will be accomplished through analysis of data that is gathered from the actual experiences of persons who are homeless or at-risk of homelessness and the service providers who assist them in shelters, homeless assistance programs, prevention programs, and basic needs services throughout the County.

See Appendix for HMIS Policies and Procedures Manual

The PHB shall serve the geographic area of the **Eugene/Springfield/Lane County, Oregon** to:

- Promote community-wide commitment to the goal of ending homelessness and assisting low-income individuals to meet their basic needs and achieve self-sufficiency.
- Promote access to and effective use of mainstream programs.
- Plan systematically for and evaluate programs, including actions to develop information as to the problems and causes of homelessness and poverty in the community, to determine how much and how effectively assistance is being provided to deal with those problems and causes, and to establish priorities among projects, activities, and areas as needed for the best and most efficient use of resources.

I. PHB BOARD ROLES AND RESPONSIBILITIES

- A. Designate Lane County as Continuum of Care Collaborative Applicant to prepare and oversee the development and submission of an annual application for CoC program funds and to operate the CoC.
- B. Conduct year-round Continuum of Care planning of homeless and homeless prevention housing and services in conjunction with Emergency Solutions Grant (ESG) recipients in the geographic area.
- C. Adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the PHB at least once every 5 years;
- D. Annually update a governance charter which will include all procedures and policies.
- E. Establish performance targets appropriate for projects funded under the ESG and CoC grant programs and other anti-poverty programs serving low incomes persons. Monitor subrecipient performance, evaluate outcomes, and take action against poor performers.
- F. Establish and operate a coordinated entry system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.
- G. Assure the coordination and implementation of a housing and service system for homeless and low income citizens that promote self-sufficiency.
- H. Designate Lane County as the administrator for the Homeless Management Information System (HMIS). Review and approve privacy, security, and data quality plans, policies and procedures, and performance measures for HMIS
- I. Participate in a Point-in-Time Count of homeless persons that is conducted at least biannually.
- J. Review an annual gaps analysis that is conducted of both homeless and low income citizens' needs and services.
- K. Develop program and financial priorities for the distribution of public funds.
- L. Assure a collaborative, fair, and transparent process for developing priorities for projects to be submitted in grant applications to funders.
- M. Review the efficiency and effectiveness of funding expenditures for funded activities.
- N. Monitor implementation of the CoC and ongoing alignment with vision, goals and strategies.
- O. Delegate activities and oversee committees, work groups and task forces as appropriate.

II. PHB MEMBERSHIP

A. Board Composition

The PHB shall include community representatives within the geographic area who are:

1. Appointed representatives from local government entities:

- a. a.—The following four (4) members from local governmental entities shall be elected officials or their designees, one each, designated by Lane County and the Cities of Eugene and Springfield and a rural Lane County elected official. Appointments are encouraged to include elected officials or designees ~~must be serving that serve~~ on the regional policy boards for human services, housing and employment. Elected officials' positions may be filled by the elected official or their designee

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and either the elected official or their designee will have full membership authority, including the ability to vote.

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- i) City of Eugene
- ii) City of Springfield
- iii) Lane County
- iv) Rural Lane County

b. The following four (4) members shall be representatives of community interest and may include representation from such groups as:

- i) Law enforcement
- ii) Philanthropic sector
- iii) Faith-based organizations
- iv) Education (public schools, colleges or university)
- v) Business
- vi) Local hospitals
- vii) Other community interests to be determined upon need

c. The following four (4) members shall be representatives of low income community representatives who are:

- i) Homeless or formerly homeless individual.
- ii) A subrecipient agency of the Emergency Solutions Grants program (ESG).
- iii) The remaining two representatives may include representation from such groups as:
 - non-profit supportive housing provider
 - non-profit affordable housing developer
 - social service representative
 - victim service provider

2. In addition to the Board members, five (5) Ex officio participants would be invited to attend meetings and participate in the discussion representing these governmental departments, as follows:

- a. The director of the Oregon Department of Health and Human Services or the director's designee.
- b. The director of the Housing and Community Services Agency of Lane County or the director's designee.
- c. The director of the Workforce Partnership or the director's designee.
- d. The director of the U.S. Department of Veterans Affairs, Behavioral Health Recovery & Reintegration or the director's designee.
- e. The director of the St. Vincent de Paul or their designee.

B. PHB Selection/Election

1. The PHB will be comprised of 12 voting members. Other than those members that are appointed by the governmental entities *as set forth in Section II.A.1 above, there will be an annual call for nominations from the public to fill any vacancies* then existing on the board. The Lane County Board of Commissioners will approve new members to fill such vacancies by majority vote. Vacancies may be filled immediately or through the annual nominating process.
2. For good cause, such as missing two consecutive regular PHB meetings without notice or explanation, a letter will be sent to the member requesting clarification of membership status. The PHB may recommend to the Board of Commissioners that the member's position be declared vacant and a replacement be selected. Such appointments shall be for the duration of the unexpired term.
3. In the event that a member is unable to complete his/her term on the PHB, the Board shall be notified

as soon as possible for appropriate consideration and action. The newly appointed member shall serve the remainder of the original term.

4. The first PHB board will be developed through the following process:

- The Human Services Commission Board will create a nominations committee from its membership.
- PHB applications that have been submitted for membership will be reviewed. Selected applicants will be interviewed. The interviews will result in recommendations for PHB membership.
- This Nominations Committee will present a list of recommended applicants for the 12 voting member slots and the 5 ex-officio members to the HSC board.
- The HSC Board will be asked to approve the Nominating Committees recommendations.
- The HSC approved roster will be part of a board order for the Lane County Commissioners' approval.

C. PHB Conflict of Interest

1. No PHB voting board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents (per the CoC Rule, 24 CFR 578.95).
2. In accordance with ORS Chapter 244, no PHB or subcommittee member shall participate in a decision in which he or she has a private pecuniary interest. Affected members shall disqualify themselves from participation by written notification to the PHB as mandated by ORS 244.120.

D. PHB Board Terms

Elected representatives shall serve for a term of one year, which terms shall begin within thirty days after the beginning of the calendar year. Community and Citizen Members shall serve for terms of three years, except that, of the members first appointed, two (2) shall serve for a term of one year, three (3) shall serve for a term of two years, and three (3) shall serve for a term of three years.

E. PHB Board Leadership

1. A Chair and Vice Chair will be elected by the PHB. The term of office shall be one year or until a successor has been elected. In the case of a vacancy occurring in the office of chairperson or vice chairperson, the PHB shall fill the position by election at its regular meeting.
2. It shall be the duty of the chairperson to preside at all meetings of the PHB; to enforce observation of the Charter; to decide all questions of order; to offer for consideration all motions regularly made; to apportion duties of the members of the PHB; to call all special meetings; to appoint all necessary subcommittees; the chair is entitled to vote on all issues.
3. In the absence of the chairperson, the vice-chairperson shall assume the duties of the office of the chairperson.

III. BROADER CoC MEMBERSHIP

Beyond the PHB membership, the Continuum of Care Interim Rule requires a description of the CoC membership beyond the board. This area highlights the broader CoC membership. These stakeholders bring their expertise with homeless subpopulations and systems are a resource to inform and/or participate in PHB activities and committees. The CoC will issue a public invitation for new members within the CoC's geographic area will occur at least annually.

The broader CoC membership consists of relevant representatives from the geographic area of Eugene/Springfield and Lane County, Oregon to carry out the responsibilities set forth by the CoC Program Interim Rule. The CoC actively seeks out participation from a variety of groups for both the PHB's workgroups and committees. The following are examples of organizations and individuals to be to comprise the broader CoC membership to include: mental health and substance abuse providers, hospitals, health care,

universities, affordable housing developers, law enforcement, homeless and formerly homeless persons, veterans, nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, and social service providers.

IV. PHB MONTHLY MEETINGS

The PHB shall:

- A. Conduct at least two public meetings per year; a majority of the PHB membership shall constitute a quorum for the transaction of business.
- B. Provide prior reasonable notice of PHB meetings and such notices shall be published on the Lane County website. Each meeting shall have on its agenda the opportunity for members of the public to provide input and comment.
- C. Review and approve the minutes and consider recommendations from such committees established as provided in Section II.E. above, including such meetings as may be necessary to conduct the business of CoC Operations, CoC Planning and HMIS Governance.
 1. The PHB shall hold regular monthly meetings or as needed (with a minimum of two meetings per year). These will, to the degree possible, be the same time, day, and place. The PHB may meet more frequently during the budget process.
 2. Special meetings of the PHB may be called by the chair, or in the absence of the chair, the vice-chair, or a majority of the PHB.
 3. All meetings of the PHB shall comply with the Public Meeting Law as set forth in ORS 192.610 through 192.710. The PHB is responsible for compliance with the law, including but not limited to the requirements of notice and written minutes of meetings.
 4. A quorum for the purpose of doing business shall be a majority of the PHB membership which constitutes half plus one.
 5. All meetings shall be conducted in accordance with Robert's Rules of Order.
 6. Each member of the PHB shall be entitled to one vote on all issues at meetings at which the member is present, except as provided in section II.C.1 and II.C.2 (Conflict of Interest), and no proxy votes shall be allowed. All actions of the PHB shall require the affirmative vote of half plus one of the designated number of members, regardless of any vacancies.
 - 6-7. Input from non-voting members of the PHB shall be gathered during discussion and not via any process that could be confused by the public as an official vote, such as hand raising or a verbal aye or no.

GD. PHB Committees

The PHB shall create committees as necessary to accomplish its purpose, roles and responsibilities. The PHB Chairperson may serve as an ex officio member of all committees. At least one Board Member shall serve on each standing committee. Committee meetings shall be scheduled by the Committee Chairperson. The responsibilities of Committee Chairpersons include convening and presiding over meetings, developing meeting agendas, identification and recruitment of members from the public to ensure wide community representation, and providing reports to the PHB as requested.

1. The PHB shall have the power to create subcommittees, both permanent functional and ad-hoc, in numbers and with responsibilities believed by the committee to be necessary.
2. Each permanent committee will consist of at least three members of the PHB.
3. The PHB chairperson shall appoint and charge a PHB member to be the Chairperson for each subcommittee.

3-4. Committee members with full membership authority may nominate individuals with expertise related to the committee focus to join the committee. Nominees shall complete a simple application or provide a resume to document this expertise. Through discussion, the committee will select nominees to recommend for addition to the committee. Final nominee(s) will be brought before the full PHB board for approval.

E. Electronic Meetings

In the interest of transparency and public access, the use of electronic meetings is strongly discouraged. If a critical, time-sensitive vote must be taken and there is no way for a quorum of members to convene in the timeframe by which the decision must be made, a phone or internet-based meeting may be considered. Electronic meetings of the Board shall be subject to all rules adopted by the PHB. Minutes must be taken, documenting the thread of the motion and its disposition. These minutes shall be approved at the next regular meeting and posted for public comment on the PHB website.

See appendix for detailed electronic meetings rules.

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V. PHB REPORTS

The PHB shall approve the following reports and documents prior to releasing such reports and documents to the community:

- A. CoC Program Grant Project Priority List
- B. Annual Report on homeless services needs and gaps
- C. Annual Point In Time Count (PIT)
- D. Annual Housing Inventory Chart (HIC)
- E. Annual Homeless Assessment Report (AHAR)
- F. Homeless Coordinated Entry System

COORDINATED ENTRY

The PHB will approve reports re: the Homeless Coordinated Entry System. Under the CoC Program interim rule, each CoC must establish and operate a coordinated assessment system. Coordinated Entry ensures that homeless persons are matched with the right intervention, among all of the interventions available in the CoC, as quickly as possible. It standardizes the access and assessment process for all clients and coordinates referrals across all providers in the CoC. When providers intake and assess clients using the same process, and when referrals are conducted with an understanding of all programs, including their offered services and bed availability, participants can be served with the most appropriate intervention and not with a "first come, first served" approach.

See Appendix for Written Standards for Coordinated Entry System

VI. EMERGENCY SOLUTIONS GRANT (ESG) MONITORING

Background

We are currently using ESG funds to provide emergency shelter, homeless prevention, and rapid rehousing to individuals and families. We currently fund two emergency shelter providers and two homeless prevention and rapid rehousing providers. We also use ESG funds to support our HMIS data collection system to have a clearer picture of demographics and outcomes measured. We use ESG funds in conjunction with Continuum of Care funds to create a more comprehensive continuum of housing and supportive services for individuals and families who are homeless or at risk of homelessness.

ESG Monitoring

Lane County follows the guidance of Oregon Housing and Community Services, as the ESG funder for the State of Oregon re: funding policies and procedures and the operation and administration of HMIS for

ESG funded projects.

Lane County monitors ESG programs (sub recipients) annually by reviewing participant files for program eligibility, provision of appropriate services and use of funds and by requiring back up documentation to invoices to monitor that funds are being used in accordance with ESG standards. Sub recipient staff are also interviewed re: program specific areas, i.e. income guidelines, eligible activities, eligible costs, assessment of direct service provision and overall fiscal accountability. ESG monitoring also includes reviewing for adherence to ESG performance standards and the corresponding outcome measures that are included in sub recipient contracts. ESG providers must participate in HMIS. Performance based reports are run from this system to evaluate program outcomes. Outcome measures for ESG programs include: 80% of households remain housed upon exit from Homeless Prevention Program services; 28% of households have employment income upon exit from program services; 95% have accuracy rate on HMIS data.

VII. AMENDMENT TO CHARTER

This Governance Charter may be amended or repealed or new rules adopted by two-thirds vote of the members at any regular or special meeting called for that purpose at which a quorum is present and with the approval of the County Board of Commissioners. Written notice of such proposed amendment, and the nature of, shall have given to the membership at least 10 days prior to the date of the meeting at which the amendments are to be considered.

See Appendix:

- ***HMIS Policy & Procedures Manual***
- ***Written Standards for the Coordinated Entry System***
- ***CoC Policy and Procedures Manual –Written Standards***

SSVF Priority 1 Community Plan

Date Completed/Revised:

1	2	/	0	1	/	2	0	1	4
Month			Day			Year			

Continuum of Care (CoC) Name: Eugene/Springfield/Lane County		CoC #: OR-500
CoC Representative: Pearl Wolfe		Title: Lane County Human Services Supervisor
Phone/Email (541)682-4629 : pearl.wolfe@co.lane.or.us		
Person Completing this Plan: Anne Williams		Title: Housing Director, St. Vincent DePaul Society of Lane County Inc.
Phone/Email: (541) 687-5820 awilliams@svdp.us		

1. Primary Planning and Coordination Group: Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. Identify the principal members of this group and their affiliation.

Primary Group Name:	
Principle Members	Affiliation
Kitty Piercy	City of Eugene, Mayor
Pat Farr	Lane County, Commissioner
Anne Williams	St. Vincent DePaul Society of Lane County Inc. SSVF lead
Tim Angle	St. Vincent DePaul Society of Lane County Inc.
Larry Abel	Housing and Community Services Agency of Lane County (PHA)
Jacob Fox	Housing and Community Services Agency of Lane County (PHA)
Cindy Leming	V.A.
Craig Norton	ShelterCare (non-profit)
Tom Mulhern	Catholic Community Services (non-profit)
Jessica Gibb	City of Eugene
Tod Schneider	City of Eugene
Maylian Pak	Oregon Community Foundation
Noreen Dunnells	United Way
Stephanie Jennings	City of Eugene
Richard Herman	Cornerstone Housing (non profit
Lise Stuart	Lane County (HMIS lead)
Amanda McCluskey	Lane County (Coordinated Entry Lead)
Steve Manela	Lane County
Pearl Wolfe	Lane County (CoC lead)
Joesph Reilly	Lane County Veterans Services, Supervisor
Corey Hoover	V.A.
Paul Solomon	Sponsors(ex-offenders)
Lesa Wheeler	VA Roseburg POC
Joseph B. Riley	Lane County Veterans Service Office

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group or a related review/coordination group meets to review Veterans who are homeless, track progress toward re-housing, and coordinate efforts. Include a summary of what information is reviewed during these meetings.

Created a new Poverty and Homelessness Board replacing the Continuum of Care Board and Community Action Advisory Board. This Board meets monthly. Created a Veterans sub-committee to specifically address issues of Veteran Homelessness. This committee also meets monthly. Both committees have shared Point In Time Count data and discussed ways to improve the coming PIT count and strategies for improving the count in rural areas.

SVDP will share monthly SSVF re-housing statistics, and VA representatives will share GHAP analysis.

3. SSVF Grantees Serving CoC Geography: Identify each SSVF funded agency serving Veterans in the CoC geography and each SSVF total grant award amount for FY15, including priority 1 ("surge"), 2 (renewals), and 3 (other new) awards. If one agency has multiple awards, list each separately. Pro-rate a grant award amount if the award covers more than one CoC geography. Include the projected annual number of households each grantee can serve and the total number of households across all grantees.

Grantee Agency Name	Grant Amount	Total Annual Projected Households	Total Annual Projected Households: Rapid Re-Housing	% of Total Households to be Assisted with Rapid Re-Housing
St. Vincent de Paul Society of Lane County Inc.	\$3,000,000	200	160	80%
TOTAL	\$3,000,000	200	160	80%

4. Annual Demand and Need for Rapid Re-Housing Assistance: Using the *Veterans Demand Analysis and Progress Tracking Tool* or other demand analysis data agreed to by the primary group above, identify:

- The most recent actual or projected annual unduplicated number of homeless Veterans (on street and/or who access emergency shelter, Safe Havens, or transitional housing, including GPD) in the CoC geography, by household type
- The number of those Veterans who will need rapid re-housing assistance to exit homelessness
- The number of Veterans needing rapid re-housing assistance who are projected to be eligible for SSVF RRH assistance.

	Annual Unduplicated Homeless Veteran Households	Estimated # of Needing RRH (a)	Projected # to be Assisted with SSVF RRH (b)	Projected # to be Assisted with Other RRH (c)	Gap (a-(b+c))
Households without Children	1049	839	136	320	383
Households with Children	186**	149	24	88	37
Total Homeless Veteran Households	1235*	988***	160	408****	420

*This number was provided by a HMIS Database search from the Lane County HMIS Administrator that used the Variables "Homeless" and "Veteran" for data collected from the last twelve months.

**SSVF annually counts an average of 15% of all households served as households with dependents.

***This estimate uses 80% as the total needing RRH.

****This figure comes from the Housing Inventory as beds linked to veteran only programs.

5. CoC Goals for Ending Homelessness Among Veterans: List the CoC's goals for ending Veteran homelessness by the end of 2015 (fill in additional related goals the CoC has determined, if relevant).

What are the CoC's goals for the estimated number of Veterans, including chronically homeless Veterans, who will be homeless as of the night of the January 2016 PIT Count?

	All Homeless Veteran Households (including CH)			Chronically Homeless Veteran Households		
	Sheltered	Unsheltered	TOTAL	Sheltered	Unsheltered	TOTAL
Households without Children	60	150	210	9	20	29

Households with Children		10	15		2	3
Total Households	65	160	225	10	22	31

Has the CoC established other goals related to preventing and ending homelessness among Veterans by the end of 2015? ☒ Yes ☐ No

If "Yes", please describe:

The formation of the Poverty and Homelessness Board and its Veterans sub-committee have identified several goals:

- create additional SRO units for very low-income veterans and those with special housing barriers
- create 'harm Reduction Housing'
- create additional affordable housing with veterans set-asides and Housing Choice Vouchers
- Eugene Mayor Kitty Piercy has joined the '25 cities' initiative to end veteran homelessness by 2015 and has issued a county wide challenge to raise \$60,000 to augment SSVF funds and assist veteran households ineligible for SSVF services
- Create process for homeless veteran community to provide input on creating effective systems for engaging homeless veterans

6. SSVF Integration into CoC Coordinated Assessment System: Briefly describe how Veterans access SSVF assistance (across all SSVF grantees) via the CoC's coordinated assessment system (e.g., "All Veterans who present to the CoC coordinated assessment center are screened for their current situation, needs, and SSVF eligibility. Then....). If not yet fully developed, describe your plans and implementation timeframe. Specifically address:

- a) How Veterans who present for shelter are screened and diverted to SSVF homelessness prevention assistance when they have somewhere safe and appropriate to stay that night.
- b) How Veterans who become literally homeless are screened and triaged to SSVF rapid re-housing assistance as soon as possible once it is clear the Veteran is unable to resolve their homelessness without assistance.

Lane County Human Services Division provides Coordinated Entry to housing programs serving homeless households. Assessments are provided at "Front Door" agencies throughout the community. These Front Doors complete an assessment with the household and refer them to the Central Wait List. Housing programs with availability contact Lane County Human Services Division staff for referrals. All veterans who present to a Front Door are screened and assessed for their eligibility for SSVF and other homeless programs.

SSVF and other agencies across the service area currently provide Coordinated Entry Assessments to veteran families. These households are assessed and screened for their housing needs and any barriers they may face. SSVF and Front Door staff throughout the community will divert families who qualify to SSVF Homelessness Prevention assistance. As families who qualify for Homelessness Prevention are identified, the Front Door will contact SSVF and make a direct referral.

SSVF and other Front Doors in the community currently provide screening and triage to identify households who qualify for Rapid Re-housing. Qualifying households are added to the Central Wait List. SSVF will contact Lane County Human Services Division staff for referrals and households who qualify will be referred to SSVF. Front Doors are available throughout the community to quickly identify and refer homeless veteran households to the Central Wait List.

7. Long-Term System Improvements: Briefly describe how the CoC plans to utilize SSVF Priority 1 and all other SSVF funding over the next three years to foster long-term system improvements and optimization so that homelessness is prevented whenever possible and when it does occur, it is rare and brief. Specifically address areas for improvement related to:

- a) Further integrating SSVF assistance into the CoC's planning, oversight processes and coordinated assessment system.
- b) Ensuring comprehensive coordination with VA systems and other VA funded programs.

c) Improving or establishing partnerships with community-based services and public/private housing providers.

- a) The SSVF program will be an instrumental part of the Veteran Sub Committee of the Poverty and Homeless Board. Monthly project updates and challenges will be addressed in these meetings that will be used to guide the planning and coordination of the CoC in goal of creating systematic changes needed to meet goal of ending veteran homelessness by end of 2015.
- b) The SSVF program and the VA Roseburg BHRRS VAMC will meet monthly to complete analysis of impact of Gaps Analysis and Progress Tracking tool. Cross coordination between VA and other local VA funded programs will continue to be developed in order to ensure that veterans are able to engage SSVF program from any VA or VA funded site in service area.
- c) SSVF and the CoC will continue to develop HMIS coordination assessments to quickly refer veteran households that become homeless to the SSVF program to decrease time to access rapid re-housing supports with the goal of limiting the time a veteran household is unsheltered or homeless and sheltered to fourteen days.

c. SVDP and Lane County Housing Authority (HACSA) are now working in partnership, after 15 years of intense competition. In 2 newly constructed affordable housing complexes, HACSA has provided 10 Housing Choice vouchers for units dedicated for homeless veterans. An additional 10 units of proposed housing is planned. HACSA also is providing housing quality inspections for many SSVF units.

8. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Be sure and mention need for willing landlords

Lane County is fortunate to have many homeless service providers that use the HMIS and CE database to track and refer clients between agencies.

Student housing development is increasing and with older student housing becoming less commercially viable there may be more opportunities to offer low income housing to singles or couples with no children with incentives to developers or owners to allow placements.

Court systems and medical service providers are becoming more responsive to need for systematic changes needed to address issue of disabled veterans needing treatment and access to housing. Medical social workers are now more aware of potential benefits veterans may receive.

Lack of affordable housing.

Lack of SRO units.

Community will buy in only when they start seeing progress. This can be a challenge but once progress has been made community will be more open to assisting programs and making referrals for veterans in need.

LANE COUNTY POVERTY AND HOMELESSNESS BOARD

HOUSING FIRST LEGISLATIVE AGENDA

Establish a housing first policy and the goal to end chronic homeless among veterans, person with disabilities, and families with children in Oregon.

Housing First reduces the long-term costs to the Oregon Health Plan, State of Oregon Corrections and Department of Human Services Child Welfare and Self-Sufficiency TANF programs.

- Restore \$4 million in General Funds to Maintain State funding level for the Emergency Housing Account and State Homeless Assistance Program to prevent homelessness and provide emergency, transitional and supportive housing and services to help individuals and families stay safe and exit homelessness.
- Capital Funding to End Homelessness Initiative. A one-time \$7 million of Lottery Back Bond Funding would be used for the capital costs to construct new or renovate and/or repair permanent supportive housing; that comply with a national best practice and/or a research supported design.
- Dedicate \$8 million of federal TANF funding for the Housing Stabilization Program providing Housing First short-term, emergency financial assistance to families at-risk of eviction or loss of their home due to a financial crisis to prevent homelessness and rapidly re-house homeless families avoid increased costs to the public and child welfare systems.
- Require the DHS Jobs Program and WorkSource Oregon to increase employment for homeless parents and youth, train and place homeless specialists in the One Stop Centers, and link essential child care and transportation services to enable access to jobs.
- Study the creation of a Medicaid Supportive Housing Benefit for the homeless and those already living in Supportive Housing so supportive housing providers could on a state-wide basis bill Medicaid for supportive services to eligible residents as a mandated benefit to be provided by all Coordinated Care Organizations in Oregon.
- Designate a state university to document the costs of homelessness on the State of Oregon, including those incurred by law enforcement, courts, jails, and hospitals responding to those who are homeless to determine how to best allocate public funds to prevent and end homelessness. Increase access to quality, safe, affordable housing for families with children as well as all youth who are homeless in Oregon.
- Report back to the 2016 interim legislative session on implementation of the Housing First projects contained in this legislation

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Homeless Policy amending ORS 458.528

The purpose of this Act is to establish a housing first policy for the State of Oregon to end chronic homelessness among homeless individuals, veterans, and families with children and to establish a housing first special fund to provide housing first programs and services and to authorize the Oregon Department of Housing and Community Services to implement housing first programs and services. The Act establishes the goal to end chronic homeless among veterans, person with disabilities, and families with children in Oregon.

Creates a special fund to provide capital funding for Housing First supportive housing projects in the Department of Housing and Community Services; authorizes the use of lottery back bonds and dedicates new market tax credits; authorizes the transfer of Department of Human Services TANF funds to the Department of Housing and Community Services for Housing First Rapid Rehousing and Homeless Prevention; requires coordination with the Department of Human Services JOB's program or the Workforce Investment Boards programs; and authorizes the Oregon Health Authority to implement housing first programs and services, as the authority deems appropriate for clientele who would most likely benefit and succeed from housing first programs and services, and subject to the availability of existing funds or housing first special fund moneys; Requires the Oregon Health Authority to study the development of a Supportive Housing Benefit for Oregon Health Plan Medicaid enrollees and apply for federal grants as necessary to create housing and service opportunities for homeless enrollees; requires designation of a State University to study the Housing First program outcomes and then a report back to the legislature.

(1) LEGISLATIVE FINDINGS AND INTENT.—

(a) Whereas housing first, also known as rapid re-housing, is a recent innovation in human-service programs meant to assist homeless individuals. Housing first is an alternative to a system of emergency shelters and transitional housing progressions. Rather than moving homeless individuals through different levels of housing on their way to independent living, housing first moves homeless individuals immediately to their own apartments. By creating a stable housing environment, other issues that affect the household can be addressed, including employment, job training, and health care.

Homeless individuals, especially the chronically homeless with disabilities such as addictions and mental illnesses, are extremely fragile. Chronically homeless individuals are the least likely of the homeless population to reach independent living.

(b) Whereas the housing first approach to homelessness differs from traditional approaches by providing housing assistance, case management, and support services responsive to individual or family needs after housing is obtained. By using this approach when appropriate, communities can significantly reduce the amount of time that individuals and families are homeless and prevent further episodes of homelessness. Housing First emphasizes that social services provided to enhance individual and family well-being can be more effective when people are in their own home, and: The housing is not time-limited. The housing is not contingent on compliance with services. Instead, participants must comply

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with a standard lease agreement and are provided with the services and support that are necessary to help them do so successfully

(b) Whereas the housing first approach addresses the societal causes of homelessness and advocates for the immediate return of individuals and families into housing and communities. Housing First provides a critical link between the emergency and transitional housing system and community-based social service, educational, and health care organizations and consists of four components: 1. Crisis intervention and short-term stabilization. 2. Screening, intake, and needs assessment. 3. Provision of housing resources. 4. Provision of case management.

(c) Whereas housing first reduces the length of time of homelessness and has proven to be cost-effective; reducing costs to mainstream State of Oregon health, safety and human services.

(d) Whereas ending homelessness among veterans, persons with disabilities and families in Oregon is urgent and possible; Strong, ongoing coordination and collaboration among state agencies is required to ensure that resources are distributed effectively and strategically. These efforts must be coordinated to provide an effective network of support and opportunity for children, youth, and families, so that not one child will be homeless in Oregon for even one night.

(e) Whereas, children who are experiencing homelessness or living with families at high risk of homelessness are much more likely to experience physical and behavioral health problems; and

(f) Whereas, many homeless children end up in foster care, and at least thirty percent of children in foster care would be able to return home if their parents had access to housing; and

(g) Whereas, up to thirty-six percent of young people who transition out of the foster care system will experience homelessness at some point in their lives; and

(f) Whereas, children experiencing homelessness are much more likely to have problems in school; and

(g) Whereas, homeless children are sixteen percent less proficient at reading and math than their peers, and less than twenty-five percent of homeless children graduate from high school; and It is therefore the intent of the Legislature to encourage homeless Continuums of Care to adopt the Housing First approach to ending homelessness for individuals and families.

It is therefore the intent of the Legislature to encourage the Department of Human Services, its agents, and community-based care providers develop and implement procedures designed to reduce the number of young adults who become homeless during or after leaving the TANF or child welfare systems. Therefore the state shall provide critical State support for programs that assist homeless children, youth, families and individuals to achieve housing stability.

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(1) Housing First Special Fund.

(a) There is established in the state treasury the housing first special fund, into which shall be deposited appropriations by the legislature to the special fund and gifts, donations, and grants from public agencies and private persons.

(b) Moneys in the housing first special fund shall be administered by the Oregon Department of Housing and Community Services and shall be used to provide housing first development, programs and services."

(c) Housing first principles shall include:

(1) Moving chronically homeless veterans, individuals and families into housing directly from streets and shelters, without a precondition of accepting or complying with treatment; provided that continued tenancy through a housing first program may be dependent on participation in treatment services;

(2) Providing robust support services for program participants, predicated on assertive engagement instead of coercion;

(3) Granting chronically homeless veterans, individuals and families priority as program participants in housing first programs;

(4) Embracing a harm-reduction approach to addictions, rather than mandating abstinence, while supporting program-participant commitments to recovery; and

(5) Providing program participants with leases and tenant protections as provided by law.

(2) The Oregon Department of Housing and Community Services, in collaboration with the Department of Human Services and consultation with the United States Department of Housing and Urban Development, as necessary, may implement housing first programs and services, as the authority deems appropriate for clientele who would most likely benefit and succeed from the implementation of housing first programs and services, and subject to the availability of existing funds or housing first special fund moneys.

(d) Housing first programs shall incorporate the following:

(1) Identification of target populations, specifically chronically homeless individuals;

(2) Developing assessments for the chronically homeless population;

(3) Developing service components, including:

(a) Financial assistance;

(b) In-home case management services;

(c) Affordable-housing requirements;

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(e) Landlord cultivation;

(d) Housing-placement requirements; and

(f) Support services to move program participants toward self-sufficiency.

(2) Local homeless assistance continuums of cares that adopt and implement the Housing First approach in their communities, as determined by the Oregon Department of Housing and Community Services and the Federal Department of Housing and Urban Development, shall receive priority for the housing first capital funds opportunities provided through the Oregon Department of Housing and Community and Community Services.

(3) The State Housing and Community Services Department shall develop: 1. A procedure for verifying through the Continuum of Care's; adoption and implementation of the Housing First approach; 2. A process for giving scoring and ranking priority to funding applications submitted by homeless continuums of care have that have adopted and implemented the Housing First approach in their community.

(4) The Department of Human Services shall transfer TANF funds to the State Housing and Community Services Department for homeless prevention and rapid rehousing for homeless and at-risk families with children for the purposes of this act to be administered as a part of the housing stabilization program through the Community Action Agency network.

(5) The Department of Human Services TANF Jobs Program and The Department of Community Colleges WorkSource Oregon Program will develop employment and training opportunities to increase employment for homeless adults and youth, train homeless specialists in the One Stop Centers, and link essential child care and transportation services to enable access to jobs

(6) The Oregon Health Authority shall commence a study of providing a Medicaid Supportive Housing Benefit that would be administered statewide through all the designated Coordinated Care Organizations.

(7) The Oregon Department of Housing and Community Services shall engage a State of Oregon university to document the costs of homelessness on the State of Oregon, including those incurred by law enforcement, courts, jails, and hospitals responding to those who are homeless to determine how to best allocate public funds to prevent and end homelessness. Increase access to quality, safe, affordable housing for families with children as well as all youth who are homeless in Oregon.

(8) The Oregon Department of Housing and Community Services, in collaboration with the Department of human Services and the Oregon Health Authority, may contract with housing first consultants to effectuate the purpose of this Act.

(9) The Oregon Department of Housing and Community Services shall report back to the 2016 interim legislative session on implementation of the housing first projects contained in this legislation

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Definitions:

"Chronically homeless veteran, individual, or family" means a homeless individual or household member who has an addiction, mental illness, or both an addiction and mental illness.

"Continuum of Care" means the entity that has designated by the community as the collaborative applicant by the federal Department of Housing and Urban Development to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

November 18, 2014

Pat Walsh, Chair
Lane County Poverty and Homelessness Board
125 E 8th
Eugene, OR 97401

Dear Chairman Walsh:

Members of the Eugene Human Rights Commission and the Commission's Homelessness Work Group have been attending Poverty and Homelessness Board meetings. The Human Rights Commission voted this evening to endorse the top five winter strategies for addressing homelessness identified at the Board's October 29 public session.

We are greatly appreciative of the efforts of the Board to expand shelter opportunities for those who are unhoused and to address the criminalization of homelessness. If there are ways our Commission or its Homelessness Work Group can be of help to your Board, please feel free to call upon us.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Andrew Thomson".

Andrew Thomson, Chair
Eugene Human Rights Commission



2014 One Night Homeless Count HIGHLIGHTS

During Lane County's 2014 One Night "Sheltered" Homeless Count, 667 people were counted.

Nine organizations counted sheltered and transitionally housed homeless people on January 29, 2014. While the sheltered count occurs annually, the unsheltered count (street count) is administered in odd number years. Both counts are required by the Department of Housing and Urban Development (HUD) which provides \$2.5 million in housing and services to single adults, families and youth who are homeless in Lane County. As per HUD instructions, we carried over the 1,102 people from the 2013 unsheltered count.

The 2014 "sheltered" count "includes emergency shelters, and transitional housing programs designated for homeless people.

The combined 2014 number (1,769) includes the 2013 unsheltered count of people who were counted on the streets, under bridges, in parks, at food pantries, day access centers, and churches.

Of the 1,769 people included in this count:

- 338 individuals were staying in Emergency Shelter
- 329 individuals were living in Transitional Housing (up to 24 months) designated for people who are homeless
- 1,102 men, women, and children were without shelter (carried over from the 2013 unsheltered count)

Total 1,769 individuals (1,447 households)

Highlights included in the sheltered count:

- 105 homeless households with children: 336 homeless people
- 79 homeless veterans
- 120 chronically homeless people
- 89 people recently fled domestic violence
- 122 people have a mental illness
- 80 people have chronic alcohol/substance abuse issues

Homelessness – A Bigger Picture

- 9,856 individuals who were homeless sought social services through Lane County Human Services Commission funded programs during calendar year 2013
- 1,124 unduplicated individuals were served at the Egan Warming Center during 19 nights of extreme weather at six faith-based sites during the 2013-2014 winter season
- 2,062 homeless students attended public school in Lane County during the 2012-13 school year (Oregon Dept. of Education)

Cost of Homelessness (updated Spring 2013, Lane County Human Services Division)

Homelessness affects all Lane County residents because people without shelter require costly support services:

- \$420 average cost of a visit to the Sacred Heart Hospital Emergency Room at River Bend
- \$865 average daily cost of care at the Johnson Unit, Sacred Heart's acute psychiatric care facility, where the average stay is 9 days
- \$237 daily cost of in-patient detoxification services at Willamette Family Treatment's Buckley Center
- 234 daily cost for "housing" per inmate day at the Lane County Jail
- \$75 daily cost at the Springfield Jail

2013 One Night Homeless Count for UNSHELTERED People

Do not complete this form if you already completed one this week (and thanks!)

Survey Worker- please PRINT- All responses must be legible and all sections completed or this form will not be included in the count.

➡ Your Name (first, middle, last, suffix): _____		➡ Social Security Number _____	
Also known as: _____		Full SSN or last 4 numbers _____	
		<input type="checkbox"/> Don't Know SSN <input type="checkbox"/> Refused	

➡ Where will you be staying tonight?		
<input type="checkbox"/> Car or Vehicle <input type="checkbox"/> Camping <input type="checkbox"/> Street <input type="checkbox"/> Abandoned building or house	<input type="checkbox"/> Motel / Hotel with a Voucher <input type="checkbox"/> Motel / Hotel without a Voucher <input type="checkbox"/> Staying at someone else's apartment or house <input type="checkbox"/> Emergency Shelter (ie: Mission, Egan Warming)	<input type="checkbox"/> Other : _____ <input type="checkbox"/> Don't Know

➡ Household Type (for Households of 2 or more people: STAPLE family members' forms together)			➡ Household Size
<input type="checkbox"/> Single Individual <input type="checkbox"/> Couple with no Children	<input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Parent Family	<input type="checkbox"/> Non-custodial Caregiver(s) <input type="checkbox"/> Grandparent(s) and Child <input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Other Number in family with you tonight _____

➡ Are You Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No	➡ Length of Homelessness Have you been continuously homeless for 12 months or more? YES <input type="checkbox"/> NO <input type="checkbox"/> Have you had four episodes of homelessness in the past 3 years? YES <input type="checkbox"/> NO <input type="checkbox"/> Number of months homeless this time? _____ months
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➡ Relationship to Head of Household					
<input type="checkbox"/> Self <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Significant Other	<input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Step-daughter <input type="checkbox"/> Step-Son	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Granddaughter <input type="checkbox"/> Grandson	<input type="checkbox"/> Other relative <input type="checkbox"/> Other non-relative	<input type="checkbox"/> Unknown

➡ Gender			➡ Are You a US Military Veteran?			
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Trans F to M <input type="checkbox"/> Trans M to F	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		

➡ Date of Birth _____ age _____ mm/dd/yyyy	➡ Are You a Recent Domestic Violence Victim? Within 12 Months <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
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➡ Race ✓ one or more and (circle) the primary race			➡ Ethnicity	
<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/American Indian	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

➡ Do You have a Long Term Disabling Condition that makes it difficult or prevents you from working or having a place to live? If so, please check the Long Term DISABILITY(S) that you have: (check all that apply)				
<input type="checkbox"/> NONE <input type="checkbox"/> Mental Health	<input type="checkbox"/> Drug Abuse <input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Permanent Physical <input type="checkbox"/> Chronic Health Cond.	<input type="checkbox"/> Developmental <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Other _____

Survey Worker's Name (print) _____	Worker's Agency Affiliation _____	City Where Survey Occurred _____
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One Night Homeless Count Survey Instructions

UNSHELTERED COUNT January 30, 2013

About the One Night Homeless Count

- Personal information collected on this form will remain confidential; it is up to you to protect the privacy of the client.
- Data collected for the One Night Homeless Count will be used to determine the amount of funding for homeless services and to allocate resources based on the data collected. For example: if a high percentage of people report that they are physically disabled, then more resources could be allocated to programs that serve homeless people with physical disabilities.

Definitions

HOMELESSNESS

1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
2. an individual who has a *primary* nighttime residence that is -
 - a. a place not meant for human habitation or residence
 - b. a car
 - c. a park
 - d. abandoned building
 - e. bus or train station
 - f. campground

WARNING: DO NOT COUNT for UNSHELTERED:

- an emergency shelter, DO NOT FILL OUT FORM –counted in SHELTERED COUNT
- an institution that provides a temporary residence for *homeless individuals* with a condition i.e. Vets GPD, Connections, McKenzie Transitions, DO NOT FILL OUT FORM –counted in SHELTERED COUNT
- Doubled up; couch surfing

VETERAN- Someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

- HOTEL/MOTEL- If the household is staying in a hotel/motel on the night of the count and the room is paid with emergency services dollars, then DO NOT FILL OUT FORM –counted in SHELTERED COUNT

DISABLING CONDITION- a medical, mental, developmental, addiction, or emotional impairment which is expected to be of long-continued and indefinite duration and will substantially impede an individual's ability to live independently

Tips for ONHC Volunteers

- Every individual in the household needs a completed form, stapled together as a household.
- If an individual does not know their birth date, then SIMPLY ENTER THEIR AGE.
- Review each form to be sure that it is complete
- Be sure that every field is complete. Incomplete forms will not be included in the count.
- Keep forms grouped by Workers Agency Affiliation, i.e. FFLC, Eugene Service Station.