

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

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

Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements.
- CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy.
- New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms.
- There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): AZ-501 - Tucson/Pima County CoC

CoC Lead Agency Name: Tucson Planning Council for the Homeless

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

Instructions:

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

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

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

Name of primary decision-making group: Tucson Planning Council for the Homeless (TPCH)

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 85%

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

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

Specify "other" process(es):

Accepted and confirmed by consensus

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

Council membership is comprised of General Members and Voting Members. Any person who attends Council meetings (General Council or subcommittees) may be considered a General Member and can participate in discussions, projects, and other activities. General Members do not have voting rights. A Voting Member is an individual or a representative of an organization. To become a Voting Member, an individual or an organization must be represented at 3 consecutive monthly CoC General Council meetings and 2 consecutive standing committee meetings. All Voting Members must continue to attend General Council meetings and participate on at least one standing committee to maintain voting status.

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

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

Specify "other" process(es):

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

The Tucson/Pima County CoC would have the capacity to be responsible for HUD funding and serving as the grantee. The CoC currently uses the Interfaith Coalition for the Homeless (ICH) as its fiscal agent. The CoC operates by a set of organizational by-laws and utilizes a committee structure, which includes an executive committee, that positions it to be responsible for the indicated activities. For example, currently ICH provides financial management (e.g. accounts payable and receivable; preparing and monitoring budgets, grants, and contracts management; financial reporting; and using financial controls to ensure compliance with local, state and federal statutes and audit requirements).

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

Instructions:

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

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive Committee	The tasks of the Executive Committee are to: 1) plan the agenda for general meetings; 2) identify issues for the council to address; 3) serve as the point of community contact; 4) participate in the development of all contracts and memoranda of understanding involving the CoC, including the CoC's administrative contractor position; 5) coordinate the CoC's contractor supervision and ensure monthly reports to funding entities are coordinated with fiscal agent; 6) review and report on all contracts and MOUs related to the CoC's activities; 7) make quarterly financial reports to the council; and 8) perform other duties as requested and approved by the CoC's membership.	Monthly or more
Continuum of Services Committee	The main purposes of the Continuum of Services Committee are to gather and analyze data concerning the inventory of housing and services available to homeless populations for the purpose of planning a seamless continuum of services in our community. The committee is also responsible for the point-in-time count of sheltered and unsheltered homeless populations and the process of completion of the Exhibit 1 application.	Monthly or more
HMIS Committee	The purpose of the committee is to provide guidance about the Homeless Management Information System (HMIS) to the CoC, which is responsible for HMIS implementation. The areas of guidance include planning, software selection, implementation, and management of the database according to HUD's HMIS Data and Technical Standards. The CoC's data collection process captures all services and housing available in the community for at-risk and homeless individuals and families.	Monthly or more
Plan to End Homelessness	The purpose of the Plan to End Homelessness Committee is to promote and guide implementation of the plan to end homelessness for Tucson and Pima County.	Monthly or more
Emergency Services	The purpose of the Emergency Services Committee is to plan for, organize, implement, and evaluate Tucson's seasonal homeless programs such as Operation Deep Freeze, Project Hospitality, and Summer Sun Sites. Among those participating in seasonal homeless programs are more than 30 Pima County faith-based communities.	Monthly or more

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

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Arizona Department of Housing	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Emerge! Center Against Domestic Abuse	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Arizona Department of Economic Security - Child...	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Youth
Southern Arizona AIDS Foundation	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	HIV/AIDS
City of Tucson Housing and Community Developmen...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Pima County Community Development and Neighborh...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Domestic Vio...
Pima County One Stop Career Center - Sullivan J...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Youth
City of Tucson Housing Assistance Division	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Amphitheater Unified School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Tucson Preparatory School	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
U.S. Department of Housing and Urban Developmen...	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Arizona Housing and Prevention Services, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans, Su...
CODAC	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Comin' Home	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...

Community Partnership of Southern Arizona	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Compass Health Care, Inc. dba Compass Behaviora...	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
COPE Community Services, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Esperanza en Escalante	Private Sector	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Se...
La Frontera Center, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
La Paloma Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
New Beginnings for Women and Children	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Old Pueblo Community Foundation	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Veteran s, Su...
Open Inn, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth
Our Family Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Primavera Foundation	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
TMM Family Services, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Wingspan - Southern Arizona's LGBT Community Ce...	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Domes..
Caridad de Porres	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Catholic Community Services of Southern Arizona...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The Giving Tree	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Gospel Rescue Mission	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Hope of Glory Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Interfaith Coalition for the Homeless	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

Salvation Army	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan f...	Youth, Subst...
American Red Cross	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Youth on Their Own	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
El Rio Health Center	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Pima County Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Southern Arizona Veterans Administration Health ...	Public Sector	Other	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Su...
San Xavier Mission Franciscan Friars	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Arizona Department of Transportation	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Sunnyside Unified School District	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
St. Andrew's Presbyterian	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Pio Decimo Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Hope, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Arizona Coalition to End Homelessness	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Pima County One-Stop Career Centers	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Youth
The Society of St. Vincent de Paul - Tucson	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Wings of Hope	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Stand Up for Kids	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Symmetric Solutions, Inc.	Private Sector	Businesses	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Compass Affordable Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE

Kathleen Joy	Individual	For merl. ..	Attend Consolidated Plan planning meetings during past 12...	Domesti c Vio...
Living Faith Christian Center	Private Sector	Faith -b...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Pima Prevention Partnership - Sin Puertas Clini...	Private Sector	Non- pro.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Subst...
Arizona Department of Veterans Services	Public Sector	Stat e g...	Attend Consolidated Plan planning meetings during past 12...	Veteran s
University Family Care	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE

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

Instructions:

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

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

Name of organization or individual: Arizona Department of Housing

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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 - Services provided, if applicable

Name of organization or individual: Emerge! Center Against Domestic Abuse

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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 - Services provided, if applicable

Name of organization or individual: Arizona Department of Economic Security - Child Support Enforcement, Emergency Services, Family Assistance Administration, Family Connections, Veterans Services

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Southern Arizona AIDS Foundation

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Mortgage Assistance, Prescription Assistance, Mental health, Transportation, Rental Assistance, HIV/AIDS, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry
(select all that apply)

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

Name of organization or individual: City of Tucson Housing and Community Development Department

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Authoring agency for Consolidated Plan
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Pima County Community Development and Neighborhood Conservation Department

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Pima County One Stop Career Center - Sullivan Jackson Employment Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: (select all that apply) Counseling/Advocacy, Street Outreach, Education, Case Management, Life Skills, Transportation, Employment

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

Name of organization or individual: City of Tucson Housing Assistance Division

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

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Amphitheater Unified School District

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Prescription Assistance, Transportation, Soup Kitchen/Food Pantry (select all that apply)

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Name of organization or individual: Tucson Preparatory School

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group (select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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Name of organization or individual: U.S. Department of Housing and Urban Development - Tucson Office

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Arizona Housing and Prevention Services, Inc.

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Life Skills, Mortgage Assistance, Rental Assistance (select all that apply)

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

Name of organization or individual: CODAC

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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Name of organization or individual: Comin' Home

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Community Partnership of Southern Arizona

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

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

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

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

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: (select all that apply) Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Prescription Assistance, Mental health, Transportation, Rental Assistance, Alcohol/Drug Abuse

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Compass Health Care, Inc. dba Compass Behavioral Health Care

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Alcohol/Drug Abuse
(select all that apply)

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

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

Name of organization or individual: COPE Community Services, Inc.

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Employment

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name
- Type of membership
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented
- Services provided, if applicable

Name of organization or individual: Esperanza en Escalante

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group (select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: La Frontera Center, Inc.

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Education, Case Management, Life Skills, Healthcare, Prescription Assistance, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Employment

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: La Paloma Family Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Mental health, Transportation, Rental Assistance
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: New Beginnings for Women and Children

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Employment, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Old Pueblo Community Foundation

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Life Skills, Mortgage Assistance, Transportation, Rental Assistance, HIV/AIDS, Alcohol/Drug Abuse, Employment

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Open Inn, Inc.

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Transportation, Alcohol/Drug Abuse, Rental Assistance, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Our Family Services

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Mental health, Transportation, Employment
(select all that apply)

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

Instructions:

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

Name of organization or individual: Primavera Foundation

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case
(select all that apply) Management, Utilities Assistance, Life Skills, Mortgage Assistance, Transportation, Rental Assistance, Employment, Soup Kitchen/Food Pantry

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: TMM Family Services, Inc.

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Mortgage Assistance, Rental Assistance, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Wingspan - Southern Arizona's LGBT Community Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Life Skills, HIV/AIDS, Soup Kitchen/Food Pantry
(select all that apply)

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

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

Name of organization or individual: Caridad de Porres

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(select all that apply)

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

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

Name of organization or individual: Catholic Community Services of Southern Arizona dba Pio Decimo Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Child Care, Soup Kitchen/Food Pantry
(select all that apply)

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

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

Name of organization or individual: The Giving Tree

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Utilities Assistance, Life Skills, Child Care, Transportation, Alcohol/Drug Abuse, Employment, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

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

Name of organization or individual: Gospel Rescue Mission

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Prescription Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry, Employment
(select all that apply)

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

Instructions:

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

Name of organization or individual: Hope of Glory Ministries

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Life Skills, Transportation, Alcohol/Drug Abuse, Employment
(select all that apply)

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

Instructions:

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

Name of organization or individual: Interfaith Coalition for the Homeless

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Salvation Army

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

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

Role(s) of the organization: Primary Decision Making Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Utilities Assistance, Life Skills, Mobile Clinic, Alcohol/Drug Abuse, Rental Assistance, Employment, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

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

Name of organization or individual: American Red Cross

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-
(select all that apply) committee/Work Group

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Mortgage Assistance, Prescription Assistance, Mental health, Rental Assistance
(select all that apply)

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

Instructions:

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

Name of organization or individual: Youth on Their Own

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Mental health
(select all that apply)

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

Instructions:

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

Name of organization or individual: El Rio Health Center

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

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

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

Subpopulation(s) represented by the organization: Seriously Mentally Ill, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Healthcare, Mental health, Mobile Clinic, Transportation, HIV/AIDS
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Pima County Health Department

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare, HIV/AIDS
(select all that apply)

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

Instructions:

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

Name of organization or individual: Southern Arizona Veterans Administration Health Care System (SAVAHCS)

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Healthcare, Prescription Assistance, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: San Xavier Mission Franciscan Friars

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Arizona Department of Transportation

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Arizona Department of Corrections

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Sunnyside Unified School District

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Transportation
(select all that apply)

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

Instructions:

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

Name of organization or individual: St. Andrew's Presbyterian

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Pio Decimo Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Mental health, Employment
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Hope, Inc.

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Arizona Coalition to End Homelessness

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Pima County One-Stop Career Centers

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

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

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Mortgage Assistance, Transportation, Rental Assistance, Employment
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: The Society of St. Vincent de Paul - Tucson

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Utilities Assistance, Rental Assistance, Employment, Soup
(select all that apply) Kitchen/Food Pantry

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

Instructions:

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

Name of organization or individual: Wings of Hope

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

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

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Legal Assistance, Transportation, Rental Assistance, Alcohol/Drug Abuse, HIV/AIDS, Employment
(select all that apply)

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

Instructions:

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

Name of organization or individual: Stand Up for Kids

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(select all that apply)

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

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

Name of organization or individual: Symmetric Solutions, Inc.

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Compass Affordable Housing

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Kathleen Joy

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Living Faith Christian Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Street Outreach, Case Management, Transportation, Employment, Soup Kitchen/Food Pantry (select all that apply)

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

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

Name of organization or individual: Pima Prevention Partnership - Sin Puertas Clinicial Services Division

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

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

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group (select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Mental health, HIV/AIDS, Alcohol/Drug Abuse

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

Instructions:

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

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

Name of organization or individual: Arizona Department of Veterans Services

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

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

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: University Family Care

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

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

Rating and Performance Assessment Measure(s): (select all that apply) e. Review HUD APR for Performance Results, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), o. Review CoC Membership Involvement, r. Review HMIS participation status, a. CoC Rating & Review Committee Exists, p. Review Match

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

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

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

There was a decrease in emergency shelter beds due to a reduction in funding for domestic violence and a closing of shelters due to code violations.

Safe Haven: Yes

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

Transitional Housing: Yes

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

There was a decrease in Transitional Housing beds due to a loss of domestic violence funding. Also, training by the state homeless coordinator resulted in recategorization of some beds in the process of creating the 2010 e-HIC.

Permanent Housing: Yes

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

There was an increase in Permanent Housing beds due to an increase in VASH vouchers and Shelter Plus Care cost savings.

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

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, HUD unmet need formula, Other, Stakeholder discussion

Specify "other" data types:

"Turned away" and "waiting list" data from sheltered Point-in-Time survey

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

The CoC used annual street count data collected on January 26, 2010 to calculate, according to HUD formulas, unmet need for Emergency Shelter, Transitional Housing, and Permanent Supportive Housing. In coming to its conclusions, the CoC work group that deliberated and calculated unmet need also utilized data from the state's Point-in-Time count regarding individuals and families turned away from or on the waiting list of programs. Improvements to the 2010 street count process included an increased availability of volunteer trainings, more volunteers, and inclusion of census workers as volunteers. Additionally, the count was shifted from early morning to early evening to increase volunteer participation and improve data quality.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Select the HMIS implementation coverage area: Single CoC

Select the CoC(s) covered by the HMIS: (select all that apply) AZ-501 - Tucson/Pima County CoC

Is the HMIS Lead Agency the same as the CoC Lead Agency? No

Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency? Yes

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint

What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 10/08/2008

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): None

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

The CoC used two strategies to overcome its main HMIS barrier, lack of participation by non-HUD funded programs. First, the CoC had its HMIS consultant make a special presentation to Gospel Rescue Mission that helped convince the organization to join HMIS and replace its antiquated 10 year old client database. Second, the CoC held discussions with the City and County that resulted in both including requirements for HMIS participation in their contracts with outside agencies. As a result of these CoC initiatives, Gospel Rescue Mission, Pio Decimo Center, Salvation Army winter shelter programs, and previously uncovered programs of Old Pueblo Community Services are now part of HMIS. The CoC has increased overall HMIS bed coverage to 93%.

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

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

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

Organization Name Pima County Community Development and Neighborhood Conservation Department

Street Address 1 2797 East Ajo Way

Street Address 2

City Tucson

State Arizona

Zip Code 85713

Format: xxxxx or xxxxx-xxxx

Organization Type State or Local Government

If "Other" please specify

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

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix: Ms.

First Name Margaret

Middle Name/Initial

Last Name Kish

Suffix

Telephone Number: 520-243-6745
(Format: 123-456-7890)

Extension

Fax Number: 520-234-6796
(Format: 123-456-7890)

E-mail Address: Margaret.Kish@pima.gov

Confirm E-mail Address: Margaret.Kish@pima.gov

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

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

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

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

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

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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

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

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	2%	4%
* Date of Birth	0%	0%
* Ethnicity	0%	1%
* Race	0%	1%
* Gender	0%	0%
* Veteran Status	0%	6%
* Disabling Condition	0%	6%
* Residence Prior to Program Entry	0%	6%
* Zip Code of Last Permanent Address	0%	28%
* Name	0%	0%

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

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

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

During HMIS training, each user is trained on how to run data quality reports using the reporting tool in HMIS and to correct their data. Users are encouraged to check their data at least monthly. The HMIS system administrators regularly review data quality for all agencies and work with users to correct data. If needed, users are provided with additional training. Also, data quality is reviewed monthly with the HMIS Committee. Quarterly data quality report cards with detailed data quality data are provided to HMIS users and agency management.

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

During HMIS training, users are cautioned about the importance of entering correct program entry and exit dates. HMIS system administrators run regular data quality reports to check the reasonableness of entry and exit dates. The HMIS software does not allow the entry of invalid dates. Users also review the program entry and exit dates through their regular review of data quality and through the APR process.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply) 2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans

Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply) 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010? No

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

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

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

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

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

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

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

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

Instructions:

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

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

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

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

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

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

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

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

If 'Yes' indicate date of last review or update by CoC: 09/30/2010

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

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

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

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

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/25/2011
(mm/dd/yyyy)

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

Emergency Shelter: 100%
Transitional Housing: 100%

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

In 2010, there was an increase in the unsheltered population count for the following reasons: 1) The count teams included more outreach staff than the previous year. These individuals were very knowledgeable of the locations where homeless people could be found. 2) The 2010 point-in-time count had a larger number of trained volunteers. 3) The 2010 point-in-time count was conducted during the early hours of the night rather than the early hours of the morning, making it easier to locate unsheltered individuals. 4) The severe economic recession has contributed to there being more unsheltered individuals in 2010 than in 2009. 5) Volunteers and census staff went out prior to the street count to identify homeless campsites. In 2010, there was a decrease in the sheltered population count for the following reasons: 1) One faith-based shelter provider lost a substantial amount of housing capacity due to its failing to meet city zoning requirements. 2) Domestic violence shelters lost bed capacity due to decreased funding.

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

Instructions:

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

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

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

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

If Other, specify:

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

The Arizona Department of Economic Security (DES) distributes and collects the annual point-in-time shelter survey. The survey forms are disseminated in early January of each year with detailed instructions to all homeless service providers in the Tucson/Pima County CoC area. In 2010, the CoC arranged to have the State Homeless Coordinator conduct a training about the point-in-time count for service providers in Tucson prior to the date of the count. The 2010 data collection process also included a review of the point-in-time data by a work group of the CoC's Continuum of Services (CoS) Committee. Participants in this data review included CoS committee members, the CoC's HMIS consultant, a representative from the Arizona Department of Economic Security's Homeless Coordination Office, and the coordinator of the Plan to End Homelessness in Tucson and Pima County, Arizona. Additionally, as part of its discussion of "lessons learned" from the 2009 CoC Grant submission process and in an attempt to improve data quality, the CoC's Continuum of Services Committee developed and forwarded to DES recommendations for revisions to the DES point-in-time count form used for recording data about the sheltered homeless population. Some of the CoC's recommendations were adopted by DES.

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

Instructions:

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

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

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

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

If Other, specify:

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

The Arizona Department of Economic Security provides instructions to shelter staff about how to carry out the point-in-time survey. These instructions include a section concerning proper identification of subpopulations. A trained staff member at each agency collects data on each sheltered person upon entry into the shelter. The collected data points are consistent with data entered into HMIS. In 2010, as in the past, most of these data were self-reported by individuals sheltered at Emergency Shelters. For individuals in Permanent Housing, documentation must be present to verify their membership in one of the disabled populations. All records were reviewed to ascertain the number of housed persons who fit each category at the site, and these numbers were entered into the Arizona Department of Economic Security shelter survey. The completed surveys were sent to the Arizona Department of Economic Security, which produced state and county-specific spreadsheets that summarized point-in-time data. The CoC sourced the data reported in Section 2J from these state summary spreadsheets.

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

Instructions:

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

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

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

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

If Other, specify:

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

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

Instructions:

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

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

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

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

If Other, specify:

Food bank data from the remote rural communities outside the greater Tucson Metropolitan Area where there were no count teams were used. People self-identified as homeless when they picked up a food box.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

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

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

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

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

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

Training:	X
HMIS:	
De-duplication techniques:	
Other:	

If Other, specify:

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

The CoC maintains a committee to oversee execution of the annual homeless street count. The committee's tasks involve preparations prior to, tasks the day of, and tasks after the count. Prior to the street count, the committee maps out the incorporated areas of the greater metropolitan area of Tucson into geographic quadrants. It determines the number of street count teams needed, recruits volunteers to serve on the teams, and designates experienced individuals as team leaders. Street count teams include members of the Tucson Police Department and Pima County Sheriff's Department, students and staff from the University of Arizona, members of the faith-based community, homeless and formerly homeless individuals, vets, and street outreach workers from CoC members. The 2010 street count was conducted by 157 individuals (including 14 self-identified as homeless or formerly homeless), a 13% increase in the number of volunteers over the previous year. Each team is assigned a single quadrant. The committee provides each team with a street count map, directions to the assigned quadrant, and a data collection form. On the day of the street count the committee maintains regular communication with all teams to address any questions or issues that may arise. The committee collects street count forms from all teams at the end of the street count day. Following the street count, committee members review the street count forms to ensure there has been no duplication in counted quadrants.

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

Pima County's 2006 Plan to End Homelessness, developed with the strong involvement of the CoC, identifies families with children as comprising a significant portion of the local homeless population. Consequently, the population of unsheltered homeless households with dependent children is one of the CoC's primary targets for outreach. The CoC works with local school districts and CPS to provide services to such households. An example of the importance the CoC gives to reaching and aiding this population are the outreach work and housing programs of some CoC member organizations. Primavera Foundation's outreach policy prioritizes unsheltered households with children as recipients in its hotel voucher program so those households may have a safe place to stay while they wait for emergency shelter. Through a grant funded by the Adolescent Family and Life, Our Family does outreach with the same population, going into schools and attending fairs targeting young pregnant or parenting women.

Our Family also operates Common Unity, a 20-unit complex for homeless families with dependent children. With HPRP funds, rapid rehousing and homeless prevention are key tools to reduce the number of homeless families. The City of Tucson also receives Family Unification Program choice vouchers that are used to aid unsheltered households with children. Also, the Arizona Department of Housing supplied the CoC with \$15,000 to be used for hotel vouchers for homeless women with children.

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

The CoC uses various means to identify and engage people that routinely sleep on the streets or other places not meant for human habitation. Street outreach workers from La Frontera RAPP Team, VA outreach, and Primavera Foundation visit sites where homeless persons gather, including homeless camps and meal programs, to assist in referrals for transitional housing and treatment for mental health issues, substance abuse treatment, and medical problems and to provide survival items such as health and hygiene products, bus passes, and socks. One CoC member's (Our Family) street outreach program provides survival aid for runaway and homeless youth on the streets and connects them with emergency shelter, brief intervention support and long-term transitional living programs or family reunification programs as appropriate. Twice a year, the CoC sponsors Homeless Connect, a one-day community outreach event that helps persons who live on the street engage with services that can help them exit homelessness. The local VA office conducts street outreach targeting homeless vets. Outreach is also conducted twice a year at Tucson Veterans Stand Down. Additionally, inreach is provided at the La Frontera, VA Healthcare for the Homeless Program, Primavera for drop-ins and at emergency shelters.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

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

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

- 1) The CoC joined the 100,000 Homes Campaign.
- 2) The Coc applied for a Bonus Grant for housing for persons identified through the campaign's Vulnerability Index.
- 3) The CoC is working with the Arizona Housing Commission and local housing authorities to establish a policy of set asides for homeless persons in all new affordable housing development.

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

- 1) The CoC is working to create new beds for the chronically homeless.
- 2) The CoC will prioritize new chronically homeless units for families.
- 3) The CoC will continue to apply for funds to include chronically homeless units through the HUD Bonus Program for the duration of the program's existence.
- 4) The CoC will work with the local PHA to identify set asides for chronically homeless households.

How many permanent housing beds do you currently have in place for chronically homeless persons? 116

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 138

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 196

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 246

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

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

Instructions:

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

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

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

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

The CoC has exceeded the HUD objective for persons staying in permanent housing for over 6 months.

- 1) To maintain the level of success in this area, CoC members will continue to locate and apply for funds for supportive services through mainstream funding sources other than HUD.
- 2) CoC members will provide a continuum of case management and support services including enrollment in mainstream services and primary health care, behavioral health care, and substance abuse services.
- 3) Support services will be provided through a partnership with Medicaid.
- 4) The CoC will provide education in case management and support services based on the philosophies of housing first, recovery, and harm reduction.

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

The CoC's percentage of homeless persons remaining in permanent housing for at least six months currently exceeds HUD's 77 percent goal.

- 1) Members of the CoC will continue to develop new funding sources for the supportive services crucial to helping homeless persons remain in permanent housing.
- 2) The CoC will also continue using the Self-Sufficiency Matrix, which was developed in Arizona, to score individualized domains that indicate housing stability. The goal of the case plan is to increase the scores of these domains, which indicates potential housing stability.
- 3) A number of providers of permanent supportive housing will continue to serve on the CoC's Continuum of Services Committee, which meets monthly and whose focus includes developing strategies in this area.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 83

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 86

In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 86

In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 86

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

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

Instructions:

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

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

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

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

The economic recession has greatly affected the CoC's ability to help homeless persons move from transitional housing to permanent housing. In response:

- 1) Transitional and permanent housing providers within the CoC are more closely collaborating to provide vocational services and employment training to increase the percentage of participants able to transition to permanent housing.
- 2) Agencies have implemented multiple strategies to bridge job loss including emergency assistance funds, flexible payment arrangements, and employment assistance.
- 3) Transitional housing providers are expanding their eligibility requirements to include other income supports such as SSI, unemployment insurance, and veterans disability compensation.

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

The CoC will work to increase the number of permanent supportive units available to people who are leaving transitional housing.

- 1) The CoC will develop strategies to examine the efficacy of transitional housing models, with a focus on connecting transitional living clients to mainstream services, employment and permanent housing outcomes.
- 2) The CoC will support efforts for economic and job development in Pima County as well as increasing the pool of affordable housing.

- What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 55
- In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 65
- In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 66
- In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 66

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

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

Instructions:

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

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

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

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

- 1) The One-Stop Career Center will continue to provide specific employment-related services via a satellite facility to serve Pima County's homeless populations.
- 2) Primavera Foundation was awarded a HVRP grant from the Department of Labor/Veterans Employment and Training Services. This will work in conjunction with the One-Stop Career Centers Homeless Veterans' Reintegration Program and the Veterans Workforce Investment Program to provide employment services to homeless veterans. Two new programs will start in 2011.
- 3) Compass Health Care, in partnership with Primavera Foundation, was awarded a SAMHSA grant for employment services for ex-offenders with diagnosed substance abuse.
- 4) Primavera Foundation and Sullivan Jackson Employment Center will work with the Pima County Attorney's Office on an employment program as an alternative to incarceration.

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

The CoC plans to increase the number of program participants that are employed at exit by 2% each year for the next five years. This threshold is obtainable due to the diversity of resources that will come into the CoC in the coming years.

- 1) The CoC plans to increase its representation on the Workforce Investment Board and continue its cooperative relationship with that board.
- 2) A CoC member will continue to represent the local One Stop Career Center (WIA) and provide mainstream support for homeless program participants to secure employment opportunities now and in the future.
- 3) Behavioral health SPC and SHP permanent housing projects will continue to expand a long-term employment program that is offered to every participant. Some of the opportunities offered by this program include job coaching, supportive employment, vocational rehabilitation, and peer support.

What is the current percentage of participants in all CoC funded projects that are employed at program exit?	52
In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?	54
In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?	62
In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?	64

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

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

Instructions:

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

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

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

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

CoC member agencies have initiated projects to provide housing for low-middle income families with children. 1) La Frontera opened Sunnyside Pointe, a 90-home development for first-time home buyers who earn 65-80% of the area median income. 2) With NSP funds, La Frontera is rehabilitating 24 units for households earning up to 50% of the area median income. 3) Project Action (HPRP) in its start-up year served 100 households with children and expects to greatly increase this number in the next year by doubling its staff that provide intake and case management. 4) The local Community Action Agency will continue to provide eviction prevention services through CoC member agencies and other community organizations in the Emergency Services Network. 5) The CoC plans to collaborate more with McKinney Vento school liaisons to identify homeless families and connect them with appropriate resources. The CoC's Homeless Youth Committee will expand its focus to include families with children.

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

1) The CoC will continue working with local school districts to identify and assist homeless families with children. 2) The Arizona Department of Education (ADE) and the Arizona Coalition to End Homelessness (ACEH) partner yearly to host an annual conference that brings together homeless service providers and school homeless liaisons. The CoC will encourage broader participation by service providers in these conferences. 3) The CoC will engage in collaborative planning practices around this issue with ADE and ACEH. 4) The VA plan to end homelessness of vets within 5 years is heavily focused on the local VA health system's participation in the CoC. The CoC will work with the local VA to provide housing vouchers for homeless female veterans with children. 5) Primavera Foundation plans to develop an affordable multifamily rental property using NSP2 and NWA funds in addition to other funds that are currently being sought.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 295

In 12-months, what will be the total number of homeless households with children? 271

In 5-years, what will be the total number of homeless households with children? 151

In 10-years, what will be the total number of homeless households with children? 0

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

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

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

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

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

Foster Care (Youth Aging Out):

In 2006, the Governor's Interagency and Community Council on Homelessness created a protocol to enforce policies to prevent foster care youth from entering into homelessness. The state revised its policy of mandatory exit at age 18, allowing foster care youth to remain in or re-enter the system and receive services until age 21. Arizona uses Chafee Foster Care Independence Program funds to provide intensive case management, employment, education, community living arrangements, life skills training and financial support to youth leaving foster care. Educational training vouchers are provided to current or former foster care youth for education, healthcare, and employment training services. Three major Pima County providers (Our Family Services, La Paloma, and Open Inn) specifically serve youth needing short and long-term housing and other key resources. The CoC's Discharge Planning Committee meets monthly to coordinate resources and implement local policies for persons exiting foster care, corrections, and other institutional settings such as hospitals. Its members include individuals instrumental in setting policies to prevent persons from exiting to homelessness and community agency representatives who can serve those exiting the aforementioned systems of care/institutions with resources other than HUD McKinney-Vento funded programs. The CoC's Homeless Youth committee is planning a renewed effort to establish improved practices related to youth aging out of foster care.

Health Care:

The State of Arizona's Health Care or Medicaid program for individuals with no or very low income is known as the Arizona Health Care Cost Containment System (AHCCCS). In recent years, AHCCCS implemented statewide policies that require the provision of assistance with housing or community living placement to all individuals exiting in-patient health care facilities. The focus of these policies is to prevent homelessness and the provision of community placement prior to institutional discharge, which corresponds with the State Interagency and Community Council on Homelessness (ICCH) and the State Plan to End Homelessness. AHCCCS serves on the ICCH and contributes to statewide efforts to prevent the release of persons from public institutions to community homelessness. It is mandated that discharge planning occur upon admittance and that release to the streets is prohibited. In Pima County, the Health Care for the Homeless provider, El Rio Community Health Center, takes a proactive approach to decreasing the number of visits to emergency rooms by homeless individuals. This in turn decreases the number discharged. El Rio accomplishes this by offering medical and educational services through clinics and at facilities serving homeless persons. In the VA health care system, when people leave the Substance Abuse Treatment Program (SATP), they are placed with community agencies, sponsored under the VA's grant and per diem program.

Mental Health:

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) and the Arizona State Hospital follow a statewide protocol not to release any person into homelessness. The state allots funds to develop housing for persons being discharged from the Arizona State Hospital. In Pima County, the Community Partnership of Southern Arizona (CPSA) is the Regional Behavioral Health Authority designated by ADHS/DBHS to coordinate and manage publicly funded behavioral health services. Through a network of behavioral health providers (La Frontera Center, COPE Community Services, and CODAC Behavioral Services) CPSA coordinates the delivery of mental health services, including behavioral health hospitalization. Discharge planning starts as soon as feasible after hospital admission. Within 48 business hours of admission an initial discharge plan is documented by the Hospital Liaison. It includes discharge location options and the types, frequency, and intensity of services to be provided. The behavioral health providers have staff assigned to discharge planning who ensure the discharge plans submitted are clinically sound and viable. Before discharge, a case manager completes an Individual Service Plan to address outpatient service needs. Homeless patients are initially discharged to a licensed Level II Group Home where they receive intensive support services until they are ready for placement in permanent supportive housing.

Corrections:

At the Arizona Department of Corrections (ADC), discharge planning is part of an Individualized Corrections Plan that outlines an inmate's needs, expectations and progress. Before an inmate's release, focus is on preparations that enhance successful re-entry into society. ADC, in collaboration with state and local partners, provides re-entry classes and pre-release assistance with housing and referrals for community services to all inmates. Every effort is made to approve a viable housing placement before an inmate's release. An inmate submits at least 3 release placement possibilities, including private residences or halfway houses. Early release for inmates with earned early release credits and inmates participating in the Transition Program for Non-Violent Offenders is dependent on an approved housing placement. To date in FY 2011, ADC has released 92% of inmates with viable housing placements. For released inmates, the focus is on stable housing and access to services. Case management, supervision and services are provided by ADC's Community Corrections staff through the Transition Program for Non-Violent Offenders and the Community Accountability Program. Since 2006, services have also been available to inmates releasing to approved housing in parts of Pima County through Department of Justice Prisoner Re-Entry Initiative Grants. ADC is working with the Social Security Administration to re-qualify prior to release inmates who received SSDI benefits before incarceration.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

- 1) Increase 24-hour access emergency shelter and Safe Haven sites with detox, on-site human services and public transportation accessibility.
- 2) Continue to actively take part in and support CoC planning and activities.
- 3) Increase eviction and foreclosure prevention resources. Develop a model that shows the cost-benefit of preventing homelessness through foreclosure or eviction prevention activities.
- 4) Increase supply of emergency shelter, transitional housing, permanent supportive housing, and related supportive services.
- 5) Support a community education effort that increases understanding of homelessness and communicates success.
- 6) Support a collaborative inter-related network of services and shelter providers.
- 7) Collaborate with workforce investment agencies, employers and nonprofits to provide job training and employment services for vulnerable populations.
- 8) Research Housing First/Pathway to Housing program as a possible model for providing housing and mental health services.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

Three CoC members (Southern Arizona Aids Foundation, CODAC Behavioral Health, and Primavera Foundation) serve as subcontractors providing services under HPRP. All HPRP reporting is through the CoC's HMIS. The web portal that was developed for HPRP is used community-wide as a referral source for HPRP and to determine initial applicant eligibility. HPRP administrators report quarterly to the CoC's General Council. HPRP holds a quarterly stakeholder meeting attended by CoC representatives.

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

Pima County Community and Economic Development Department successfully applied for \$22 million Neighborhood Stabilization Program (NSP2) grant. Proposed activities of the NSP include acquisition and rehabilitation of foreclosed properties and the redevelopment of vacant land to further develop affordable housing. The Primavera Foundation and the Old Pueblo Community Foundation as well as the City of Tucson, each of which are members of the CoC, are members of the consortium formed to carry out such activities under the direction of Pima County. Pima County and the City of Tucson were also recipients of NSP1 grants. The City of Tucson has used NSP funds to acquire foreclosed homes to be deposited into a Community Land Trust for the purpose of maintaining long-term affordability. Pima County NSP funds will support the Primavera Foundation in the City of South Tucson for the acquisition, redevelopment and rehabilitation of vacant lots and foreclosed properties into affordable housing. A major Primavera goal is to increase the organization's affordable multifamily rental portfolio. The organization is currently working on the development of a multifamily rental housing property for kinship families. Funds to support this project include: NSP 2 (received), NWA (applied), FHLB and HOME (not yet applied), among others. In regards to HUD VASH, the Veterans Administration is a voting member of the CoC and the local VA office's Director of the Healthcare for the Homeless program is on the CoC's Executive Committee. Every Friday morning, the Healthcare for the Homeless program at the VA conducts an orientation of the HUD-VASH Program for potential applicants. Member agencies of the CoC can refer veterans to the orientation to apply for entry into HUD-VASH permanent housing. The CoC provides a connection for HUD VASH to the Pima County community of service providers whose services support the VASH's goal of the achievement of independent living by program participants. In the fiscal year ending 9/30/10, in Pima County HUD-VASH issued 103 housing vouchers and housed 98 veterans.

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

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

After a 9-month drafting period, new CoC Operating Policies will be voted on at the CoC's December 2010 General Council meeting. The Operating Policies state that the CoC will assure that: 1) all member agencies have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness, and 2) all member agencies serving families have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

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

Youth on Their Own (YOTO), a CoC member, has liaisons active in 60 Tucson middle and high schools who identify homeless youth and assist them in accessing needed services. YOTO organized a training and networking meeting at the beginning of the 2010 school year that was attended by YOTO school liaisons, school district McKinney-Vento liaisons, and youth service providers. CoC members Open Inn, Our Family Services, La Paloma, and Wingspan presented information at the meeting regarding services they provide to homeless youth. In its work with the Act Now Truancy Prevention Program and its Center for Juvenile Alternatives, Open Inn is able to identify instances when truancy is due to homelessness and collaborate with McKinney-Vento school district liaisons to assist homeless families and youth. Our Family case managers visit most Tucson metro area school districts to help Mc-Kinney Vento liaisons identify homeless and near homeless youth. A CoC member, Tucson Unified School District, has been awarded a 2011 Education of Homeless Children and Youth sub-grant from the Arizona Department of Education. The funding will be used to hire a social worker and mentor to work directly in schools where homeless students have high turnover and absentee rates. The social worker and mentor will: 1) assist schools in identifying homeless students and directing them to services, and 2) assist families in knowing their rights and available resources to support their children's education.

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

The CoC is in the process of re-evaluating its seasonal winter shelter program. The current model for winter shelter is a moving shelter that makes it very difficult for families with children to maintain enrollment in their home schools. A CoC workgroup is convening in November 2010 to address the concerns of families using winter shelter, with the goal of creating a stationary shelter location with family space that allows parents to work with the homeless liaisons in their children's home school. CoC members that currently provide shelter for families with children will continue to work directly with homeless liaisons and parent advocates in the home schools of children entering shelter and well as the neighborhood schools near these facilities. Shelter providers inform families about their rights related to education and services that school districts are able to provide. Providers also have assigned staff to ensure that all children are enrolled in school and their educational needs are being met. Some shelter providers, with the help of volunteers, are able to provide homework help to school age children to ensure that during this difficult period children do not fall further behind academically.

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

The CoC has two active DOL/VETS Homeless Veterans' Reintegration Programs (HVRP). These programs are employment focused and required community support in housing resources as a condition of funding. They also bring supportive employment resources to the program with the addition of the DES Local Veterans Employment representatives and the Disabled Veterans Outreach personnel to provide employment assistance and outreach activities. The Tucson Veterans Serving Veterans (TVSV) is a council of veteran service providers including the VA, DES, Grant and Per Diem housing providers, HVRP programs, faith and community based organizations that sponsor twice a year Stand Downs as an outreach activity to bring homeless veterans into a one stop service center to reintegrate back into the workforce and the community. Veterans organizations supporting the Stand Down include the VFW, DAV, and local American Legion posts. The VA's Health Care for Homeless Veterans Program collaborates with a number of the CoC's member organizations: 1) with La Frontera and Comin' Home for street outreach; 2) with Gospel Rescue Mission, Salvation Army, and Primavera Foundation for emergency shelter; 3) with Esperanza en Escalante, Old Pueblo Community Foundation, and Comin' Home for transitional housing; 5) with Pima County One Stop Career Center Sullivan Jackson Employment Center. In the fiscal year ending 9/30/10, HUD-VASH issued 103 housing vouchers in Pima County and housed 98 veterans.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

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

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

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

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

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

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled '2009 Proposed Numeric Achievement', enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled 'Actual Numeric Achievement', enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter 'No' to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

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

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	15	Beds	15	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	86	%	83	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	65	%	55	%
Increase percentage of homeless persons employed at exit to at least 20%	48	%	52	%
Decrease the number of homeless households with children.	30	Households	6	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

The CoC was unable to reach its proposed 2009 objectives of increasing the percentage of homeless persons moving from transitional housing to permanent housing to 65% and reducing the number of homeless households with children due to the severity of the economic recession being experienced in Pima County. The recession has caused some in transitional housing to lose their jobs and to be forced to exit programs before moving on to permanent housing. The state's systematic dismantling of the safety net of mainstream social services has had a devastating effect on families at risk of homelessness. There have been reductions in child care subsidies and access to TANF cash assistance and SCHIP. The unemployment rate for Pima County was about 9% in 2010 and the Bureau of Labor Statistics recently reported that Tucson wages are 6% below the U.S. average

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year's Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

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

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	890	101
2009	927	96
2010	627	116

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010. 20

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.

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

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

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The 'Total PH %' will be auto-calculated after selecting 'Save.' Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select 'No' to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

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

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	208
b. Number of participants who did not leave the project(s)	518
c. Number of participants who exited after staying 6 months or longer	170
d. Number of participants who did not exit after staying 6 months or longer	429
e. Number of participants who did not exit and were enrolled for less than 6 months	89
TOTAL PH (%)	83

Instructions:

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

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

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	561
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	309
TOTAL TH (%)	55

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

Instructions:

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

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

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

Total Number of Exiting Adults: 781

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	73	9	%
SSDI	59	8	%
Social Security	3	0	%
General Public Assistance	6	1	%
TANF	31	4	%
SCHIP	0	0	%
Veterans Benefits	9	1	%
Employment Income	418	54	%
Unemployment Benefits	34	4	%
Veterans Health Care	34	4	%
Medicaid	451	58	%
Food Stamps	509	65	%
Other (Please specify below)	67	9	%
child support, spousal support, Medicare			
No Financial Resources	468	60	%

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

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

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

Instructions:

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

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

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

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

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

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

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

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

TPCH annually collects, aggregates and analyzes data related to enrollment and participation in mainstream programs to guide discussions to develop or modify policies related to mainstream program access. The CoC invites guest speakers to its General Council meetings to address specific issues related to mainstream program access for homeless individuals. In 2010 a representative of the Arizona Department of Economic Security presented at a General Council meeting about the day care subsidy waiting list and general access to services. DES representatives actively participated in the CoC's annual conference with presentations on mainstream services. Two sessions were held at the October 2010 conference. Topics were; DES, What is Available and How to Enroll and Connecting with the Social Security Administration. DIRECT, Center for Independence, Inc. gave a presentation on Ticket to Work, covering the application and appeals process for SSI, SSDI, and AHCCCS Freedom to Work.

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

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

The meeting dates for the CoC's Continuum of Services Committee during the past year have been as follows: November 18, 2009; December 23, 2009; January 21, 2010; February 23, 2010; March 24, 2010; April 21, 2010; May 26, 2010; June 23, 2010; July 28, 2010; August 25, 2010; September 22, 2010; and October 27, 2010.

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

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

If yes, identify these staff members Both

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

If "Yes", specify the frequency of the training. annually (every year)

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

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

Has the CoC participated in SOAR training? Yes

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

- Sept. 2, 2005
- Sept. 6-7, 2006
- Mar. 27-28, 2006

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case Managers meet with clients at entry to assess their needs and develop a case plan with them. During this meeting, case managers help clients identify potential mainstream benefits and begin the process of acquiring these benefits. Case managers assist clients in completing applications and help clients monitor the status of applications, including providing advocacy as needed.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	80%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Case managers follow the case plan developed at program entry with each client. Many providers review these plans weekly with each client and all providers follow-up at least monthly with each client to determine status of mainstream benefit applications. During the follow-up meetings case managers check the status of benefits and advocate for each client, as needed. Case plans are in place during each client's entire program enrollment and most programs provide access to six months of follow-up case management following a client's exit.	

Continuum of Care (CoC) Project Listing

Instructions:

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

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

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Shelter Plus Care...	2010-10-26 13:06:...	1 Year	Arizona Departmen...	877,200	Renewal Project	S+C	TRA	U
La Casita	2010-11-08 18:22:...	1 Year	Pima County	221,935	Renewal Project	SHP	TH	F
Shelter Plus Care...	2010-10-22 11:03:...	1 Year	City of Tucson - ...	798,324	Renewal Project	S+C	SRA	U
Pima County HMIS	2010-10-19 13:49:...	1 Year	Pima County CDNC	181,089	Renewal Project	SHP	HMIS	F
Oasis Project	2010-11-08 17:42:...	1 Year	Old Pueblo Commun...	221,516	Renewal Project	SHP	TH	F
Life Works Suppor...	2010-10-28 17:48:...	1 Year	COPE Communit y Se...	222,646	Renewal Project	SHP	PH	F
Enhanced Supporte...	2010-11-10 14:43:...	2 Years	CODAC Behavioral ...	453,826	New Project	SHP	PH	P1
Long Term Housing	2010-10-22 16:04:...	1 Year	Southern Arizona ...	87,783	Renewal Project	SHP	PH	F
CASA Coalition As...	2010-10-27 14:00:...	1 Year	Pima County	428,470	Renewal Project	SHP	TH	F
New Chance Collbo...	2010-11-08 18:26:...	1 Year	Pima County	387,476	Renewal Project	SHP	TH	F
Compass Samaritan. ..	2010-10-25 19:08:...	1 Year	Compass Healthcar..	156,274	Renewal Project	SHP	PH	F
CASA for Familes II	2010-10-28 16:54:...	1 Year	Pima County CDNC	434,713	Renewal Project	SHP	TH	F

Sonora House - Sa...	2010-10-13 11:53:...	1 Year	La Frontera Cente...	425,148	Renewal Project	SHP	SH	F
Bridges Transiti...	2010-10-29 13:45:...	1 Year	City of Tucson - ...	741,272	Renewal Project	SHP	TH	F
Shelter Plus Care...	2010-10-22 13:35:...	1 Year	City of Tucson - ...	309,900	Renewal Project	S+C	TRA	U
Solitude Housing ...	2010-10-26 13:19:...	1 Year	CODAC Behavioral ...	221,118	Renewal Project	SHP	PH	F
Men in Transition	2010-10-26 19:23:...	1 Year	Old Pueblo Commun...	68,391	Renewal Project	SHP	TH	F
CODAC Permanent H...	2010-10-26 11:56:...	1 Year	CODAC Behavioral ...	171,443	Renewal Project	SHP	PH	F
Your Place Transi...	2010-10-22 18:17:...	1 Year	Our Family Servic...	60,789	Renewal Project	SHP	TH	F
Pathways	2010-10-21 17:31:...	1 Year	City of Tucson - ...	91,037	Renewal Project	SHP	PH	F
Catalina Transiti...	2010-10-26 11:50:...	1 Year	The Primavera Fou...	112,486	Renewal Project	SHP	TH	F
City of Tucson - ...	2010-10-21 14:57:...	1 Year	City of Tucson - ...	60,385	Renewal Project	SHP	SSO	F
Positive Housing ...	2010-10-21 19:46:...	1 Year	Southern Arizona ...	86,499	Renewal Project	SHP	PH	F
Five Points Trans...	2010-10-26 11:54:...	1 Year	The Primavera Fou...	103,306	Renewal Project	SHP	TH	F
Project Advent	2010-10-27 14:37:...	1 Year	Pima County	461,425	Renewal Project	SHP	TH	F
Shelter Plus Care...	2010-10-22 12:14:...	1 Year	City of Tucson - ...	317,160	Renewal Project	S+C	TRA	U
Positive Housing ...	2010-10-22 11:45:...	1 Year	Southern Arizona ...	28,373	Renewal Project	SHP	PH	F

Budget Summary

FPRN	\$4,973,574
Permanent Housing Bonus	\$453,826
SPC Renewal	\$2,302,584
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	AZ-501 Certificat...	11/04/2010

Attachment Details

Document Description: AZ-501 Certification of Consistency with the Consolidated Plan